November 09, 2016

The Honorable Hal Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
United States Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
United States House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
United States Senate
Washington, DC 20510

Dear Chairmen Rogers, Cochran, Cole and Blunt, and Ranking Members Lowey, Mikulski, DeLauro and Murray:

As you know, the nation is experiencing an unprecedented opioid crisis. Drug overdose rates hit record levels in 2014, the most recent year for which data are available. This increase was driven by opioids, such as heroin and prescription pain relievers, which were involved in more than 28,000 overdose deaths. Studies have shown that medication-assisted treatment (MAT), which pairs medications approved by the Food and Drug Administration (FDA) with behavioral therapy, is more effective in treating substance use disorder than other interventions used to address dependence on prescription opioids and heroin. Yet, the number of Americans with an opioid use disorder far exceeds the existing treatment capacity.

We, the undersigned organizations, representing patient advocacy groups, research and policy organizations, healthcare providers and payers, urge conferees to provide the maximum resources possible to expand access to substance use disorder treatment. Your subcommittees have shown dedication and leadership in combating the challenges of substance use disorder, and we appreciate the investments included in the House and Senate fiscal year (FY) 2017 appropriations legislation to expand access to MAT. As you complete your work for FY2017, our organizations strongly support the funding levels already included in the current legislation and we respectfully request that you consider the
following opportunities to further enhance substance use disorder treatment for individuals and families struggling with this illness.

- The President’s FY2017 budget for the Substance Abuse and Mental Health Services Administration (SAMHSA) prioritized a two-year commitment to initiate State Targeted Response Cooperative Agreements to address barriers to substance use disorder treatment. House appropriators substantially advanced this initiative with a $500 million discretionary allocation for Comprehensive Opioid Response grants—a program with similar intent. The new grants will help states and other jurisdictions expand prevention and education, treatment, and recovery services, including MAT. These funds represent an historic investment on behalf of the patients, families and communities affected by substance use disorder, and they are urgently needed to assist efforts to respond to the opioid epidemic. **We strongly urge the conferees to adopt the House allocation.**

- The President’s FY2017 budget request for SAMHSA also highlighted the importance of additional funding to support state grants to expand access to MAT. This funding would enable SAMHSA to support 23 new state grants—in addition to the 11 already funded—to expand access to MAT, recovery support services, and coordinate human immunodeficiency virus/hepatitis C treatment. Senate appropriators have allocated $35 million in additional funding to expand state grant-based support for MAT, while House appropriators allocated an additional $25 million. **We urge the conferees to adopt the Senate allocation.**

- The President’s proposal also includes $10 million for a new SAMHSA demonstration program on expanding prescribing authority for buprenorphine, one of three FDA-approved medications for MAT. The SAMHSA demonstration will evaluate the provision of MAT and buprenorphine by nurse practitioners and physician assistants, as recently authorized under the Comprehensive Addiction and Recovery Act of 2016 (CARA). This important research initiative will substantially improve our understanding of how non-physician clinical practitioners, who are often the only primary care providers in rural areas, could help more patients access MAT and overcome substance use disorders. **We urge the conferees to fund this demonstration program at the requested $10 million level.**

- Within the Subcommittee provision for the Health Resources and Services Administration (HRSA), we would highlight two items among broader programs that deserve your support. First, the President’s FY2017 budget request included $10 million to advance an innovative Rural Opioid Overdose Reversal Program to increase the availability of naloxone, a drug that blocks the effects of opioids and reverses overdose, and to refer patients with drug dependency to treatment centers. This program focuses on rural communities, which are disproportionately affected by the underutilization of naloxone. House appropriators have allocated $10 million to fund this program, while Senate appropriators have provided $8 million for targeted funding in rural areas through the centers for substance abuse within SAMHSA as part of broader funding to support programming associated with overdose reversal. **We urge the conferees to include funding for the President’s Rural Opioid Overdose Reversal Program request at the $10 million House subcommittee level through HRSA.**

Second, within the funding provided by Senate appropriators to support Community Health Centers (CHC), $50 million was allocated for services relating to the treatment and prevention of opioid abuse. This critical investment will help health centers hire over 400 new providers and treat approximately 70,000 new patients nationwide. **We strongly support this**
additional CHC funding for the treatment and prevention of opioid misuse and we urge
the conferees to adopt the Senate allocation.

We appreciate your efforts on behalf of American communities affected by substance use disorder and we
look forward to continuing to work with you to advance this important national priority.

Should you have any questions or if we can be of any assistance, please feel free to contact Kyle Kinner,
Senior Officer, The Pew Charitable Trusts at (202) 540-6597 or kkinner@pewtrusts.org. We thank you
for your leadership.

Sincerely,

American Academy of Pediatrics
American Association for the Treatment of Opioid Dependence
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Medical Student Association
American Nurses Association
American Orthopsychiatric Association
American Psychiatric Association
American Society of Addiction Medicine
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Association of State and Territorial Health Officials
California Consortium of Addiction Programs and Professionals
HIV Medicine Association
Illinois Association for Behavioral Health
International Certification & Reciprocity Consortium (IC&RC)
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance for Medication Assisted Recovery
National Alliance on Mental Illness
National Alliance to End Homelessness
National Association for Children’s Behavioral Health
National Association of County and City Health Officials
National Association of Social Workers
National Association of State Mental Health Program Directors
NASTAD (National Alliance of State & Territorial AIDS Directors)
National Center on Addiction and Substance Abuse
National Disability Rights Network
National Health Care for the Homeless Council
National Rural Health Association
The Pew Charitable Trusts
Treatment Communities of America
Young People in Recovery
