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More Addiction Treatment Docs Needed for Opioid Crisis, House Panel Told

— "Having a trained workforce of addiction medicine and addiction psychiatrists is critical"

by Joyce Frieden, News Editor, MedPage Today March 4, 2020

WASHINGTON -- The opioid crisis and growing addiction to methamphetamine and other stimulants won't be abated until the country trains more addiction medicine physicians, witnesses said at a House Energy & Commerce Health Subcommittee hearing.

"One of the things the opioid epidemic has laid bare is the lack of trained professionals we have to provide treatment, so we can put out all the funding dollars we want" but it won't do any good without a trained workforce, said Michael Botticelli, executive director of the Grayken Center for Addiction at Boston Medical Center. "I think it's really important for us to ensure that while we're doing other activities such as integrating addiction treatment into residency training, that having a trained workforce of addiction medicine and addiction psychiatrists is critical."

Botticelli was discussing H.R. 3414, the Opioid Workforce Act of 2019, one of 14 bills the subcommittee was considering at a hearing on Tuesday. The act, sponsored by Rep. Bradley Schneider (D-Ill.) and cosponsored by subcommittee members Susan Brooks (R-Ind.) and Ann Kuster (D-N.H.), would add 1,000 residency positions in addiction or pain medicine programs over a 5-year period; the positions would be eligible for graduate medical education payments under Medicare.

Brooks was enthusiastic about the bill. "It's not to say we haven't made progress -- my state has seen a 13% reduction in opioid overdoses last year, and increased by 75% the number of inpatient treatment beds," she said. "But it's clear we have to have more care providers to take care of the beds."

Rep. John Sarbanes (D-Md.) also spoke up for the bill. "Many places across the country are facing shortages of these kinds of professionals," he said. "In addition to affordability, provider capacity is clearly a barrier to treatment."

Addressing the physician shortage would be great, and the shortage extends beyond just physicians, said Adm. Brett Giroir, MD, Assistant Secretary for Health and Senior Adviser on Opioid Policy at the Department of Health and Human Services. "It's also social workers and community health workers."

Another popular bill was H.R. 2281, the Easy MAT [Medication-Assisted Treatment] for Opioid Addiction Act. "This bill would remove the rule restriction of doctors from giving more than 1 day's worth of buprenorphine at a time," explained Rep. Raul Ruiz, MD (D-Calif.), the bill's chief sponsor. "Under current DEA [Drug Enforcement Administration] regulations, physicians are authorized to give a patient 1 day's worth of MAT for 3 consecutive days while the patient is securing long-term treatment. However, they can only give the patient the MAT 1 day at a time -- meaning the patient has to go back to the doctor, back to the emergency department, every 24 hours for 3 days, which, as you can imagine, is a huge barrier for patients who may not have have access to their provider."

The bill would allow doctors to provide 3 days' worth of MAT at one time, which "will increase the chances that the patient will remain on MAT and off of illegal and illicit drugs," he said. "It will save money for the healthcare system by requiring fewer visits, and maintain all other safeguards under place in DEA regulations."

Witness Shawn Ryan, MD, chair of the Legislative Advocacy Committee at the American Society of Addiction Medicine, liked that idea. "Given the safety profile of buprenorphine, what you're saying makes sense to me, and I'd support it," he said. "Emergency departments are very busy ... so when you add this increased burden of the patient having to come back, not only is transportation for that patient an issue but you burden the emergency department with unnecessary visits for the simple administration of a very safe medication."

Fellow subcommittee member Kuster also was impressed: "Dr. Ruiz, you've convinced me and I'll cosponsor your bill," she said.

But not every bill had that much support. Larry Bucshon, MD, said he was "concerned" about H.R. 2482, the Mainstreaming Addiction Treatment Act of 2019. That bill, introduced by Rep. Paul Tonko (D-N.Y.), would remove a requirement that clinicians get a DEA waiver before they can prescribe long-term buprenorphine.

"Buprenorphine can be effective if it's administered by properly educated and trained providers who counsel and educate the patient," said Bucshon. "However, the vast majority of individuals are currently receiving no counseling. MAT may not be effective unless there is a comprehensive treatment plan in place ... The last thing Congress should

be doing is relaxing requirements for prescribing and dispensing narcotics and drugs like buprenorphine even when there is political pressure to do so."

Rep. Ben Ray Luján (D-N.M.), a cosponsor of the bill, disagreed. "In New Mexico, we have nearly 12,000 practitioners who are registered with the DEA to prescribe controlled substances, including opioids, yet only 1,200 who can prescribe buprenorphine. Isn't that something we should fix?" he said. "I urge my colleagues to support this legislation."

Kuster urged support for a bill she sponsored, the Humane Correctional Health Care Act, which would get rid of a rule that prohibits incarcerated people from being eligible for Medicaid, making it easier for them to get mental health and substance abuse treatment. "In my state, we've seen the difference it can make to have appropriate healthcare in our criminal justice system," she said. "My bill will do just that, allowing healthcare to follow the person into incarceration. If we're serious about overcoming addiction, we must treat this as a disease, not a moral failing."

But Rep. Buddy Carter (R-Ga.), a pharmacist, expressed misgivings about the cost of that legislation. "As I understand it, part of the bill is to do a study to see how much it costs, but it seems to me that's after the fact," he said. "If we were to implement this and then find out how much it costs? This is going to be billions and billions of dollars ... This could bankrupt some states."

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