

U.S. House Energy and Commerce Subcommittee on Health
Combatting the Opioid Crisis: Prevention and Public Health Solutions

March 21-21, 2018

Chairman Burgess, Ranking Member Green, and Subcommittee Members, my name is Alexis Horan, Vice President of Government Relations for CleanSlate Addiction Treatment Centers. I have nearly 15 years of experience in developing and supporting addiction treatment policy. I served as Senior Vice President of Government Relations and Clinical Practice at the American Society of Addiction Medicine for over 11 years and then for two years as an Expert Consultant to Health and Human Services' Assistant Secretary for Planning and Evaluation, in support of the Department's Opioid Initiative treatment portfolio. I am grateful for the opportunity to lend my addiction treatment policy expertise and the collective experience of CleanSlate's clinicians and patients to this hearing and to the conversation around reversing the course of the opioid epidemic, improving patient access to life-saving pharmacotherapy-based addiction treatment, and to building an engaged and sustainable addiction treatment workforce.

Background on CleanSlate Addiction Treatment Centers

CleanSlate is a physician-led organization that provides office-based, outpatient medication-assisted treatment for opioid and alcohol use disorders. Founded in Massachusetts, we now operate 41 centers across eight states - Massachusetts, Indiana, Pennsylvania, Texas, Florida, Arizona, Wisconsin, and Connecticut - with 8,000 patients currently under our care. Since our inception in 2009, we have treated nearly 28,000 patients, which we believe gives us a keen understanding of the role medical treatment for opioid addiction can play in ending the opioid epidemic.

Our treatment program is based on evidence-based treatment protocols, as specified in the American Society of Addiction Medicine clinical guidelines and in the recently issued SAMHSA TIP 63, Medications for Opioid Use Disorder. That means that we help patients overcome their addictions using pharmacotherapies including buprenorphine and naltrexone (more commonly known as Suboxone and Vivitrol, respectively) in combination with supportive counseling and clinical and social care coordination services. We utilize a high frequency visit model that encourages patients' accountability to their treatment goals while also supporting stringent anti-diversion controls. Our treatment centers are staffed by a combination of physicians, nurse practitioners, physician assistants, care coordinators and support staff. Each member of the CleanSlate clinical team plays a critical role in helping patients regain their health and their dignity, thereby supporting them in rebuilding long-neglected bridges back to their communities and their livelihoods.

Our success in deploying a group practice model is owed in part to the provisions in the Comprehensive Addiction and Recovery Act of 2016 that allows nurse practitioners and physician assistants to prescribe buprenorphine and allows highly credentialed physicians and those that work in qualified practice settings, like CleanSlate's programs, to increase their buprenorphine patient panels. These new authorities have enabled us to further optimize the use of our providers' buprenorphine patient panels and therefore increase our operating capacity at a time when demand for treatment far exceeds supply. In our experience, by providing our prescribers with the administrative and sophisticated case management support often necessary to support a patient's primary care, counseling, insurance,

transportation, housing and employment needs, our providers can focus their time and energy toward direct patient care.

Unfortunately, even with these important legislative and organizational advantages, we are not always able to fully meet the demand for treatment in the communities we serve. There remains a dearth of physicians and advance practice clinicians who are willing to work in this field or interested in going through the process required to acquire and utilize a waiver to prescribe buprenorphine. Even those who have waivers to prescribe often do not serve the maximum number of patients they are permitted to treat, due in part to the complex medical, behavioral and social needs of patients with opioid use disorder. This makes provider recruitment a challenge. Retaining a high quality, compassionate workforce is also a challenge. The stigma of patients with substance use disorders, community and health care provider misconceptions about medication-assisted treatment, marginalization by peers, surveillance by various oversight authorities, and stressful work environments result in a high rate of turnover in the addiction treatment field. These workforce limitations, combined with federal and state limitations on clinician scope of practice and treatment center capacity, stymie the ability of high quality, well-intentioned treatment programs to narrow the treatment gap.

CleanSlate is grateful for the efforts of this committee to address these challenges; in particular, for two bills that I have been asked to address today in my testimony. Together, H.R. 3692 and H.R. 5102 will expand access to high-quality treatment and promote the growth of a stable, high quality substance use disorder workforce capable of meeting the growing demand for evidence-based treatment for opioid use disorder and substance use disorders more broadly.

H.R. 3692, the Addiction Treatment Access Improvement Act

H.R. 3692, the Addiction Treatment Access Improvement Act, introduced by Representative Paul Tonko, seeks to extend buprenorphine prescriptive authority to a larger pool of advanced practice clinicians, notably adding clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives as qualified practitioners, and to eliminate the current time limitations on their prescriptive authority. Moreover, the Addiction Treatment Access Improvement Act would allow some highly qualified prescribers with additional credentialing and those working in qualified practice settings to immediately apply for waivers to prescribe buprenorphine to up to 100 patients at a time, bypassing a requirement that they hold a 30-patient waiver first.

The experience of our treatment center in Anderson, Indiana illustrates why it would be beneficial to enact H.R. 3692 into law. In 2016, CleanSlate opened our Anderson center; in nearly two years of treating patients there, we have recruited, trained and staffed 4 prescribers, all new to addiction medicine. Collectively, today, they are able to treat 190 patients. More recently, we have hired a part-time physician who is contributing 188 of his 275 treatment slots to our program. However, Anderson still has a waiting list of 60 patients today. Some of those patients are traveling to our next closest center, over an hour away in Indianapolis, which is less than ideal for patients who are seeking to work and support their families as they receive treatment. The current buprenorphine prescription limit dictates our treatment capacity rather than the talent and resources of our health professionals within our treatment center. Further, the rules and oversight that come with this prescriptive authority adds to the stigma that discourages providers from caring for these patients who are frequently medically complex and difficult to treat.

We are struggling to find more prescribers to increase capacity; if we did find a new provider, they likely would only be able to take on 30 patients due to the current limits on prescribing buprenorphine. Were this bill the law today, we would not have a patient waitlist at Anderson and we would see a meaningful increase in the number of patients that could be served by other qualified providers throughout the United States.

H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act

H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act, introduced by Representative Katherine Clark, authorizes a loan repayment program for full-time substance use disorder treatment professionals who provide treatment in a mental health professional shortage area or in a municipality reporting a higher than average drug overdose death rate. The Substance Use Disorder Workforce Loan Repayment Act recognizes the broad spectrum of substance use disorder treatment professional fields and the variety of treatment locations where patients receive treatment. This bill would authorize \$25 million over ten years to reimburse eligible student loans of up to \$250,000. This funding, bolstered by the Opioid State Targeted Response Grants authorized in the 21st Century Cures Act, is a significant investment in building the addiction treatment workforce and in addressing the nation's opioid epidemic more generally. Not only will this legislation incentivize newly-minted providers to explore careers that involve treating substance use disorders, the bill will also help stabilize the workforce by meting out the payments over a six-year period, which should counter attrition that is all too common in the field. As important as workforce stability is to an employer in this specialized field, it is even more important to supporting long-term patient-provider relationships. For many addiction patients, recovery can be a long road. The longer a patient remains in treatment, engaged and connected to a provider, the greater the likelihood of treatment success.

Together, these bills will meaningfully close key parts of the treatment gap that exists in our country. First and foremost, HR 3692 and HR 5102 directly address barriers that preclude providers from adequately providing effective treatment for opioid and other addictions. H.R. 3692 recognizes the limitations in both the burdensome process required to become a buprenorphine provider and the authorized prescriber's capacity to adequately meet the demand for evidence-based opioid use disorder treatment. H.R. 5102 addresses the workforce shortage more generally, an issue that compounds the difficulty in building a pool of committed, high quality MAT prescribers.

CleanSlate thanks the Energy and Commerce Committee for holding this and other hearings that are shining a bright light on the opioid epidemic and justifying the urgency of an expanded federal response to it. We appreciate Representatives Tonko and Clark, and the sponsors of the other bills being reviewed this week, for elevating and addressing the many, interconnected issues that must be addressed in order to permanently change how we manage addiction in our country. I am grateful for the progress that has been made, but there is a long way to go to ensure that all the patients in need of treatment for addiction can access it. CleanSlate will continue to do its part, going where patients are in need, delivering effective, dignified, and compassionate care that our patients, all patients, deserve and want.

Sincerely,

Alexis Geier Horan
Vice President, CleanSlate