

November 15, 2021

The Honorable Madeleine Dean  
120 Cannon House Office Building  
Washington, DC 20515

The Honorable Victoria Spartz  
1523 Longworth House Office Building  
Washington, DC 20515

The Honorable Mary Gay Scanlon  
1227 Longworth House Office Building  
Washington, DC 20515

The Honorable Brian Fitzpatrick  
271 Cannon House Office Building  
Washington, DC 20515

**RE: Support for the Improving Patient Access to Care and Treatment (IMPACT) Act**

Dear Representatives Dean, Spartz, Scanlon, and Fitzpatrick:

As advocates for people with opioid use disorder (OUD), we are doing all we can to ensure that all life saving treatment options are available to help people in their recovery journey. To that end, we want to thank you for introducing H.R. 5950, the Improving Patient Access to Care and Treatment (IMPACT) Act. This bill, when enacted, will expand treatment options for patients with OUD.

According to the Centers for Disease Control and Prevention (CDC), 136 people die each day due to an opioid overdose<sup>1</sup>. The opioid crisis has grown dramatically in the past several years, with more than 71,000 opioid-related deaths reported in the 12 months ending in February 2021.<sup>2</sup> Some 2.1 million Americans live with OUD.<sup>3</sup> It is critical that we deploy every tool in our toolbox to address this issue.

One critical tool we have is medication. Medications for opioid use disorder (MOUD) are a gold standard for treating OUD. The Surgeon General Report states that "MAT (now MOUD) combined with psychosocial therapies and community-based recovery supports is the gold standard for treating opioid addiction."<sup>4</sup> Patients who take MOUD are shown to have improved survival rates and increased treatment retention.

Together, we must seek to remove barriers to patient access to MOUD. In 2018, in the middle of the rising opioid epidemic, Congress passed the SUPPORT for Patients and Communities Act ("SUPPORT Act") with the goal of expanding access to MOUD. The Act attempted to balance the need to improve access to leading-edge treatments, including LAI buprenorphine, while guarding against the potential for diversion observed with oral forms of the medication.

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<sup>1</sup> <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>2</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>3</sup> [https://www.samhsa.gov/sites/default/files/aatod\\_2018\\_final.pdf](https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf)

<sup>4</sup> [https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)

Accordingly, the SUPPORT Act addressed prior dispensing limitations requiring a practitioner to purchase LAI buprenorphine under what is known as “buy-and-bill” by also adding the option of dispensing the medication by a specialty pharmacy, but only if the medication was administered to the OUD patient within 14 days of its receipt.

While well-intentioned, this new dispensing option has not translated into expanded access to LAI buprenorphine largely due to the challenges that the 14-day limit presents for practitioners and patients alike. This limit is often infeasible in practice considering the multi-layered coordination required among the pharmacy, provider, and patient in combination with medication shipping delays.

In addition, an August 2020 report<sup>5</sup> from the U.S. Government Accountability Office (“GAO”) confirmed that the use of these medications only accounts for approximately one percent of the total prescriptions for buprenorphine products.

The GAO study found that “because patients lack control over the administration of injectable and implantable buprenorphine, patients receive consistent treatment exposure and therefore experienced improved health outcomes and reduced opportunities for diversion.” Furthermore, “all of the provider groups GAO spoke with said that diversion of injectable buprenorphine is unlikely, and representatives from three of the six provider groups said that the design of these formulations reduces opportunities for diversion due to how they are administered.”

We appreciate your support in helping to address the unprecedented challenges that families and communities are facing because of the opioid epidemic. The opioid crisis has caused an indescribable amount of suffering throughout our country, and we remain hopeful that H.R. 5950, the IMPACT Act, will help ensure that innovative and life-saving therapies, including LAI buprenorphine, reach patients.

Sincerely,

Advocates for Opioid Recovery  
Aimed Alliance  
Association of Nurses in AIDS Care  
Center for U.S. Policy  
FORCE  
Healthy Women  
Kennedy Forum  
Maryland Heroin Awareness  
Mother’s Addiction Journey

No More OD’s, Inc  
Partnership to End Addiction  
Prevention Action Alliance  
Shatterproof  
The Voices Project  
Tyler’s Light  
Young People in Recovery

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<sup>5</sup> Opioid Use Disorder: Treatment with Injectable and Implantable Buprenorphine, GAO (Aug. 2020). (<https://www.gao.gov/assets/710/708581.pdf>)