

From: Coriell, Scott [Scott.Coriell@vermont.gov]
Sent: Friday, December 18, 2015 4:23 PM
To: Springer, Darren; Allen, Susan
Subject: FW: TREAT act and Gov letter
Attachments: Gov ltr on Opiate-MAT- Sen Ldrs 12-15-15.pdf; ATT00001.htm

From: Lunge, Robin
Sent: Friday, December 18, 2015 4:22 PM
To: Miller, Lawrence <Lawrence.Miller@vermont.gov>; Coriell, Scott <Scott.Coriell@vermont.gov>
Subject: Fwd: TREAT act and Gov letter

fyi.

Robin Lunge
Director of Health Care Reform

Sent from my iPad

Begin forwarded message:

From: "Van Haste (Becker), Kathryn (Sanders)"
<Kathryn_VanHaste@Sanders.senate.gov>
Date: December 18, 2015, 2:22:47 PM EST
To: "Barbara.cimaglio@vermont.gov" <Barbara.cimaglio@vermont.gov>, "Lunge, Robin"
<Robin.Lunge@vermont.gov>
Subject: TREAT act and Gov letter

Hi Barbara and Robin. I hope you're both well. I wanted to touch base on the TREAT Act. First, I wanted to ensure you were aware that Senator Sanders was added as a cosponsor to the legislation on 12/10. Additionally, earlier this week we were made aware by Senator Markey's office that Governor Shumlin joined his fellow New England governors in sending a letter on this issue on 12/15 to the HELP Committee, on which Senator Sanders serves as senior member and subcommittee ranking member. In the future, it would be appreciated if we received copies of letters from the Governor to the Senate directly from the state. We are, of course, very happy to learn of the Governor's support for this important legislation. As Barbara and I discussed, it includes some practical solutions that would help address some of the problems surrounding opioids in Vermont and around the country.

On a related note, as I believe both of you know, up until this point I've been knee-deep in work for the Senator in his role as Ranking Member of the Budget Committee organizing the minority's participation in the Budget Reconciliation bill to repeal the ACA. Now that the Senate has completed consideration of the bill, my schedule should free up considerably for more outreach and meetings in Vermont. I would love to sit down with both of you at some point in the new year to check in and determine areas

for collaboration. Until then, I hope you both are able to take some time off to celebrate the holidays. All my best for a happy holiday season.

Katie

Kathryn Becker Van Haste

Director of Health Policy

Health, Veterans & Business Outreach

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December 15, 2015

The Honorable Mitch McConnell
 Majority Leader
 United States Senate
 S-230 The Capitol Building
 Washington, DC 20510-7010

The Honorable Harry Reid
 Minority Leader
 United States Senate
 S-221 The Capitol Building
 Washington, DC 20510-7020

Dear Majority Leader McConnell and Minority Leader Reid:

In order to help address the nation’s opiate addiction epidemic, we ask that Congress approve legislation to expand the types of qualifying practitioners who can prescribe Medication Assisted Treatment (MAT), such as buprenorphine.

As you are aware, federal law must change to expand the definition of “qualifying practitioner.” Specifically, one correction would need to be made allowing for nurse practitioners and physician assistants to prescribe MAT drugs under the supervision of qualified physicians.

Nurse practitioners can prescribe addictive narcotics for pain, but under the Drug Treatment Act of 2000 are barred from prescribing MAT drugs designed to break addiction to those deadly narcotics and heroin.

Nationally, 53 percent of primary care physicians work with nurse practitioners or physician assistants. By ignoring this important and successful partnership in the treatment of addiction, we significantly limit access to MAT. Building on this strong partnership between physician and non-physician providers is vital in expanding access to effective treatment.

The need has never been greater, as the number of people seeking treatment is continuing to grow.

In Vermont alone, as of August 2015, more than 2,804 people are in treatment in the state’s opiate treatment centers, up from 1,704 in January 2014. The waiting list for services remains unacceptably high at 427. The number of people seeking treatment continues to overwhelm the capacity of our system despite the rapid service expansion spurred by the recognition of this crisis. If we had the opportunity to add to our workforce, a significant pressure would be relieved. There are simply not enough physicians to respond to the escalating demand.

Vermont’s numbers reflect a regional trend in the Northeast and across the nation. No state is immune to this crisis.

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It is imperative that we remove the barriers to treatment. The health of our families, our communities and our economy rests on our ability to ensure men, women and children who are addicted to deadly drugs have every opportunity to turn their lives around.

Our states have worked together to align our efforts in addressing the opiate crisis. One of the areas identified is improving treatment access, in part to address the workforce shortages that we are all experiencing and the challenges in making enough services available to meet the need. The expansion of qualifying practitioners would help us meet this important goal.

The Recovery Enhancement for Addiction Treatment Act (TREAT Act) has been introduced into the Senate sponsored by Senator Markey (Massachusetts) as S.1455. It would allow certain nurse practitioners and physician assistants to treat up to 100 patients per year with buprenorphine, provided they meet important requirements.

We feel that this provision supports a responsible approach to increase prescribing capacity, while ensuring that practitioners are adequately trained and supervised. In the Northeast, we have broad support for this approach and could implement changes quickly once Congress acts to pass legislation.

Sincerely,

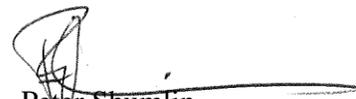

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