



December 15, 2015

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-230 The Capitol Building  
Washington, DC 20510-7010

The Honorable Harry Reid  
Minority Leader  
United States Senate  
S-221 The Capitol Building  
Washington, DC 20510-7020

Dear Majority Leader McConnell and Minority Leader Reid:

In order to help address the nation's opiate addiction epidemic, we ask that Congress approve legislation to expand the types of qualifying practitioners who can prescribe Medication Assisted Treatment (MAT), such as buprenorphine.

As you are aware, federal law must change to expand the definition of "qualifying practitioner." Specifically, one correction would need to be made allowing for nurse practitioners and physician assistants to prescribe MAT drugs under the supervision of qualified physicians.

Nurse practitioners can prescribe addictive narcotics for pain, but under the Drug Treatment Act of 2000 are barred from prescribing MAT drugs designed to break addiction to those deadly narcotics and heroin.

Nationally, 53 percent of primary care physicians work with nurse practitioners or physician assistants. By ignoring this important and successful partnership in the treatment of addiction, we significantly limit access to MAT. Building on this strong partnership between physician and non-physician providers is vital in expanding access to effective treatment.

The need has never been greater, as the number of people seeking treatment is continuing to grow.

In Vermont alone, as of August 2015, more than 2,804 people are in treatment in the state's opiate treatment centers, up from 1,704 in January 2014. The waiting list for services remains unacceptably high at 427. The number of people seeking treatment continues to overwhelm the capacity of our system despite the rapid service expansion spurred by the recognition of this crisis. If we had the opportunity to add to our workforce, a significant pressure would be relieved. There are simply not enough physicians to respond to the escalating demand.

Vermont's numbers reflect a regional trend in the Northeast and across the nation. No state is immune to this crisis.

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It is imperative that we remove the barriers to treatment. The health of our families, our communities and our economy rests on our ability to ensure men, women and children who are addicted to deadly drugs have every opportunity to turn their lives around.

Our states have worked together to align our efforts in addressing the opiate crisis. One of the areas identified is improving treatment access, in part to address the workforce shortages that we are all experiencing and the challenges in making enough services available to meet the need. The expansion of qualifying practitioners would help us meet this important goal.

The Recovery Enhancement for Addiction Treatment Act (TREAT Act) has been introduced into the Senate sponsored by Senator Markey (Massachusetts) as S.1455. It would allow certain nurse practitioners and physician assistants to treat up to 100 patients per year with buprenorphine, provided they meet important requirements.

We feel that this provision supports a responsible approach to increase prescribing capacity, while ensuring that practitioners are adequately trained and supervised. In the Northeast, we have broad support for this approach and could implement changes quickly once Congress acts to pass legislation.

Sincerely,

/o.s./

Dannel P. Malloy  
Governor of Connecticut

/o.s./

Paul R. LePage  
Governor of Maine

/o.s./

Charles D. Baker  
Governor of Massachusetts

/o.s./

Margaret Wood Hassan  
Governor of New Hampshire

/o.s./

Gina Raimondo  
Governor of Rhode Island

/o.s./

Peter Shumlin  
Governor of Vermont

*Identical letters were sent to House and Senate leadership and to leadership of the House Judiciary; House Energy & Commerce; and the Senate HELP committees.*