

**HOUSE . . . . . No. 3637**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Bruce J. Ayers*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying resolution:

Resolutions urging the Congress of the United States to update the Drug Addiction Treatment Act of 2000 and remove excessive training requirements mandated for obtaining a waiver to prescribe buprenorphine.

PETITION OF:

| NAME:                 | DISTRICT/ADDRESS:  | DATE ADDED:      |
|-----------------------|--------------------|------------------|
| <i>Bruce J. Ayers</i> | <i>1st Norfolk</i> | <i>1/21/2021</i> |

**HOUSE . . . . . No. 3637**

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By Mr. Ayers of Quincy, a petition (accompanied by resolutions, House, No. 3637) of Bruce J. Ayers for the adoption of resolutions by the General Court memorializing the Congress of the United States to update the Drug Addiction Treatment Act of 2000 and remove excessive training requirements mandated for obtaining a waiver to prescribe buprenorphine. Veterans and Federal Affairs.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 3194 OF 2019-2020.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

Resolutions urging the Congress of the United States to update the Drug Addiction Treatment Act of 2000 and remove excessive training requirements mandated for obtaining a waiver to prescribe buprenorphine.

1           Whereas, since the 1990’s the United States of America has experienced a growing issue  
2 of the overprescribing of opioid pain relievers; and

3           Whereas, this overprescribing of opioids has led to dependence and addiction to drugs  
4 such as heroin and fentanyl, which has resulted in a major public health crisis; and

5           Whereas, in 2017, the United States Department of Health & Human Services declared  
6 the opioid crisis a public health emergency; and

7           Whereas, according to 2016 and 2017 data compiled by the Department of Health &  
8 Human Services, more than 2.1 million people suffered from an opioid use disorder; and

9           Whereas, in 2016 and 2017, an estimated 42,249 people died from overdosing on opioids;  
10 and

11           Whereas, according to the National Institute on Drug Abuse, more than 130 people per  
12 day in the United States die after overdosing on opioids; and

13           Whereas, national experts say these numbers will only continue to grow; and

14           Whereas, in order to combat this growing epidemic, new methods of treatment must be  
15 explored; and

16           Whereas, Medically-Assisted Treatment has proven successful in reducing dependence  
17 on opioids and treating addiction; and

18           Whereas, buprenorphine is a medication used to treat opiate addiction; and

19           Whereas, buprenorphine in combination with naxolone (Narcan) is Suboxone, a method  
20 of Medically-Assisted Treatment in the form of a pill taken orally every 24 hours with the  
21 potential to reduce symptoms of opiate addiction and withdrawal; and

22           Whereas, buprenorphine is a Schedule III drug, meaning it carries “moderate to low  
23 potential for physical and psychological dependence”; and

24           Whereas, the Drug Addiction Treatment Act of 2000 stipulates that in order to prescribe  
25 buprenorphine, a physician must complete an 8-hour training and take an exam, as well as obtain  
26 a specific “X license” through the DEA; and

27           Whereas, doctors may prescribe all other Schedule III drugs, as well as some Schedule II  
28 drugs (with a “high potential for abuse, which may lead to psychological or physical

29 dependence”) utilizing their DEA license and without going through any special training or  
30 obtaining any separate licenses; and

31           Whereas, the requirements to prescribe buprenorphine are unreasonably stringent with no  
32 precedent set in the prescribing of other Schedule III drugs; and

33           Whereas, these unreasonable requirements are a deterrent for physicians to prescribe this  
34 potentially life-saving drug; and

35           Whereas, it is incumbent upon Congress to take every measure to treat drug addiction; be  
36 it therefore

37           Resolved, that The General Court urges the United States Congress to update the Drug  
38 Addiction Treatment Act of 2000 to remove excessive training requirements mandated to  
39 prescribe buprenorphine; and be it further

40           Resolved, that copies of these resolutions be forwarded by the Clerk of the House to the  
41 Vice-President of the United States, the Speaker of the House of Representatives and the  
42 members of the Massachusetts Congressional delegation.