



August 5, 2016

Kana Enomoto, Acting Administrator
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
Attn: SAMHSA-0930-AA22
5600 Fishers Lane, Room 13E21C
Rockville, Maryland 20857

Re: Medication Assisted Treatment for Opioid Use Disorders Reporting Requirements (RIN 0930-AA22)

Dear Acting Administrator Enomoto:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I am responding to the [supplemental notice of proposed rulemaking](#) "Medication Assisted Treatment for Opioid Use Disorders" which was published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the July 8, 2016 *Federal Register*.

The AAFP is very concerned that the administrative burden of additional reporting requirements will be a deterrent to expanded medication-assisted therapy (MAT) for opioid use disorders. In order to streamline reporting, the AAFP strongly urges SAMHSA to examine whether claims data could be used as source for meeting some of the reporting requirements. Claims data for patients using insurance should be piloted by SAMHSA as a way to collect the necessary information without imposing additional reporting burdens on MAT prescribers before these reporting requirements are implemented.

Recognizing the necessity of gathering information on MAT to minimize the risk that the medications provided for treatment are misused or diverted, we strongly suggest that information also be collected regularly from Prescription Drug Monitoring Program data to ensure compliance.

The AAFP has heard from family physicians already prescribing at their current maximum and based upon this we recommend that online reporting must feature ease of connectivity and allow for the monitoring of the referral requirements for patients who receive counseling services outside the practice.

However, we also heard significant concerns that these reporting requirements would do nothing to improve patient care and pose an undue burden to report the status of 275 patients and all the patients currently not in treatment but who had been in treatment in the past year.

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It would be less burdensome to report aggregate number of total treated in the year and how many in active treatment and counseling. While the AAFP acknowledges the need to track the disposition of patients' no longer in treatment, it is not always possible for a physician to know the disposition of every patient who has dropped out of treatment. Patients may move, transfer doctors, self-refer to different treatment, self-taper, or resume addiction without notice. Because of this, the AAFP strongly believes the final reporting requirements should be voluntary for MAT providers.

Last May, the AAFP [wrote](#) to SAMHSA in support of amending the highest cap on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the patient limit. We applaud SAMHSA for finalizing policy that increased this cap.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact [Teresa Baker](#), AAFP Senior Government Relations Representative, at 202-232-9033.

Sincerely,

A handwritten signature in black ink that reads "Robert Wergin MD". The signature is cursive and includes the letters "MD" at the end.

Robert Wergin, MD, FAAFP
Board Chair

cc: Jinhee Lee, PharmD [email: WaiverRegulations@samhsa.hhs.gov]