

VIA EMAIL: www.regulations.gov

February 27, 2012

Secretary Leon E. Panetta
Department of Defense
c/o Federal Docket Management System Office
Room 3C843
1160 Defense Pentagon
Washington, DC 20301-1160

Dear Secretary Panetta,

RE: DOD-2011-HA-0085; RIN 0720-AB54, "TRICARE: Removal of the Prohibition to Use Addictive Drugs in the Maintenance Treatment of Substance Dependence in TRICARE Beneficiaries"

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 Department of Defense (DoD) proposed rule titled "TRICARE: Removal of Prohibition to Use Addictive Drugs in the Maintenance Treatment of Substance Dependence in TRICARE Beneficiaries" (DOD-2011-HA-0085) as published in the December 29, 2011, *Federal Register*.

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 700 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 inpatient, residential, partial hospitalization, and outpatient services.

COMMENTS

We are writing to support the proposed rule, which would remove the exclusion of drug abuse maintenance programs. The proposed rule would allow – as part of a comprehensive treatment plan for an individual with substance dependence – the substitution of a therapeutic drug with addictive potential for a drug of addiction (i.e., the substitution of methadone for heroin). The current regulations prohibit drug maintenance programs where one addictive substance is substituted for another.

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), one of every eight Americans has a significant problem with alcohol or drugs. The estimated annual direct cost to society resulting in substance abuse is more than \$250 billion. It is generally accepted that chemical dependency, along with associated mental health disorders, has become one of the most severe health and social problems facing the United States.

The science of treating substance use disorders has dramatically grown over the last several years, and now medications can be used to help with the overall treatment process. Medications can be used to help reestablish normal brain function and prevent relapse and diminish cravings. Currently, we have medications for opioids (heroin, morphine), tobacco (nicotine), and alcohol addiction. There is also work being done to develop medications to treat stimulant (cocaine, methamphetamine) and cannabis (marijuana) addictions. Research shows that when treating substance use disorders, a combination of medication and behavioral therapies is most successful.

We know that the science of substance use disorders and medication-assisted treatment is continuing to evolve. It is critical that our men and woman in the military get the latest and most effective treatments to address serious health issues, including substance use disorders. That is why we strongly support the DoD's proposed rule which will remove the longstanding, specific prohibition on coverage of drug maintenance programs when one addictive drug is substituted for another. This will allow medication-assisted treatment when it is medically necessary and appropriate for an individual beneficiary.

We applaud the Department of Defense for proposing to change current policies to better align with the scientific evidence of what works to treat serious addictive disorders.

Sincerely,

/s/

Mark Covall
President/CEO