AMERICAN ACADEMY OF FAMILY PHYSICIANS

February 14, 2023

The Honorable Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary
Substance Abuse and Mental Health Services Administration
Rockville, MD, 20857

RE: RIN 0930-AA39 Medications for the Treatment of Opioid Use Disorder

Dear Assistant Secretary Delphin-Rittmon:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians and medical students across the country, I write in response to the proposed rule regarding Medications for the Treatment of Opioid Use Disorder, as published in the Federal Register on December 16, 2022.

The AAFP shares SAMHSA's concern about rising overdose rates involving illicit and prescription opioids across the U.S. Family physicians provide comprehensive health care to patients of all ages and are tuned in to the needs of their community. As a result, they are often the first line of defense for primary care, chronic care management, and acute illness. Family physicians play a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), and prescribing and maintaining treatment of medications for OUD (MOUD).

The AAFP continues to advocate for long-term behavioral health care improvements, like more resources to integrate behavioral health care into accessible primary care setting and improve crisis response and stabilization care. However, these improvements must be accompanied by more immediate action to improve access to lifesaving MOUD treatment.

During the COVID-19 pandemic, SAMHSA allowed clinicians in opioid treatment programs (OTPs) to use telehealth visits to initiate buprenorphine and to provide take-home doses of methadone. The AAFP applauded this and other flexibilities from the administration that reduced regulatory requirements and allowed more physicians, including those outside of OTPs, to provide MOUD. These flexibilities demonstrated improved treatment retention and reduced illicit opioid use. For buprenorphine specifically, studies have demonstrated higher treatment retention rates and greater treatment initiation, even for audio-only visits.[i, ii] For take-home methadone, studies showed decreased hospital admission.[iii]

The AAFP applauds SAMHSA for responding to this new evidence and making the appropriate permanent changes in this notice of proposed rulemaking (NPRM). The AAFP notes that the Drug Enforcement Authority (DEA) must also release new regulations to enable individual physicians and other clinicians to continue providing MOUD treatment via telehealth once the COVID-19 public health emergency ends. We are pleased that SAMHSA is taking steps to ensure OTPs can continue providing buprenorphine via telehealth and other more accessible methods for MOUD, but many patients receive their buprenorphine treatment from physician practices that are not classified as an

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OTP. **We urge SAMHSA to work with DEA to ensure all buprenorphine prescribers can continue to initiate treatment via telehealth**.

As it relates to treatment initiation and standards, SAMHSA is proposing to revise criteria for admission into treatment programs by removing the requirement that an individual have a one-year history of OUD. Instead, patients can be admitted for treatment if they meet diagnostic criteria for active moderate to severe OUD, are in remission, or have high risk for recurrence or overdose. SAMHSA also proposes to remove restrictions on the length of time a patient has been in treatment and rigid toxicology testing standards for take-home methadone doses.

The AAFP appreciates and supports SAMHSA's commitment to ensuring physicians and other opioid treatment providers can provide flexible and individualized care for their patients. **We support these provisions to allow clinicians greater autonomy in their clinical decision-making and improve access to MOUD.** This also aligns with HHS Overdose Prevention Strategy of increasing access to and the uptake of evidence-based treatments for substance use disorders. The AAFP notes that this proposal also would have removed reporting requirements for physicians who are approved to treat up to 275 patients with buprenorphine. While the related waiver and patient cap has since been removed and this provision is likely no longer applicable, the AAFP appreciates and applauds SAMHSA for taking action to reduce administrative burden for physicians.

Throughout this proposal, SAMHSA amends language to remove outdated and stigmatizing terminology, like replacing "Medication Assisted Treatment (MAT)" with "Medication for Opioid Use Disorder (MOUD)" and "detoxification" with "withdrawal management."

The AAFP supports removing stigmatizing language and updating the rule to better align with current terminology. Family physicians see firsthand that the language used in a practice setting matters to patients. This is especially true in addiction medicine where patients may experience more stigmatization from family, community members, and other clinicians. Reducing stigma can encourage patients with OUD to seek and adhere to evidence-based treatment and build trust with their physician.

Finally, SAMHSA indicates the effective date would be 60 days after publication of the final rule and the compliance date would be 6 months after the effective date. **Given the recent announcement from the White House ending the public health emergency (PHE) on May 11, the AAFP strongly urges SAMHSA to finalize this rule and provide an effective date prior to May 11.** This coordination will reduce confusion among patients and physicians and minimize disruption of care, while also reducing administrative burden created by rapidly shifting compliance requirements.

Thank you again for the opportunity to provide these comments. The AAFP looks forward to working with your agency to further improve access to necessary OUD and SUD treatment. For additional questions or comments, please contact Morgan Bailie, Senior Regulatory Specialist, at mbailie@aapf.org.

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[i] Vakkalanka, J.P., Lund, B.C., Ward, M.M. *et al.* Telehealth Utilization Is Associated with Lower Risk of Discontinuation of Buprenorphine: a Retrospective Cohort Study of US Veterans. *J GEN INTERN MED* **37**, 1610–1618 (2022). https://doi.org/10.1007/s11606-021-06969-1

[ii] Wunsch, Caroline MD; Wightman, Rachel MD; Pratty, Claire MS; Jacka, Brendan PhD; Hallowell, Benjamin D. PhD; Clark, Seth MD; Davis, Corey S. JD, MSPH; Samuels, Elizabeth A. MD, MPH, MHS. Thirty-day Treatment Continuation After Audio-only Buprenorphine Telehealth Initiation. Journal of Addiction Medicine ():10.1097/ADM.0000000000001077, September 14, 2022. | DOI: 10.1097/ADM.0000000000001077

[iii] Walley, Alexander Y. MD, MSc; Cheng, Debbie M. ScD; Pierce, Courtney E. MPH; Chen, Clara MHS; Filippell, Tiffany MD; Samet, Jeffrey H. MD, MA, MPH; Alford, Daniel P. MD, MPH. Methadone Dose, Take Home Status, and Hospital Admission Among Methadone Maintenance Patients. Journal of Addiction Medicine 6(3):p 186-190, September 2012. | DOI: 10.1097/ADM.0b013e3182584772