



**Association for Behavioral
Health and Wellness**

*Advancing benefits and services
in mental health, substance use
and behavior change.*

May 27, 2016

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Center for Substance Abuse Treatment
The Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
5600 Fishers Lane, Room 13E21C
Rockville, Maryland 20857

RE: Medication Assisted Treatment for Opioid Use Disorders Proposed Rule

Dear Dr. Lee,

The Association for Behavioral Health and Wellness (ABHW) is writing to offer its support for the direction the Substance Abuse and Mental Health Services Administration (SAMHSA) has taken in the Medication Assisted Treatment (MAT) for Opioid Use Disorders Proposed Rule. We support the goal of increasing access to treatment for opioid use disorder and appreciate the recognition of the importance of the use of nationally recognized evidence-based guidelines for the treatment of patients with opioid use disorders.

ABHW is an association of the nation's leading behavioral health and wellness companies. These companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to approximately 174 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

ABHW member companies are actively engaged in efforts specific to opioid misuse and dependence among their enrollees, and are continuously planning new initiatives. Our recently released [paper](#), *Behavioral Health Organizations' Current and Future Approaches to Addressing the U.S. Opioid Crisis*, highlights some of the following member company activities:

- Offering comprehensive care management programs tailored to high risk substance use disorder (SUD) enrollees to proactively engage them in care.
- Improving access to and quality of treatment.
- Ensuring continuity of care appropriate for a chronic disease perspective.
- Training providers in opioid misuse and SUD in the context of pain management and in evidence-based SUD practices, especially MAT.
- Working beyond behavioral health organizations (BHOs) to engage with health plans, pharmacies, and providers.
- Including other approaches such as population health, supporting family members, financing, and information sharing.

The shortage of providers is a great barrier to care, and the patient limit increase in the proposed rule will provide some relief to the situation. However, we encourage SAMHSA to continue to examine this issue. The reality is none of us know whether 200 patients is the magic number or whether or not it is necessary to have a limit at all. SAMHSA is taking a step in the right direction and discussions need to continue on this topic. Additionally, more needs to be done to encourage providers to become MAT providers. It is hard to engage providers around SUD broadly, and MAT more specifically, and it is even more difficult to do so in a timely manner when patients need care.

The MAT proposed rule encourages the appropriate release of information “to permit the coordination of care with behavioral health, medical, and other service practitioners”, yet SAMHSA’s recently released Confidentiality of Alcohol and Drug Abuse Patient Records; 42 C.F.R. Part 2 (Part 2) proposed rule does the opposite. ABHW has already submitted comments on the changes that we would like to see made to the Part 2 proposed rule. As you finalize the Part 2 rule we encourage you to think of the detrimental impact that the Part 2 provisions can have when an individual with an addiction to opiates does not share his or her substance use records with his or her other providers. As a result of a provider having an incomplete medical/behavioral health record, that provider may prescribe an opiate to an individual with an addiction. If substance use records were treated like mental health and medical records for the purposes of treatment, payment, and health care operations, perilous problems like the one mentioned above could be averted and care would be fully integrated.

We appreciate the opportunity to comment on this proposed rule. If you would like to discuss our comments, please contact Pamela Greenberg, President and CEO, at (202) 449-7660 or greenberg@abhw.org.

Sincerely,



Pamela Greenberg, MPP
President and CEO
Association for Behavioral Health and Wellness