



Curbing the Nation's Substance Use Crisis

BOTTOM LINE



Curbing our nation's overdose epidemic requires removing regulatory hurdles to medication-assisted treatment (MAT), standardizing prescriber education practices and expanding access to care for our nation's most vulnerable populations.

THE ASK



Cosponsor and support the concurrent passage of the [Mainstreaming Addiction Treatment \(MAT\) Act](#) (S. 445/H.R. 1384), the [Medication Access and Training Expansion \(MATE\) Act](#) (S.2235/H.R. 2067) and the [Medicaid Reentry Act](#) (S. 285/H.R. 955)

Prior to COVID-19, the nation was already ravaged by an overdose epidemic claiming too many lives in communities across the country. The pandemic has only worsened these conditions, leading to increased incidences of anxiety, depression and higher rates of substance use – with more than 93,000 people losing their lives to drug overdoses in 2020, a 30% increase from 2019 according to the Centers for Disease Control and Prevention (CDC).¹ Drug overdoses are the current leading cause of accidental death in the U.S. with more than 1,000 daily emergency department visits related to opioid misuse.² More can and must be done to curb this growing crisis by:

- Expanding access to MAT for opioid use disorder (OUD) by removing regulatory hurdles to the medication buprenorphine.
- Strengthening prescriber education on substance use disorders (SUD), including OUD.
- Enrolling people who are incarcerated into Medicaid as soon possible to ensure community-based care for their substance use and/or mental health treatment needs.

These three bills currently under consideration by Congress would, if passed in unison, expand access to treatment services and bolster the workforce.

WHY DO WE NEED TO THESE THREE BILLS?

The Mainstreaming Addiction Treatment (MAT) Act (S. 445/H.R. 1384)

INTRODUCED BY:

Representative Paul Tonko (D-NY-20)
Representative Michael Turner (R-OH-10)
Senator Maggie Hassan (D-NH)
Senator Lisa Murkowski (R-AK)

The Medication Access and Training Expansion (MATE) Act (S.2235/H.R.2067)

INTRODUCED BY:

Representative Lori Trahan (D-MA-3)
Representative Buddy Carter (R-GA-1)
Senator Michael Bennet (D-CO)
Senator Susan Collins (R-ME)

The Medicaid Reentry Act (S. 285/H.R. 955)

INTRODUCED BY:

Representative Paul Tonko (D-NY-20)
Representative Michael Turner (R-OH-10)
Senator Tammy Baldwin (D-WI)
Senator Mike Braun (R-IN)

Regulatory requirements present a barrier to treat opioid use disorder. Currently, the Drug Enforcement Agency (DEA) requires an additional waiver to prescribe buprenorphine for treatment of OUD. No such requirements exist for providers licensed to prescribe opioids to treat pain or for other substance use and mental health medications that are also DEA controlled substances. The additional waiver to prescribe buprenorphine for OUD stigmatizes the medication and deters prescribers from engaging in care. The Mainstreaming Addiction Treatment (MAT) Act (S. 445/H.R. 1384) would build off regulatory policy changes made by both the Biden and Trump Administrations by removing that additional waiver requirement to open access to care.

America lacks standardized and uniform medical education for prescribers. Simultaneous to the need to remove regulatory burdens for prescribers is the need to advance universal and standardized education and awareness for all prescribers of DEA controlled substances to identify, treat, refer and manage individuals with an SUD. The Medication Access and Training Expansion Act (S.2235/H.R. 2067) would require health care providers to complete a one-time training on best practices in caring for patients with an SUD as a condition of receiving or renewing a registration to prescribe controlled substances for treatment. This bill will prevent stigma toward and development of SUDs.

Enroll persons into Medicaid who are returning from jails and prisons. According to the Bureau of Justice Statistics, nearly half of people in the criminal justice system have a diagnosable mental health condition.³ Of those with serious mental illness (e.g., schizophrenia), approximately 75% also have a co-occurring SUD. The first two weeks after release from incarceration, a person is at the highest risk for an overdose. In fact, recently released individuals are roughly 129 times more likely to die of a drug overdose during this time compared to the general population.⁴ The Medicaid Reentry Act (H.R. 955/S. 285) would allow for Medicaid coverage for eligible incarcerated individuals up to 30 days before their release from jail or prison. Equipping individuals with timely access to substance use, mental health and other health-related services before release will facilitate the transition to care necessary to break the cycle of recidivism and prevent death and other harms.

Simultaneous passage of these three bills bolsters the workforce, expands access to care and saves lives. By reducing the regulatory burden and standardizing education practices for all prescribers, the MAT Act and MATE Act would expand the provider workforce and increase access to life-saving substance use treatment. As the nation continues to lose thousands of Americans to drug overdose every year, we must do all we can to ensure the provider community is properly equipped to identify, treat, refer and manage care for individuals with SUD, especially those most vulnerable including those recently released from incarceration. Provisions of the Medicaid Reentry Act were recently included in the Build Back Better Act and invests in the prevention and upstream care that saves health care and criminal justice systemic costs as well as save lives.

¹ Centers for Disease Control and Prevention. (2021, September 15). Products - vital statistics rapid release - provisional drug overdose data. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

² Schiller EY, Goyal A, Mechanic OJ. Opioid Overdose. (2021, July 18). StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. PMID: 29262202.

³ Bureau of Justice Assistance, Office of Justice Programs. (2017, June). Special Report – Indicators of Mental Health Problems Reporting by Prisoners and Jail Inmates, 2011–12. <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

⁴ Binswanger, IA, Stern, MF, Deyo, RA, Heagerty, PJ, Cheadle, A, Elmore, JG, & Koepsell, TD. (2007). Release from prison—a high risk of death for former inmates. The New England Journal of Medicine, 356(2), 157–165. doi:10.1056/NEJMsao64115

