

United States Senate

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March 2, 2016

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell:

I write to you today regarding the ongoing opioid crisis that is affecting the nation and to bring to your attention an important element of a comprehensive response, the Buprenorphine Treatment Physician Locator. I applaud the administration for the steps it is already taking to address this crisis, but like other states, Connecticut continues to be ravaged by opioid addiction. According to new data released from the Office of the Chief Medical Examiner of Connecticut, 723 people died as a result of a drug overdose in my state in 2015 – double the amount from just 2012. Of this amount, 415 were related to heroin, which represents a 27 percent increase from 2014.

One of the most critical steps we can take to stem this scourge is to ensure greater access to medication-assisted treatment, such as buprenorphine. However, current law limits which physicians can prescribe buprenorphine for opioid dependency and caps the number of patients that a physician can prescribe buprenorphine for. These policies—which are well-intentioned in their goal of limiting the likelihood of diversion for these powerful drugs—present a barrier to individuals seeking medication-assisted treatment, a barrier often exacerbated by the difficulty in finding physicians who are certified to prescribe, actively prescribing buprenorphine, and accepting new patients.

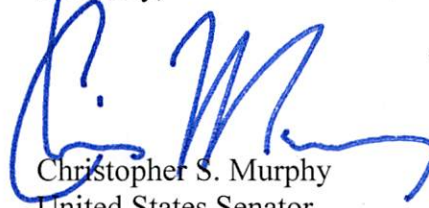
Currently, the Substance Abuse and Mental Health Services Administration (SAMHSA) maintains the Buprenorphine Treatment Physician Locator, a website that provides a list of physicians that have been certified, which is searchable by city, state, or zip code. Unfortunately, a recent news investigation by WTNH News8 in Connecticut indicated that the list is out-of-date and provides insufficient information for those seeking treatment. After calling each of the doctors listed for Connecticut, investigators found that only 30 percent of the listed doctors are currently treating patients with opiate addiction with a type of buprenorphine, and only 60 percent of those physicians had capacity for new patients. This is not surprising since the certification to prescribe buprenorphine is done on a lifetime basis and a physician's practice may evolve over time.

I understand that SAMHSA works with the Drug Enforcement Administration (DEA) to update the Buprenorphine Treatment Physician Locator to reflect providers who have inactivated their DEA registration or have passed away. However, my understanding is that SAMHSA is

currently prohibited from proactively reaching out to physicians to ensure that the physician is treating patients with buprenorphine or whether they have the ability to see new patients. I therefore urge you to take all necessary steps to ensure this outreach happens on a more regular basis. Reliable and current information is critical to providing Americans with the most accurate picture of the treatment network in their state.

Again, I encourage you to take all necessary steps and request any additional resources required to ensure that the most up-to-date information on physicians who can prescribe buprenorphine is available to those seeking treatment. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'C. Murphy', with a stylized flourish at the end.

Christopher S. Murphy
United States Senator