

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641
March 2, 2018

The Honorable Francis S. Collins, M.D., Ph.D.
Director
National Institutes of Health
U.S. Department of Health & Human Services
9000 Rockville Pike
Bethesda, Maryland 20892

Dear Director Collins:

In order to further make progress in our efforts to address the opioid overdose and addiction crisis in our country, I believe there needs to be a public forum that includes federal agencies, researchers, and provider and patient organizations to review all available evidence on the use of medication assisted treatment (MAT) for treating opioid use disorders.

While opioid use disorder is not a new problem, over the past decade it has become dramatically worse. We have seen the impact of heroin and other synthetic opioids flooding neighborhoods and exponentially increasing the number of cases of overdoses and opioid-related diseases, and prison populations are filled with individuals suffering from addiction.

As you know, Congress responded to this epidemic by passing legislation providing additional resources to fight the epidemic and increasing opportunities for access to treatment to opioid use disorder. These include the Comprehensive Addiction and Recovery Act of 2016 and the 21st Century Cures Act. One of the central goals of these efforts was to expand access to evidence-based treatment for opioid use disorder, including MAT.

For many years, the use of MAT to treat opioid use disorder has been stigmatized and substantially underutilized. However, as the opioid epidemic has become more prevalent and as more individuals seek treatment, providers have become more open to trying MAT. Currently, there are three types of FDA-approved treatments for opioid use disorder: methadone, buprenorphine, and naltrexone. In addition, data related to the effectiveness of MAT continues to be released. In November the results of a National Institute on Drug Abuse (NIDA)-funded study were published in *The Lancet* comparing the effectiveness of extended-release naltrexone and buprenorphine-naloxone in the treatment of opioid addiction. The study concluded that,

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once treatment was initiated, long-acting naltrexone was as effective as buprenorphine-naloxone in helping patients maintain abstinence from heroin and other illicit opioids. Results of another NIDA-funded study were published in *Annals of Internal Medicine* in November comparing the effectiveness of treatment with methadone compared to treatment with medically managed withdrawal in publicly funded treatment of opioid use disorder. The study concluded that the value of publicly funded treatment is maximized when individuals with opioid use disorder receive treatment with methadone rather than with medically managed withdrawal.

Despite these studies and many others showing the effectiveness of MAT for the treatment of opioid use disorder, such data often has been discounted or inaccurately portrayed so that patients cannot make fully informed decisions about which treatment option is best for them.

To dispel the myths being perpetuated related to MAT, eliminate the confusion that exists, and ensure accurate dissemination of information about its effectiveness, I believe a formal public process should take place to review the evidence base for each form of available MAT.

Overall, any review should include NIH and be conducted with input from other appropriate federal agencies involved in the nation's response to the opioid epidemic (e.g. National Institute on Drug Abuse (NIDA), Department of Justice, Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), etc.) as well as professional and patient organizations. This evaluation should also look at how the different characteristics and attributes of each form of MAT benefit particular types of patients in their roads to recovery. Information gleaned from such an analysis should be issued in a final report to help advance the practice of evidence-based, patient-centered care.

We have a responsibility to ensure patients and treatment providers have access to objective and accurate information about all available treatments, whatever the disease state. Such a need is never more apparent than in the current opioid epidemic.

Thank you for your attention to this critical issue. I look forward to your response and recommendations.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." with a stylized flourish at the end.

Frank Pallone, Jr.
Ranking Member