May 17, 2018

The Honorable Greg Walden
2185 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
237 Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of the American College of Nurse-Midwives (ACNM) and the American College of Obstetricians and Gynecologists (ACOG), we write to encourage your support for extending authorization for the prescribing of medication assisted treatment (MAT) to certified nurse-midwives (CNMs). Specifically, as the Committee works to advance legislation to combat the nation's opioid crisis, we encourage inclusion of the provision within the *Addiction Treatment Access Improvement Act* (H.R. 3692) that provides this needed authority. This authorization is essential to achieve our shared goal of ensuring pregnant and postpartum women struggling with opioid use disorder (OUD) have access to evidence-based treatment.

The incidence of OUD has risen dramatically over the past several years, including among women of reproductive age and pregnant and parenting women. Opioid overdoses cause one death every 20 minutes.[i] According to the HHS Office of Women's Health, the number of women dying from overdose of prescription drugs rose 471 percent between 1999 and 2015, compared to 218 percent for men, and heroin deaths among women increased at more than twice the rate of men.[ii] In rural areas, where the opioid crisis has hit hardest, pregnant women and women experiencing intimate partner violence are among populations with higher prevalence of risky use of prescription pain relievers.[iii]

Untreated OUD during pregnancy is associated with lack of prenatal care and increased risk for pregnancy-related complications.[iv] Evidence-based treatment for pregnant and breastfeeding women with an OUD includes the use of MAT, such as buprenorphine. MAT is preferable to medically-supervised withdrawal, which is associated with higher relapse rates and poorer outcomes, including accidental overdose and obstetric complications. Use of MAT also improves adherence to prenatal care and addiction treatment programs.[v]

Currently, the demand for OUD treatment outweighs the number of health professionals available to provide treatment. This barrier is even more pronounced for pregnant and postpartum women, who often face additional stigma and threats of consequences associated with their OUD. Expanding the types of health professionals who can prescribe MAT to include CNMs is within their scope of practice and would help improve access to critically needed evidence-based treatment for this vulnerable population.[vi]

As the Committee considers legislation focused on addressing the ongoing opioid epidemic we ask that you include the provision within H.R. 3692 that would expand access to MAT treatment to vulnerable populations by authorizing CNMs as qualified providers to treat, prescribe and refer for MAT services. Implementation of this critical provision will ensure that health care providers with routine contact with pregnant women and

women of childbearing age are able to provide OUD treatment in integrated pregnancy and substance use disorder treatment settings. Thank you for your leadership and support for improving the health and well-being of the women, infants, and families our nation's CNMs and obstetrician-gynecologists serve.

Sincerely,

Lisa Kane Low
President
American College of Nurse-Midwives

Lisa M. Hollier, MD, MPH, FACOG
President
American College of Obstetricians and Gynecologists

Cc: The Honorable Michael Burgess, M.D., FACOG
The Honorable Gene Green

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[i] Rose A. Rudd et al., "Increases in Drug and Opioid Overdose Deaths—United States, 2000-2014," *Morbidity and Mortality Weekly Report* 64, no. 50 (2016): 1378–82, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w.
[ii] U.S. Department of Health and Human Services Office on Women's Health. Final Report: Opioid Use, Misuse, and Overdose in Women. July 2017. Retrieved from https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf.
[iii] Medicaid and CHIP Payment and Access Commission. Report To Congress On Medicaid And CHIP June 2017. Washington, DC: Medicaid and CHIP Payment and Access Commission; 2017:60-97. Retrieved from https://www.macpac.gov/wp-content/uploads/2017/06/June-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf.
[iv] Opioid use and opioid use disorder in pregnancy. Committee Opinion No. 711. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;130:e81–94.
[v] Ibid.
[vi] CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam and Puerto Rico. CNMs are defined as primary care providers under federal law, and midwifery as practiced by CNMs encompasses a full range of primary health care services for women from adolescence beyond menopause.