



Advancing Health Care Policy
for Mental Health and Addiction

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Contact: Tiffany Huth

Phone: 202.487.8057

Email: Huth@abhw.org

120 Organizations Implore Congress to Take Action Against the U.S. Opioid Crisis by Passing the Mainstreaming Addiction Treatment Act

Leading healthcare professionals and organizations representing millions of people ask Congress to pass the MAT Act to increase access to lifesaving medication.

Washington, DC (May 12, 2021) – The [Association for Behavioral Health and Wellness](#) (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, today joined 120 leading organizations representing healthcare and behavioral health providers, recovery and harm reduction providers, social justice advocates, public health experts, law enforcement and people and families living with substance use disorders to deliver a letter to Congress urging the swift passage of the Mainstreaming Addiction Treatment Act (MAT Act). The MAT Act, a common-sense bill aimed at quickly and dramatically reducing opioid-induced overdoses, is currently being reviewed in committee and may come up for a floor vote later this year.

The MAT Act is being considered during the worst increase in overdose deaths in decades. The Centers for Disease Control and Prevention estimates that over 90,000 Americans died from overdoses in the twelve months leading up to September 2020 — and those numbers have only increased during the COVID-19 pandemic. Although many of the provisions in the MAT Act garnered support from both the Trump and Biden administrations through executive orders, it is bipartisan Congressional action that is ultimately needed to pass the legislation.

One of the most effective and fastest ways to reduce opioid-related deaths in the United States is by removing bureaucratic restrictions on buprenorphine, and that's exactly what the MAT Act does. Buprenorphine cuts the risk of opioid overdose death in half for patients and provides paths to addiction recovery, making it one of the most effective treatments for opioid use disorder. But due to legislative barriers, less than seven percent of healthcare professionals in the United States possess the special federal registration required to prescribe the medicine. Just weeks ago, the Biden Administration set in motion executive action to help reduce these

restrictions. While these orders were a step in the right direction, they're not enough without the MAT Act.

The MAT Act will remove federal barriers to prescribing buprenorphine, significantly increasing patient access and reducing stigmatization of the medicine by treating it like any other essential medicine. Specifically, the bill will allow healthcare providers with a standard controlled medication license to prescribe buprenorphine for opioid use disorder in the course of their normal medical practice. Additionally, the bill will launch a national education campaign to connect healthcare providers to already available, free education resources on best practices for treating substance use disorder.

Read the full letter [here](#).

The following organizations have signed on in support of the passage of the MAT Act.

American Academy of PAs; American Academy of Pediatrics; American Association of Nurse Anesthetists; American Association of Public Health Physicians; American College of Emergency Physicians; American College of Medical Toxicology; American Foundation for Suicide Prevention; American Medical Association; American Nurses Association; American Pharmacists Association; Association for Ambulatory Behavioral Healthcare; Association for Behavioral Health and Wellness; Association of American Medical Colleges (AAMC); Association of Prosecuting Attorneys; Big Cities Health Coalition; C4 Recovery Foundation; Civil Citation Network; College of Healthcare Information Management Executives (CHIME); College of Psychiatric and Neurologic Pharmacists (CPNP); Drug Policy Alliance; End Substance Use Disorder; Families for Sensible Drug Policy; Global Alliance for Behavioral Health and Social Justice; HIV Alliance; Law Enforcement Action Partnership; National Association of Addiction Treatment Providers; National Association of Attorneys General; National Association of Boards of Pharmacy; National Association of Pediatric Nurse Practitioners; National Council for Behavioral Health; National District Attorneys Association; National Families in Action; National Harm Reduction Coalition; National Health Care for the Homeless Council; National League for Nursing; National Prevention Science Coalition to Improve Lives, National Safety Council; National Viral Hepatitis Roundtable; OCHIN; People's Action; Shatterproof; The Kennedy Forum; The Pew Charitable Trusts; The Police, Treatment, and Community Collaborative (PTACC); Young People in Recovery; ACLU of Washington; Adolescent Substance Use & Addiction Program, Boston Children's Hospital; Alaska Primary Care Association; ARNPs United of Washington State; Association for Utah Community Health; Blue Mountain Heart to Heart; Bluebonnet Trails Community Services; Bobby E. Wright Comprehensive Behavioral Health Center, Inc.; Camden Coalition of Healthcare Providers; Care Plus NJ, CARMAhealth; Cherry Hill Women's Center; Children's Aid and Family Services; CHOICE Regional Health Network and Cascade Pacific Action Alliance; Columbia University Mailman School of Public Health Department of Epidemiology; Community Health Center of Snohomish County; Community Psychiatric Institute; COPE

Center, Inc.; Country Doctor Community Health Centers; Dave Purchase Project/Tacoma Needle Exchange; Elevate Health; Family Health Centers; Gather Church/Gather Meds First; Greater Columbia Accountable Community of Health; Hepatitis Education Project; Indiana Primary Health Care Association; Iowa Primary Care Association; King County, WA; Last Overdose; Medical Society of New Jersey; Mental Health Association in New Jersey; Mid-Atlantic Association of Community Health Centers; Monterey County Prescribe Safe Initiative; Moore Health Solutions; Neighborcare Health; New Jersey Association of Mental Health and Addiction Agencies; New Jersey Coalition for Addiction Recovery Support (NJ-CARS); New Jersey Harm Reduction Coalition; New Jersey Leadership Team, American Academy of Emergency Medicine (DVAAEM); New Jersey Organizing Project; New Jersey Reentry Corporation; North Sound Accountable Community of Health; Northwest Health Law Advocates; Ohio Association of Community Health Centers; Olympia Bupe Clinic at Capital Recovery Center; Pennsylvania Association of Community Health Centers (PACHC); Preferred Behavioral Health Group; Public Defender Association; PursueCare; Rights & Democracy; Texas Association of Addiction Professionals; Texas Criminal Justice Coalition; Texas Recovery Network Solutions; The People's Harm Reduction Alliance; The University of Texas at Austin PhARM Program; The University of Texas at Austin, UT Health Austin; University Hospital, Newark; University of Texas Health Science Center at Houston; University of Washington School of Medicine; USC Institute for Addiction Science; Vantage Health System; VNA of Central Jersey Children & Family Health Institute; VOCAL-NY; VOCAL-WA; Washington Academy of Family Physicians; Washington Association for Community Health; Washington Association for Sheriffs and Police Chiefs; Washington Chapter of the American College of Emergency Physicians; Washington Recovery Alliance; Washington Recovery Helpline; Washington State Association of Drug Court Professionals; Washington State Hospital Association; Washington State Medical Association; Washington State Medical Group Management Association; and We Care Daily Clinics.

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[ABHW](#) is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW's members include national and regional health plans who care for more than 200 million people. Together we work to reduce stigma and advance federal policy on mental health and addiction care. Member companies - Aetna Behavioral Health, AmeriHealth Caritas, Anthem/Beacon, Centene Corporation, Cigna, Kaiser Permanente, Magellan Health, New Directions Behavioral Health, and Optum.