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October 28, 2019

United States House of Representatives
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Ranking Member Walden, Dr. Burgess, and Representative Guthrie,

The Society of Hospital Medicine (SHM), on behalf of the nation's hospitalists are pleased to offer feedback on the House Energy and Commerce Committee's Request for Information on Substance Use Disorder Treatment.

SHM represents the nation's hospitalists, who care for millions of hospitalized patients in America's acute care hospitals. Hospitalists focus on managing the general inpatient medical needs of their patients, while working to enhance the performance of their hospitals and health systems. In this role, hospitalists often find themselves on the frontlines of the opioid crisis, caring for patients for whom their opioid use disorder is their primary reason for hospitalization or is a comorbidity of other conditions. Many of these patients are the sickest and most vulnerable in the healthcare system. Therefore, hospitalization can be a reachable moment to connect patients with opioid use disorder treatment programs and begin to coordinate care for these patients.

A recent article in the *Journal of Hospital Medicine* issued a "Call to Action" for hospitalists and their role in addressing substance use disorder. As the authors note, "hospitalists- individually and collectively- are uniquely positioned to address this gap [in treating SUD during hospitalizations and coordinating post-discharge care]. By treating addiction effectively and compassionately, hospitalists can engage patients, improve care, improve patient and provider experience, and lower costs."¹ One of their recommendations is to engage policymakers on reducing barriers that inhibit treatment, including the waiver required for buprenorphine prescribing.

Buprenorphine, a Schedule III controlled substance, is a highly-effective and crucial tool for combatting the opioid crisis. As a controlled substance, it has restrictions placed upon its use for opioid use disorder treatment and requires providers to obtain an "X Waiver" in order to prescribe it. This restriction precludes the recruitment of a more robust prescriber base, inhibits widespread

¹ Englander, H, Priest, KC, Snyder, H, Martin, M, Calcaterra, S, and J Gregg. "A Call to Action: Hospitalists' Role in Addressing Substance Use Disorder." *J Hosp. Med.* (October 23, 2019). Online First.

provider adoption and prescribing, and propagates stigmas associated with treating patients with opioid use disorder. Indeed, many rural counties, often hardest hit by the opioid crisis, lack a single waived provider², meaning many of these communities go without adequate access to a safe and effective treatment for opioid use disorder. SHM supports the Mainstreaming Addiction Treatment Act (H.R. 2482 and S. 2074), which would eliminate the X Waiver requirement for prescribing buprenorphine and dramatically expand treatment access.

Eliminating the X Waiver and expanding access to buprenorphine will also help reduce stigma related to addiction treatment. Rather than seeking out waived providers, patients will be able to seek addiction treatment from their regular provider. This will help to normalize addiction treatment and reduce the burden on the few addiction specialists and waived prescribers across the country.

We believe the Committee should prioritize reducing barriers to treatment by eliminating the waiver requirement for prescribing buprenorphine in its continued efforts to address the opioid crisis. SHM stands ready to work with the Committee on this important issue.

Sincerely,



Chris Frost, MD, SFHM

President

Society of Hospital Medicine

² Khazan, O. "America's Health-Care System is Making the Opioid Crisis Worse." The Atlantic. Nov. 20, 2018. Accessed Oct. 28, 2019 at <https://www.theatlantic.com/health/archive/2018/11/why-heroin-and-fentanyl-addicts-cant-get-treatment/576118/>.