



**Statement of the American College of Physicians on the Comprehensive Addiction Resources  
Emergency (CARE) Act, H.R. 2569**  
July 8, 2019

The American College of Physicians (ACP) shares the concern of Chairman Cummings about the dire effects the continuing opioid crisis will have on our nation. ACP therefore agrees with the Chairman and the 108 cosponsors of the legislation that an enhanced federal role to address this public health emergency is clearly called for. The College supports this bill and appreciates the efforts of the Chairman and the bill cosponsors to further this important cause.

The legislation would go a long way toward addressing the opioid crisis on the federal level. It contains provisions that would authorize grants to train physicians and other health professionals in the diagnosis, treatment, and prevention of substance use disorders. It would also authorize funding for curricula development related to evidence-based practices for the screening, prevention, and treatment of substance use disorders, including information about combating stigma, practicing best practices, alternative pain therapies, and all drugs approved by FDA for substance use disorder treatment.

A separate state grant program, which would also be authorized by the bill, would give preference to states that eliminated prior authorization and step therapy for medication-assisted treatment, which ACP supports.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP strongly agrees with Chairman Cummings and the cosponsors of the bill that substance use disorders involving illicit and prescription drugs are a serious public health issue. In the United States, millions of individuals need treatment for substance use disorders, but few receive it. The rising number of drug overdose deaths and the changing legal status of marijuana pose new challenges. ACP maintains that substance use disorder is a treatable chronic medical condition.

Substance use disorders pose a heavy societal burden, endangering individual and family health and well-being, tearing through communities, and sapping resources from the health care system. These disorders are common in the general population and occur at even higher rates

among those who are incarcerated. Access to care for this condition is limited. In 2014, 22.5 million people in the United States needed treatment for an illicit drug or alcohol use problem, but only 18 percent received any treatment—far below treatment receipt rates for those with hypertension (77 percent), diabetes (73 percent), or major depression (71 percent).

The use of illicit drugs is a drain on the nation's financial resources. In 2007, the indirect and direct cost of illicit drug use was estimated to be about \$200 billion related to lost productivity, health care, and law enforcement (\$11 billion annually). The medical complications of untreated substance use disorder also drive health care system costs. Hospitalizations for opioid use disorder rose from nearly 302,000 to more than 520,000 between 2002 and 2012, and costs for such care quadrupled to \$15 billion in 2012. Hospitalization charges for opioid use disorder with serious infections also quadrupled over the same period to \$700 million. Notably, evidence shows that for every dollar invested in drug prevention and treatment, the nation sees substantial savings.

Communities across the country are confronting an opioid epidemic that has taken tens of thousands of lives, leading physicians to take a more active role in managing the condition and spurring policymakers to reassess the nation's drug control policy. Among the ways the CARE Act would assist is with regard to the training programs it would authorize for physicians and other clinicians. These would provide education about substance use disorders, proper prescribing practices, consulting prescription drug monitoring programs to reduce opioid misuse, and assisting patients in their treatment.

To make a very good bill even better, ACP offers the following recommendations for consideration and emphasis as the CARE Act is moved forward. We would be pleased to discuss these or any other aspect of the legislation.

Sec 3402: The Planning Council includes “health care provider” representatives. Consideration should be given to specifying that a primary care physician should be included. This would be consistent with ACP policy which calls for the integration of behavioral health into the primary care setting.

Sec. 3403: Grant recipients that provide substance use disorder services should be required to provide FDA-approved drugs for medication assisted treatment.

Sec 3412(a) – Competitive grant program preference will go to states that have prohibited prior authorization and step therapy requirements for at least 1 FDA-approved drug for treatment of substance use disorders. ACP policy specifies that prior authorization and other barriers should be lifted for buprenorphine, methadone, and other medical assisted treatment drugs.

Sec. 3432: The grants and contracts that are specified in this section including funding for education and training centers and training of faculty of schools of medicine to facilitate the teaching of students about screening and providing for the needs of individuals with substance use disorder, developing and disseminating curricula related to screening, prevention and treatment of substance use disorder, alternative pain therapies, and prescribing best practices.

Sec: 3433: We would underscore the importance of this section which provides improved reimbursement for and expansion of the set of care-givers that can prescribe medical assisted treatment to Medicaid patients.

Sec. 3436: Also vital is this section which would provide for more funding for Naloxone and for the negotiation of contracts with manufacturers for more affordable products.

In conclusion, Mr. Chairman, ACP congratulates you and the bill cosponsors for your commitment on this vital issue. ACP stands ready to assist in any way we can. Please contact Rich Trachtman at [rtrachtman@acponline.org](mailto:rtrachtman@acponline.org) or (202) 261-4538 to let us know how ACP can help.