

# United States Senate

WASHINGTON, DC 20510

February 14, 2018

Dr. Elinore McCance-Katz, M.D. Ph.D.,  
Assistant Secretary for Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Assistant Secretary McCance-Katz,

Treatment and prevention of prescription drug and heroin abuse is one of the most important and difficult challenges facing our country. There are nearly 12 million people in our country misusing opioids, and only one in five individuals with an opioid use disorder receive treatment.<sup>1</sup> In the last two years Congress and the administration have taken action to help address the gap in treatment by modernizing laws and regulations to improve access to medication assisted therapy (MAT). We write to get a better understanding of how these changes have impacted access since they have been implemented.

In data released in December, the Centers for Disease Control and Prevention reported that more than 42,000 Americans died from an opioid overdose in 2016.<sup>2</sup> That is more than 100 people dying from an opioid overdose every day. A key pillar in addressing these overdose deaths is ensuring access to evidence based treatment and recovery. MAT is one of the most cost-effective and efficient evidence-based methods of treatment for substance use disorders.

To help address the issue of treatment access, in 2016, Congress passed, and the president signed, the bipartisan Comprehensive Addiction and Recovery Act (CARA) into law.<sup>3</sup> This legislation included a provision that was a modification of a bill that we originally introduced known as the TREAT act, which for the first time allowed trained nurse practitioners (NPs) and physicians assistants (PAs) to provide buprenorphine, one of the three approved MATs for opioid use disorders. The provision that became law in CARA allows NPs and PAs, who receive specific education, to prescribe buprenorphine to up to 30 patients, and increase to 100 patients after one year. In addition to this legislative action, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a regulation in 2016 increasing the maximum number of patients a qualified physician could treat from 100 to 275.<sup>4</sup>

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

<sup>2</sup> NCHS, National Vital Statistics System, Mortality.

<sup>3</sup> The Comprehensive Addiction and Recovery Act of 2016, Pub. L. No. 114-198

<sup>4</sup> SAMHSA Final Rule; Medication Assisted Treatment for Opioid Use Disorders, 81 Fed. Reg. 44711 (7/8/2016)

Together these changes aimed to expand the availability of this important tool and put it in the hands of qualified medical professionals to help increase points of entry for treatment, reduce waitlists and offer hope to patients suffering from opioid use disorders.

To better understand how effective these effort have been at expanding access to treatment and recovery and better understand the challenges of implementing these changes, we respectfully ask that you provide a response to the following questions no later than close of business on March 9, 2018.

1. How many physicians have notified SAMHSA with intent to increase their patient limit to 275 patients?
  - a. What do we know about the types of practices these physicians operate in (i.e., community health centers, private practice, hospitals, etc.)?
  - b. Is SAMHSA able to evaluate how this increase in patient limit has impacted patient access to treatment? For example, do we know if those who have indicated intent to increase limit to 275 are working in high-demand, but low treatment access areas?
  - c. Do we know whether these physicians are treating up to their capacity or what the average number of patients a physician who indicates intent to increase to a 275 patient cap, treats?
  
2. Since the enactment of the CARA provision allowing nurse practitioners and physician assistants to prescribe buprenorphine was enacted into law, how many nurse practitioners and how many physician assistants were authorized to participate?
  - a. What do we know about the types of practices these nurse practitioners or physician assistants operate in (ie, community health centers, private practice, hospitals, etc.)?
  - b. Among the newly authorized providers, how many are practicing in areas that have had a shortage of available substance abuse treatment providers or are located in rural areas?
  - c. Is SAMHSA able to evaluate how expansion of prescribing to nurse practitioners or physician assistants has impacted patient access to treatment? What sort of information is SAHMSHA missing to make this type of evaluation?
  
3. Has SAMHSA received any feedback regarding challenges or impediments to nurse practitioners or physician assistants meeting the education requirements necessary to participate in this expanded opportunity for prescribing? What other challenges or impediments has SAMHSA identified as its implemented this process?
  
4. What efforts has SAMHSA made to publicize the availability of the increased patient cap for physicians and to alert nurse practitioners and physician assistants about this waiver opportunity?

Thank you for your attention to this important issue. We hope that by working together we can stem the tide of tragic deaths and overdoses plaguing the country. Should you have any questions about this request, please have your staff contact Avenel Joseph of Senator Markey's staff at 202-224-2742 or Natalie Burkhalter of Senator Paul's staff at 202-224-4343.

Sincerely,

  
Edward J. Markey  
U.S. Senator

  
Rand Paul  
U.S. Senator