

Congress of the United States

Washington, DC 20510

July 5, 2016

Congressman Fred Upton
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Conference Committee Chairman Upton:

Lives are in immediate danger due to prescription drug and heroin abuse, and conferees have been asked by those on the front lines of addressing this crisis to provide the funding they need to protect our citizens. The National Governors Association wrote to conferees that, “[i]t is vital that Congress provide sufficient resources to states in order for them to continue the work that has begun.” A letter from 182 groups dedicated to ending the opioid epidemic “urge[s] Congress to include essential funding in the package that will be negotiated by the House/Senate conference committee.” In addition to the other important policies under consideration, these resources are needed to increase access to treatment and recovery services. Therefore, we write to formally propose including the resources necessary to respond to this epidemic as part of the S. 524 conference report.

A recent Kaiser Family Foundation survey found that 44 percent of Americans said they personally know someone who has been addicted to prescription painkillers. At the same time, we know that four in five new heroin users started out by misusing prescription opioid pain medications, and the Kaiser survey identified heroin abuse as one of the most serious health problems facing the United States. All of this is taking a tremendous toll on families and communities across the country, with more than 28,000 opioid deaths in 2014. This crisis is not abating. More Americans now die every year from drug overdoses than they do in motor vehicle crashes.

We propose funding \$920 million for states to provide the lifesaving treatment desperately needed across the country, consistent with the President’s budget proposal. Funding on this scale has received bipartisan, bicameral support – the FY2016 Budget reconciliation legislation (H.R. 3762) provided for \$1.5 billion for opioid treatment over two years, and a motion instructing the members of this conference Committee to include funding for opioid prevention, treatment and recovery passed with 66 votes in the Senate. While we continue to work to reduce excessive prescribing and ensure that our law enforcement, first responders, and family members have ready access to naloxone to reverse an opioid overdose, this new investment in evidence-based treatment will fill a critical gap in our fight against the opioid epidemic. It addresses the challenge we so often hear from the families affected by this crisis: the need to improve access to treatment in communities.

We also support increasing access to buprenorphine by raising the patient limit and allowing nurse practitioners and physician assistants, with physician supervision if required under state law, to prescribe FDA-approved medications for opioid use disorder permanently or for a number of years, as resources allow. These proposals will help hundreds of thousands of people

with addiction get the care that they need. Legislation enacting these policies have received strong bipartisan votes in both chambers.

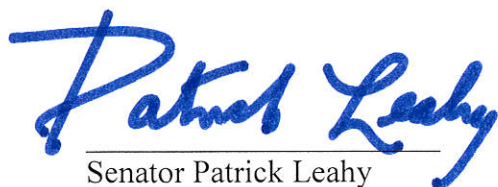
While the scope and urgency of the opioid crisis would justify this investment being considered emergency spending, we are willing to put Federal budget savings on the table, demonstrating that there is no excuse for inaction when it comes to funding for treatment and prevention of opioid addiction.

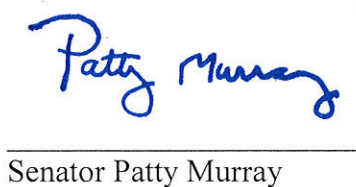
We are confident that we can agree on a list of bipartisan policies to offset this critical new investment. Both the House and Senate have either voted on, or have demonstrated support for, various measures that include roughly \$1.2 billion in offsets that have yet to be enacted into law. Some of those offsets include \$617 million from reducing Medicare overpayments for certain Part B infusion drugs; (with 344 bipartisan votes in the House of Representatives); \$190 million for moving up the start-date for reducing Medicaid overpayments for durable medical equipment (original effective date passed the House of Representatives with 266 bipartisan votes and 64 bipartisan votes in the Senate; accelerating by three months the date included in the bipartisan S. 2736); and \$28 million by reducing payments made to fraudulent providers through a requirement that states report any provider that is terminated from one state's Medicaid program into a uniform and central database that is accessible to all states, and requiring all state Medicaid programs to enroll providers that are part of a managed care plan (passed the House of Representatives unanimously 406-0). While many of us continue to support the other priorities that could be funded by these proposals, such as investments in health research, and are open to other funding options, we are united in our belief that resources to treat people with opioid addiction are needed now.

We believe that the opioid epidemic is truly a public health crisis and should be treated as such. Essential funding and policies should be included in the conference report considered by the committee. We agree with the bipartisan sponsors of the Senate CARA bill, who wrote in a letter to all conferees that they "fully support new and robust funding to address what has been accurately termed an epidemic. More than 120 Americans a day, more than two Americans every hour, die from lethal overdoses. We have come together as a country before to tackle health crises with funding far greater than what has been proposed in this context.... We can, and should, come together again to tackle the opioid abuse crisis devastating our communities."

Accordingly, we will not sign a conference report that does not include significant funding that reflects the seriousness of the epidemic and provides meaningful support to these important priorities.

Sincerely,


Senator Patrick Leahy


Senator Patty Murray


Senator Ron Wyden


Rep. John Conyers Jr.


Rep. Frank Pallone Jr.

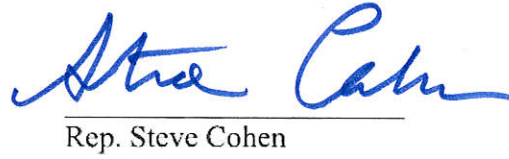

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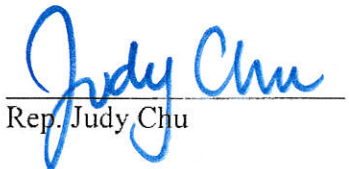

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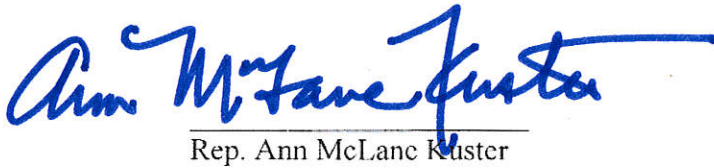

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