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# The Broadening Utilization of Proven and Effective Treatment (BUPE) for Recovery Act

## Background

According to the Centers for Disease Control and Prevention (CDC), more than 107,000 Americans died from a drug overdose in 2023 alone. It's critical that the best treatments are made widely available and barriers to interventions are broken down. The data clearly demonstrates that prescription treatments for opioid use disorders (MOUDs) significantly reduce the risk of overdose deaths. A recent study of individuals with opioid use disorder (OUD) found that they were 82% less likely to die from an opioid overdose when they received treatment with buprenorphine or methadone than when they did not.

Despite the proven effectiveness of medications for opioid use disorder, only 25% of adults in the U.S. who need treatment for opioid use disorder receive the recommended medication. The passage of the Mainstreaming Addiction Treatment (MAT) Act within the Consolidated Appropriations Act of 2023 significantly increased the number of medical professionals who can prescribe buprenorphine for opioid use disorder, expanding this number from 130,000 to 1.8 million providers.

Even with the progress Congress made in passing the MAT Act, prescribers and patients across the country continue to report difficulties filling buprenorphine prescriptions due to the stringent reporting requirements of the U.S. Drug Enforcement Administration's (DEA) Suspicious Orders Reporting System (SORS). These requirements create a chilling effect, disincentivizing distributors from shipping and pharmacists from stocking buprenorphine in the quantities needed to meet the demands of the opioid public health crisis. A recent study of more than 5,000 pharmacies reported that less than half stocked buprenorphine, while another survey found that only one in five pharmacies were willing to fill buprenorphine prescriptions. An additional survey of addiction treatment providers found that 84% of their patients experienced a time delay in accessing their buprenorphine; a delay that can mean life or death for these patients.

**The BUPE for Recovery Act increases access to buprenorphine by**:

- Requiring the Administrator of the DEA to temporarily exempt buprenorphine from the SORS for the remainder of the opioid public health emergency; and

- Requiring the U.S. Department of Justice (DOJ) and the U.S. Department of Health and Human Services (HHS) to conduct a thorough assessment at the conclusion of the public health emergency to determine whether buprenorphine needs to be re-included in SORS tracking moving forward.

**Endorsements:**
The BUPE for Recovery Act is endorsed by the American Association of Psychiatric Pharmacists (AAPP), American College of Emergency Physicians (ACEP), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Nurses Association (ANA), American Pharmacists Association (APhA), American Society of Addiction Medicine (ASAM), Association for Behavioral Health and Wellness (ABHW), Faces & Voices of Recovery, Overdose Prevention Initiative at GHAI, International Certification & Reciprocity Consortium (IC&RC), Kent Strategic Advisors, LLC, The National Association of Boards of Pharmacy (NABP), National Association for Behavioral Healthcare (NABH), National Behavioral Health Association of Providers, National Black Harm Reduction Network (NBHRN), National Community Pharmacists Association (NCPA), The Kennedy Forum, Treatment Communities of America, Addiction Professionals of North Carolina, California Consortium of Addiction Programs & Professionals, Greater New York Hospital Association (GNYHA), and New Mexico American College of Emergency Physicians (ACEP).