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The Honorable Edward Markey
United States Senate
218 Russell Senate Office Building
Washington, DC 20510-2104

Dear Senator Markey:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to write in support of your recently-introduced legislation, S. 2645, "the Recovery Enhancement for Addiction Treatment Act" (TREAT Act). The AMA is strongly committed to working with Congress and other stakeholders to support and implement a multi-pronged approach to combat the public health crisis of prescription drug abuse, misuse, diversion, overdose, and death. As this public health crisis has deepened, the AMA has been extremely concerned that individuals suffering from addiction have faced access barriers because there are too few physicians and programs offering treatment and recovery services. The TREAT Act would increase the number of patients that physicians are able to treat on an out-patient basis in support of recovery.

Making certain prescription drugs less accessible does not stop prescription drug abuse, diversion, overdose, and death. In fact, simply making these drugs less accessible without policies and strategies to provide treatment and recovery simply changes the drug of choice from legal prescription drugs to illegal drugs that have no legitimate medical use. As the ultimate goal is to stop addiction, overdose, and death, a far greater effort is needed to focus on the treatment and recovery side of this crisis. Physicians who are on the frontlines of this public health crisis, particularly those in emergency departments, continue to report that there is lack of detoxification and treatment and recovery programs to meet the need. The TREAT Act would immediately remove the statutorily prescribed caps on the number of patients who physicians are able to treat for addiction.

The AMA has strongly supported increased access to treatment for drug addiction and physician office-based treatment of opioid addiction. The Drug Addiction Treatment Act of 2000 provided for an office-based option for opiate treatment utilizing buprenorphine. However, there remain limits on the number of patients a physician may treat utilizing buprenorphine, a drug that can be used to facilitate recovery from opiate addiction. There is broad consensus in the medical community that buprenorphine is a major tool to fight addiction, and does not have a high potential for misuse or fatal overdose. Lifting the cap would enable physicians and specially trained allied health professionals working in collaboration with physicians to treat more patients with this highly-effective drug.

The AMA appreciates your leadership and compassion. Addiction can be a devastating disease that not only harms the individual, but families and communities. As we strengthen efforts to curtail the diversion of prescription drugs, we must aggressively expand the availability of treatment. The TREAT Act is a critical and much needed step in the right direction. The AMA looks forward to working closely with you and other policy-makers at the federal and state levels to expand access and availability of treatment options.

Sincerely,

James L. Madara, MD