

Congress of the United States
Washington, DC 20515

October 30, 2024

Mr. John K. McGlew
Senior Director, Government Affairs
American College of Clinical Pharmacy
1455 Pennsylvania Ave., NW
Suite 400
Washington, DC 20004-1017

Dear Mr. John K. McGlew,

We write to you today to learn more about your existing actions and plans to eliminate barriers for accessing medications for opioid use disorder (MOUD).

Unfortunately, we are losing over 100,000 of our family, friends, and neighbors every year to the devastating disease of addiction. This suffering is made all the more devastating by the fact that, for nearly 20 years, we have had safe, effective medication that can cut the risk of opioid overdose in half and help people secure long-term recovery. But due to stigma and outdated policies, this medication - buprenorphine - reaches only 1 in 5 people who need it. Buprenorphine, one of three FDA-approved medications to treat opioid use disorder, is proven to reduce mortality by up to 50 percent.

As you may know, we authored and championed a bill called the Mainstreaming Addiction Treatment or the MAT Act, which was signed into law and went into effect in early 2023. Until the passage of the MAT Act, federal law made it easier to prescribe potentially addictive opioids than to treat someone with opioid use disorder. The dream of the MAT Act is to vastly increase access to life-saving addiction medicine with more providers able to prescribe so that people who seek help have treatment on demand. With the MAT Act now law, as a nation we have dramatically expanded our ability to treat addiction with buprenorphine, increasing the number of medical professionals who can prescribe buprenorphine for opioid use disorder from 130,000 to 1.8 million. However, now that we have eliminated one barrier, the real work begins to fully realize the dream of the MAT Act and have addiction treatment accessible in every community. This will require many communities, providers and interests to step up and lead.

On a local level, the Capital District Physicians' Health Plan, Inc. (CDPHP) has implemented a value-based payment model where doctors treating patients with an OUD can earn nearly \$200 more per visit on top of their normal reimbursement rate. Additionally, CDPHP is hosting a four-part webinar series to promote the treatment of opioid use disorder and other substance use disorders by primary care providers. This training will count towards CME credits. Nationally, we also have heard of several plans offering increased reimbursement rates, funding hotlines to provide providers with support and educating providers.

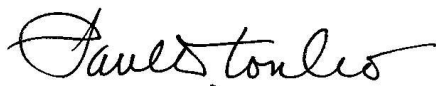
We are reaching out to you to learn more about what you are already doing, exploring doing or planning to do to help step up and play a role in increasing access to effective addiction treatment particularly for MOUD access. We ask that you respond to the following questions as soon as possible.

1. What are you doing to educate your members about the change in the law after the MAT Act?
2. What are you doing to reduce stigma around MOUD and increase access?
3. We also have heard concerns that some pharmacies are not stocking buprenorphine. Do you have information on which pharmacies are stocking buprenorphine?
4. What would you like to see changed to better allow access to MOUD?
5. What resources, would help your members feel confident in dispensing MOUD?
6. Should prior authorization be eliminated for MOUD?
7. We are aware that there continues to be uncertainty as to how the Drug Enforcement Administration (DEA) uses the Suspicious Orders Report System (SORS) and interprets other DEA rules for enforcement actions. Have your members struggled with quotas or perceived limitations from distributors or the DEA? If yes, what clarification would allow pharmacies to properly stock buprenorphine?
8. Are there existing barriers you think we should be aware of that impact your ability to increase patient access to MOUD?
9. Are there actions you need Congress to take that would in turn allow you to expand access to MOUD?

Treatment on demand can mean the difference between life and death. We recognize that many barriers remain to timely access to MOUD. We have hope that plans, hospitals, pharmacists, providers, pharmacies and every part of our medical community will come together and rise to this occasion to save lives. If we unite as a nation and ask how all of us can play a role in increasing access to treatment, together we can help turn the tide.

We also commit to you that Congress is not and cannot be done responding to this crisis. We promise you that we will continue our fight to ensure treatment on demand so that all those who are suffering from this disease of despair have access to treatment and hope.

Sincerely,



Paul Tonko
Member of Congress



Mike Turner
Member of Congress