

## [The Recovery Enhancement for Addiction Treatment Act \(TREAT Act\)](#) Senator Edward J. Markey (D-Mass.)

Overdoses from opioids, including prescription pain relievers and heroin, have increased dramatically in the United States. Nationwide, drug overdoses now claim more lives than car accidents. Opioid addiction is a chronic disease that, untreated, places a large burden on the healthcare system. Roughly 475,000 emergency room visits each year are attributable to the misuse and abuse of opioid pain killers. Effective medication-assisted therapy for opioid addiction, such as buprenorphine, combined with social and behavioral supports, can decrease overdose deaths, be cost-effective, reduce transmissions of HIV and viral hepatitis, and can reduce other social harms such as criminal activity.

Unfortunately, of the approximately 2.5 million Americans who abused or were dependent on opioids in 2012, fewer than 1,000,000 received medication-assisted therapy for their condition. That's because access to effective medicines to help treat opioid addiction in outpatient and primary care settings, remains limited in part due to current federal restrictions. In order to address the epidemic of opioid overdoses, we need to expand the ability of trained medical professionals to provide effective medication-assisted therapies.

More than ten years of experience in the United States with buprenorphine to help treat opioid addiction has informed best practices for delivering successful, high quality care for patients with substance use disorders. Thoughtfully expanding existing federal restrictions, with a focus on *expertise* and *quality* will help increase the number of patients who have access to life-saving treatment.

Under current law in order for physicians to be authorized to prescribe certain opioid addiction medicines, they must meet specific conditions and apply for a special waiver. Even with such a waiver, physicians are severely limited in the number of patients they can treat, contributing to long waitlists and the inability of patients to get treatment for their addiction when they need it.

### [The Recovery Enhancement for Addiction Treatment Act \(TREAT Act\):](#)

- ❖ Increases the number of patients a provider is initially allowed to treat from 30 patients to 100 patients per year.
- ❖ Allows certain nurse practitioners and physicians assistants to treat up to 100 patients per year, provided they:
  - Are licensed in a state that already allows them to prescribe controlled substances
  - Complete approved training on opioid addiction treatment and
  - Are supervised by a physician who is approved to prescribe opioid addiction medicine, or are certified addiction treatment nurse practitioners who practice in collaboration with such a physician in a “qualified practice setting,” where allowable by state law.
- ❖ Allows certain physicians, after one year, to request removal of the limit on the number of patients they can treat. To be eligible:
  - Physicians must be substance abuse treatment specialists, as recognized by specific board or society certifications, or
  - Non-specialist physicians must complete approved training and practice in a “qualified practice setting.”
- ❖ “Qualified practice settings” are named in the legislation and include clinical settings that have defined oversight, performance metrics, or quality review, or that are part of systems serving populations with high need.
- ❖ Requires the GAO to examine changes in treatment availability and utilization; quality of treatment programs; integration with routine healthcare services; diversion; impact on state-level policies and legislation; and use of nurse practitioner and physician’s assistant prescribers.