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May 24, 2016

Kana Enomoto, M.A.  
Acting Administrator  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services  
ATTN: Jinhee Lee, Pharm.D.  
c/o SAMHSA, 5600 Fishers Lane  
Room 13E21C  
Rockville, Maryland 20857

Dear Ms. Enomoto,

**RE: RIN 0930-AA22: SAMHSA/HHS “Medication Assisted Treatment for Opioid Use Disorders”  
(42 CFR Part 8)**

Dear Ms. Enomoto,

As an association representing behavioral healthcare provider organizations and professionals, the National Association of Psychiatric Health Systems (NAPHS) appreciates the opportunity to provide comments on the proposed rule (SAMHSA, RIN 0930-AA22) titled “Medication Assisted Treatment for Opioid Use Disorders” as published in the March 30, 2016, *Federal Register*.

## **ABOUT NAPHS**

Founded in 1933, NAPHS advocates for behavioral health and represents provider systems that are committed to the delivery of responsive, accountable, and clinically effective prevention, treatment, and care for children, adolescents, adults, and older adults with mental and substance use disorders. Our members are behavioral healthcare provider organizations, including more than 800 psychiatric hospitals, addiction treatment facilities, general hospital psychiatric and addiction treatment units, residential treatment centers, youth services organizations, outpatient networks, and other providers of care. Our members deliver all levels of care, including partial hospitalization services, outpatient services, residential treatment, and inpatient care.

## **COMMENTS**

The proposed rule would revise the highest patient limit for the prescribing of buprenorphine from 100 patients per practitioner with an existing waiver to 200 patients for practitioners that meet certain conditions. Practitioners with the higher limit of 200 patients would be required to accept greater responsibility for ensuring that behavioral health services and care coordination are received by the patients as well as for ensuring quality assurance and improvement practices.

NAPHS strongly agrees with the proposed rule’s statement that “opioid use disorder is a treatable medical condition from which it is possible to recover.”

We also agree with the proposed rule’s statement that “medication, along with other behavioral therapy, has the potential to play an important role in the successful treatment of opioid use disorder and provides a foundation for recovery.”

As stated in the proposed rule, research indicates that medication in combination with behavioral services produces the best outcomes.

Treatment needs to be individualized, and the focus must be on the whole patient.

This nation has an opioid epidemic. It is estimated that one million people out of 2.3 million individuals with opioid use disorder are not now getting the treatment they need and deserve.

That is why we support the proposed rule, which raises the limit from 100 to 200 patients for current waived practitioners.

This new limit would increase patient capacity for practitioners qualified to prescribe buprenorphine.

However, we point out that raising the limit from 100 to 200 patients is just one step in addressing this opiate epidemic.

At the same time that the limit is raised, we as a nation need to build a much stronger infrastructure for treating these debilitating, but very treatable disorders. We need to ensure the federal parity rule (the *Mental Health Parity and Addiction Equity Act*) and regulations are working for patients with substance use disorders. We need to make sure that there is comprehensive health insurance coverage to facilitate access to these services. And we need to ensure that there is a full continuum of care available in our communities – from outpatient through inpatient care – including hospitalization, residential treatment, and medication-assisted treatment programs, such as Opioid Treatment Programs (OTPs).

We thank the Substance Abuse and Mental Health Services Administration (SAMHSA) for proposing this rule, which recognizes that we need to expand our capacity to treat individuals with opioid use disorders, and at the same time recognizes that the care delivered to these individuals needs to be holistic and individualized to meet the specific needs of each person.

## **CONCLUSION**

Thank you for your consideration of our comments. We look forward to working with SAMHSA and the Department of Health and Human Services to develop strategies that will ensure that medication-assisted treatment is available – as one key tool – to assist individuals living with opioid use disorders.

Sincerely,

/s/

Mark Covall  
President/CEO