

Acting Administrator Enomoto
Page 2 of 2
August 5, 2016

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]