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The Honorable Anna Eshoo
Chairwoman, Subcommittee on Health
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member, Subcommittee on Health
House Energy and Commerce Committee
2322A Rayburn House Office Building
Washington, DC 20515

April 14, 2021

Dear Chairwoman Eshoo and Ranking Member Guthrie:

Thank you for holding the hearing “An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America” today. My name is Beth Connolly, and I am the project director of the Substance Use Prevention and Treatment Initiative at the Pew Charitable Trusts (Pew), an independent, nonpartisan research and policy organization. We work collaboratively with states and at the federal level to address the nation’s opioid overdose crisis by developing solutions that improve access to timely, comprehensive, evidence-based, and sustainable treatment for opioid use disorder (OUD).

Over the past year, the United States has battled the COVID-19 pandemic. However, we must not forget that before COVID-19, our nation was already in the midst of an opioid overdose crisis that continues to kill hundreds of Americans each day.

While we do not yet know the full impact of the pandemic on the opioid overdose crisis, provisional data from the Centers for Disease Control and Prevention predicts that more than 88,000 people will die of an overdose in the 12-month period ending in August 2020, the vast majority involving opioids.ⁱ This represents a nearly 27% increase in one year. The growing death toll is not isolated to a specific region of our country but is impacting American communities from coast to coast. Every state and the District of Columbia has seen overdose deaths rise, and these alarming trends have accelerated during COVID-19.

This devastating loss of life from opioid overdose is even more tragic because it is preventable. OUD is a chronic brain disease that, like other chronic diseases, can be successfully treated with medications approved by the Food and Drug Administration (FDA). A conclusive body of research demonstrates that medication for opioid use disorder (MOUD) is the most effective way to treat the disease and its use substantially reduces mortality from overdoses.

Yet individuals with OUD struggle to get effective care: In 2019, only 18.1 percent of the 1.6 million people aged 12 or older with opioid use disorder received MOUD.ⁱⁱ As the pandemic continues to strain the U.S. health care system, these simultaneous healthcare crises are creating even greater hardships for individuals seeking OUD treatment.

To substantially slow the climbing overdose death rate, Congress must act now to make MOUD more accessible. Two bills being considered today, the **Mainstreaming Addiction Treatment Act of 2021 (H.R. 1384)** and **Medicaid Reentry Act of 2021 (H.R. 955)**, address this critical need.

Access to Evidence-Based Treatment: The Mainstreaming Addiction Treatment Act

One of the three medications approved by FDA to treat OUD, buprenorphine has proven to be critical during COVID-19. Buprenorphine can be prescribed in a primary care setting as soon as a person is ready to begin treatment. Research shows that opioid agonist medications, including buprenorphine, reduce mortality from OUD by up to 50 percent.ⁱⁱⁱ Like other chronic conditions treated in primary care, clinicians have tools to manage OUD in outpatient settings. They can issue patients a prescription for buprenorphine that can be dispensed at a pharmacy and taken at home.

Yet, despite the medication's safety and clear benefits, federal rules established by the DATA 2000 Act require practitioners to receive additional training and to obtain a special waiver (known as the X-waiver) from the Drug Enforcement Administration (DEA) before they are allowed to prescribe buprenorphine for OUD. In addition, these providers are subject to additional oversight and scrutiny after obtaining a waiver. DEA data show that only about 6% of active physicians in the U.S. had obtained an X-waiver,^{iv} and a 2020 Health and Human Services Office of Inspector General report found that 40% of U.S. counties did not have a single waived provider who can prescribe buprenorphine.^v This lack of accessible providers leaves millions of people living in the U.S., disproportionately in rural areas, without access to local health care providers who can prescribe this life-saving medication.

Pew strongly encourages Congress to pass the Mainstreaming Addiction Treatment Act (H.R. 1384). This bipartisan legislation would remove the outdated and burdensome federal rules established by the DATA 2000 Act that require health care practitioners to obtain a waiver from the DEA before prescribing buprenorphine to treat OUD. While the pandemic continues to burden a health care system already struggling to meet the needs of patients with OUD, regulations that limit buprenorphine prescribing to a small minority of clinicians are no longer justified.

Expanding access to buprenorphine can help states address the overdose crisis exacerbated by the pandemic and empower physicians working in rural and underserved communities to take immediate steps to save lives at risk of overdose. By passing the MAT Act into law, Congress can relieve prescribers of unnecessary regulatory burden and increase the number of providers who can prescribe this essential medication.

Protecting Populations Most At-Risk of Overdose: The Medicaid Re-Entry Act

The pandemic has emphasized the importance of access to treatment for our country's marginalized populations. People with OUD are more likely to contract COVID-19 and they experience worse outcomes.^{vi} This phenomenon is linked to barriers to accessing health care in

underserved communities and their higher risk for homelessness and incarceration—environments that may increase the probability of exposure to the virus.^{vii}

For individuals with OUD who are incarcerated, the ability to access care is critical, as the time immediately following release can be particularly dangerous for overdose and death.^{viii} Individuals who are presumed opioid-free behind bars have a reduced tolerance to the drug, and therefore are at high risk of overdose if they resume opioid use at their previous levels. In the first week post-release from prison, individuals are more than twice as likely to die from an overdose as any other cause.^{ix}

As part of the response to coronavirus, many jurisdictions are expediting the release of some individuals to reduce prison and jail populations. Re-entry counselors now have the difficult task of preparing already medically vulnerable individuals for quick release during a pandemic.

The **Medicaid Reentry Act** provides for Medicaid coverage in the 30-day period prior to release from a public facility. This bill has the potential to protect incarcerated populations with OUD against the heightened risk of overdose by reimbursing facilities to initiate and maintain individuals on medications for opioid use disorder prior to release, while also facilitating care continuity with community providers. Delays in starting health care coverage upon release can jeopardize this life-saving connection to community care.

Thank you for your continuing efforts to support expanding access to OUD treatment and for taking swift action to address the pandemic. As this legislative package moves forward, Pew encourages the Committee to prioritize proposals that increase the availability of evidence-based treatment for OUD and to improve access to care for marginalized populations. Pew welcomes the opportunity to work with you to reduce the human toll related to the opioid overdose crisis.

Sincerely,



Elizabeth Connolly
Director, Substance Use Prevention and Treatment Initiative

ⁱ Centers for Disease Control and Prevention. National Vital Statistics System, Vital Statistics Rapid Release. “Provisional Drug Overdose Death Counts.” Accessed April 9, 2021. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

ⁱⁱⁱ National Academies of Sciences, Engineering, and Medicine. 2019. *Medications for opioid use disorder save lives*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25310>.

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- ^v Department of Health and Human Services Office of Inspector General, “Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder” (2020).
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