



NATIONAL ASSOCIATION OF
Community Health Centers

June 30, 2016

Dear House and Senate Conferees:

On behalf of the National Association of Community Health Centers (NACHC), I want to thank you for your commitment to addressing the current opioid epidemic in America. As you work to resolve differences between the House and Senate versions of S. 524, the Comprehensive Addiction and Recovery Act, **we respectfully urge you to include specific key provisions that are essential to improving community health centers' capacity to treat patients struggling with opioid addiction, along with sufficient funding to implement the bill's critical prevention, treatment, and recovery programs.**

Community health centers are on the front lines of the opioid epidemic, and many have decades of experience working in communities that have struggled with opioid addiction long before the recent surge. Health centers, also referred to as Federally Qualified Health Centers or FQHCs, provide comprehensive primary and preventive care services to more than 24 million patients in over 9,000 locations across America. In 2014, health centers provided substance abuse treatment services to well over half a million individuals, through more than 2.2 million visits. In addition, in March 2016, 271 health centers were awarded a total of \$94 million from the Health Resources and Services Administration (HRSA) to help improve and expand the delivery of substance abuse services, with a specific focus on Medication-Assisted Treatment (MAT) of opioid use disorders in underserved populations. This investment is expected to help awardees treat nearly 124,000 new patients; however, there is still a clear need for additional support and policy change to enable health centers to do so with maximum effectiveness.

In order to make the most of their ability to provide high-quality, comprehensive primary and behavioral health care to some of our nation's most vulnerable patients, health centers should be permitted to use every evidence-based method available to treat their patients, without facing arbitrary barriers. Toward that goal, **NACHC strongly supports the inclusion of language from S. 1455, the Recovery Enhancement for Addiction Treatment (TREAT) Act, as reported by the Senate Health, Education, Labor, and Pensions Committee, which would remove the federal restriction that prevents both physician assistants (PAs) and nurse practitioners (NPs) from prescribing buprenorphine for the purposes of MAT, in addition to increasing the maximum number of patients an eligible practitioner can treat with buprenorphine.**

Research clearly points to the effectiveness of certain types of FDA-approved narcotic drugs, such as buprenorphine, when prescribed by qualified providers and used appropriately as part of an MAT program. As you are aware, current statute permits a wide variety of providers – including PAs and NPs –

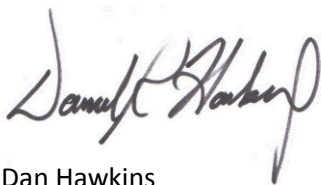
to prescribe opioids without restriction, in accordance with state law. But those same providers are banned from prescribing buprenorphine as part of an effective MAT regime. As is the case in many health care practices, recruiting providers is a top concern for health centers and they often rely on non-physician providers to meet the growing demand for care. Lifting the federal restriction on the types of providers that can provide MAT would allow health centers and other health care delivery systems that rely on non-physician providers to more effectively treat their patients.

Additionally, the current arbitrary cap on the maximum number of patients that eligible practitioners may treat with buprenorphine at one time creates unnecessary delays and is a clear barrier to care for many patients - many of whom already face a variety of other access barriers that leave providers with limited opportunities to engage them in appropriate treatment. Increasing the cap will permit eligible health center providers to rely on their own judgment and experience to establish their own limits for effective patient management based on their unique capacity, patient and community needs, and available resources.

While the TREAT Act provisions are particularly important for health centers in the current legislation under consideration, I want to emphasize that NACHC supports a multi-pronged approach to address the opioid epidemic, one which includes prevention, monitoring, accessibility of care, and treatment. As part of that approach, **we support legislative efforts to improve integration of behavioral health into primary care; provide training and education to help providers make informed prescribing decisions; assist states in developing and improving prescription drug monitoring programs (PDMPs); and improve the distribution of opioid antagonists such as naloxone in preventing opioid overdose – including H.R. 3680, the Co-Prescribing to Reduce Overdoses Act, as included in S. 524 by the House. In order to ensure that these types of reforms are truly meaningful, they must be enacted with appropriate and significant financial resources.**

Thank you for considering our comments regarding this important legislation. We truly appreciate the chance to help inform your decisions as you work to quickly send a final bill to the President for signature, and we welcome the opportunity to discuss these suggestions in greater detail with you or your staff. Please don't hesitate to contact Jennifer Taylor at 202-296-3410 or jtaylor@nachc.org if we can be helpful in any way.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Hawkins". The signature is fluid and cursive, with the first name "Dan" and last name "Hawkins" clearly distinguishable.

Dan Hawkins
Senior Vice President, Public Policy and Research

cc: Chairman Lamar Alexander
Chairman Charles E. Grassley
Chairman Orrin G. Hatch
Ranking Member Patrick J. Leahy
Ranking Member Patty Murray
Senator Jeff Sessions
Ranking Member Ron Wyden
Representative Lou Barletta
Representative Karen Bass
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