



April 25, 2005

The Honorable Joe Barton
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
United States House of Representatives
Washington, DC 20515-6115

Dear Mr. Chairman:

We are writing to express our organizations' strong support for H.R. 869, the Drug Addiction Treatment Expansion Act of 2005, which amends the Drug Addiction Treatment Act of 2000 (DATA). Our organizations also support S. 45, similar legislation that is before the Senate Judiciary Committee. We understand that the Committee on Energy and Commerce may take action on this legislation shortly. By lifting the limit on the number of patients who may be treated with newly available prescription medicines by a medical group, this legislation will significantly expand access to treatment for patients who are addicted to narcotics. At the same time, H.R. 869 leaves in place the limit on the number of patients (30) an individual physician may treat with these drugs. We urge the Committee to act expeditiously and favorably on this important legislation.

As a result of DATA, access to drug addiction treatment has been significantly expanded; patients no longer are restricted to receiving pharmaceutical treatment in the closed treatment clinic system, but now may receive such care from their own doctors. However, patients who receive care from medical groups have considerably more limited access to new narcotic addiction treatments than patients cared for by solo-practicing physicians because DATA imposes the same 30-patient limit on entire medical groups that it applies to solo practitioners. For example, the physician members of the Duke University Medical School faculty practice plan may treat only 30 patients at one time, even though they may have tens or hundreds more patients who would benefit from newly available treatment. Similarly, although hundreds, perhaps thousands of Kaiser Permanente's 8.3 million members could potentially benefit, the physician members of Kaiser Permanente's eight medical groups may treat only 240 patients at any one time (30 patients in each of the eight Permanente medical groups).

This legislation addresses this problem by removing the statutory limit on the number of patients to whom medical groups may prescribe newly available, FDA-approved medications to treat addiction to heroin and other (often prescription) narcotic drugs. In sum, the circumstance created by

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DATA severely disadvantages patients cared for by medical groups, as well as the physicians wishing to provide them high quality care. We strongly urge the Committee to act to correct the unintended problem created by DATA. We look forward to working with you to achieve that goal this year.

Sincerely,



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President
Alliance of Community Health Plans



Don W. Fisher, Ph.D., CAE
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