The Honorable Sylvia M. Burwell  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC  20201

Dear Secretary Burwell,

We are writing on behalf of three of the foremost nationally recognized addiction medical specialty associations, representing more than 60,000 physicians, to express our concerns regarding proposals to raise the patient limits currently reflected by the Drug Addiction Treatment Act of 2000 (DATA 2000). Because our organizations are entrusted by the law to train prescribers and health professionals on the front lines of treating this public health crisis, we are in eager to work with the Department of Health and Human Services in order to develop recommendations.

As you are well aware, addiction to prescription drugs and heroin is a public health crisis. Yet, as the number of people addicted to these opioids increases, there continues to be a shortage of physicians who are appropriately trained to treat them. The shortage severely complicates and impairs our ability to effectively address the epidemic, particularly in many rural and underserved areas of the nation.

We sincerely value and appreciate your interest in addressing this growing and complex problem. While we are aware of proposals to raise patient limits, the potentially adverse consequences of increased patient limits are of significant concern, including:

- proliferation of “pill mills” and the erosion of evidence-based treatment;
- inadequate safety monitoring to protect against diversion; and
- underutilization of evidence-based mental health and substance abuse counseling services

As organizations authorized to train physicians to treat opioid use disorders, we strongly believe that all aspects of the problem and possible solutions should be fully evaluated and considered before moving forward with any proposed policy changes.

We believe that:

- There is a need to address this public health matter as a priority.
- The real complexities of addressing this issue go beyond increasing the patient limit.
- Simply increasing the per-prescriber patient limit is problematic even for addiction specialists; handling 100 buprenorphine-maintained patients in a clinically adequate manner is challenging. There must be frank discussions of multidisciplinary and other models that might better address the issue without adding undue risk for patients, or increasing regulatory scrutiny for all providers, which is against the spirit of DATA 2000.
- The right balance between patient volume and clinical responsiveness must be determined.

Our members are among the leading clinical experts in the treatment of opioid use disorders and are uniquely positioned to address these issues. We are currently formulating more specific recommendations and welcome an opportunity to work with you on how to effectively confront this public health crisis.

Sincerely,

Saul Levin, MD, MPH  
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Laurence M. Westreich, MD  
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Cc: Pamela Hyde, J.D., Administrator, SAMHSA  
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