ABHW

Advancing Health Care Policy
for Mental Health and Addiction

January 4, 2021

Drug Enforcement Administration
The Honorable Uttam Dhillon
8701 Morrissette Drive
Springfield, VA 22152

Re: Implementation of the SUPPORT Act of 2018: Dispensing and Administering Controlled Substances for Medication-Assisted Treatment [RIN 1117-AB55, Docket No. DEA-499]

Dear Administrator Dhillon,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the Drug Enforcement Administration's (DEA) interim final rule with comment period on the Implementation of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (SUPPORT Act): Dispensing and Administering Controlled Substances for Medication-Assisted Treatment (IFC). Our comments are below.

ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide and/or administer benefits coverage to over 200 million people in both public and private sector health benefit plans including employer self-funded plans, insured plans, Medicare and Medicaid programs to treat mental health, substance use disorders (SUDs), and other behaviors that impact health and wellness.

ABHW members are committed to ensuring patients with SUDs receive the best care possible. We are particularly dedicated to curbing the opioid epidemic and supporting a continuum of evidence–based, person–centered care to treat individuals with SUDs, including medication-assisted treatment (MAT). Given the growing opioid epidemic compounded with the current pandemic, we feel it is even more critical to increase access to SUD treatment.

One way to expedite access to care for SUDs is by increasing the size of the addiction services workforce and expand the needed treatment and recovery infrastructure. We applaud the DEA for finalizing in the IFC various methods of expanding this critical workforce, including:

1. Allowing providers to prescribe MAT for up to 100 patients immediately;

2. Making permanent the ability of nurse practitioners and physician assistants to be granted waivers to prescribe MAT;

3. Expanding the definition of "qualifying provider" to include clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives;

4. Shifting new waivers from post-residency continuing medical education to medical school or residency training; and

5. Allowing pharmacies to permanently provide medication for maintenance or detoxification treatment to providers' registered locations for use in treatment.

ABHW strongly supports all of these provisions as they will grant greater access to patients seeking treatment, improve timely interventions, and ultimately result in better patient care and outcomes.

In addition to finalizing the items listed above, ABHW also urges DEA to promulgate the rule required by the Ryan Haight Act to address the burdens of the in-person evaluation. The Special Registration for Telemedicine Act of 2018 (included in the SUPPORT Act), directed the DEA to promulgate rules that will enable providers to prescribe MAT to patients with SUDs through a virtual visit by employing telemedicine. Furthermore, the This is a further critical step we need the DEA to complete as soon as possible to help combat the opioid crisis.

For the purposes of treating SUDs, we believe that the initial in-person requirement can easily be fulfilled by a virtual visit. Not all people with SUDs are able to have an initial in-person visit with a provider due to behavioral health provider shortages or physical difficulty traveling. Additionally, there is

little evidence to support this requirement, which ultimately creates a barrier to medically necessary care. In fact, recent data shows that health systems and clinical practices, especially for behavioral health services, are reporting consistently lower no-show rates, likely because telehealth removes the stigma of receiving care for behavioral health issues.[1] In light of the COVID-19 pandemic, the DEA has temporarily allowed telemedicine to fulfill the in-person evaluation requirement, permitting individuals to safely get the medications they need to treat SUDs. We strongly urge DEA to expeditiously issue this rule to further expand access to care.

Thank you for the opportunity to comment on this important proposed rule. Please feel free to contact Deepti Loharikar, Director of Regulatory Affairs, at loharikar@abhw.org or (202) 505-1834 with any questions.

Sincerely,

Pamela Greenberg, MPP
President and CEO

[1] Taskforce on Telehealth Policy Findings and Recommendations, Latest Evidence: September 2020. https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf, last visited January 4, 2021.