AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 26, 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

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 proposed rule "Medication Assisted Treatment for Opioid Use Disorders" which was published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the March 30, 2016 Federal Register.

The AAFP concurs with SAMHSA's interest in stimulating broader availability of high-quality medication-assisted therapy (MAT) and supports amending the highest cap on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the limit to 200 patients from the current cap of 100 patients. In 2013, the AAFP wrote to the Drug Enforcement Administration (DEA) to call for amending the cap in primary care on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the limit to 200 patients from the cap of 100 patients. We saw the 100-patient limit as an impediment to expanding opioid addiction treatment.

We appreciate SAMHSA's clarifying the five elements of a "qualified practice setting." As proposed, the qualified practice setting provision would allow willing and qualified family physicians who already have *Drug Addiction Treatment Act of 2000* (DATA 2000) waivers or those become waivered to qualify for the 200 patient limit. However, we are concerned that the added reporting requirements in the proposed rule will dampen the interest of our members to begin or expand prescribing MAT to additional patients.

The 3-year limit set in the proposed rule on the expanded prescribing privilege with a requirement to recertify the waiver expansion request might have the unintended consequence of reducing the interest of physicians in expanding MAT. The AAFP would suggest that rather than an arbitrary 3-year term, SAMSHA could propose that the highest patient limit should be based on a periodic review of that practice and its outcome statistics.

The AAFP commends SAMSHA for this effort to increase the number of patients a waivered physician can treat with MAT, but this proposed rule is just an incremental step. The proposed