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February 14, 2023

VIA ELECTRONIC SUBMISSION

The Honorable Xavier Becerra Secretary
U.S. Department of Health & Human Services
The Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
5600 Fishers Lane, Room 13-E-30
Rockville, MD 20857
Regarding: RIN 0930-AA39

Dear Secretary Becerra:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to comment on the proposed rule, *Medications for the Treatment of Opioid Use Disorder*. ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents and students throughout the United States who are deeply committed to advancing our nation's healthcare system by improving healthcare delivery and outcomes and ensuring that patients have access to high-quality care. ACOFP is committed to taking steps to combat the opioid crisis while recognizing the legitimate role that opioids play in addressing chronic pain.

Our full comments are detailed on the following page. Thank you for the opportunity to share our feedback with you. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Bruce R. Williams, DO, FACOFP
ACOFP President

Primary care physicians are on the frontlines of the opioid epidemic and have been instrumental in treating patients with substance use disorders (SUDs) and opioid use disorders (OUDs). We believe strongly in taking steps to help combat the opioid crisis. As the United States continues to confront this crisis, attention has been focused on prescribing and dispensing these drugs. Despite the risk for abuse, opioids do play a legitimate role for many patients with chronic pain. Federal efforts to combat the abuse of opioids should not pose a barrier to access for these patients.

I. Expanded Treatment Access to Address the Opioid Crisis

In general, ACOFP strongly encourages expanded treatment for OUDs as a means of combatting the opioid crisis. We support the proposed amendments to treatment standards that are intended to improve access to care and improve patient satisfaction, while simultaneously allowing for flexibility and medical judgment in decision-making. It is critical to reduce the burden on patients participating in opioid treatment programs (OTPs). We also recognize the importance of addressing and treating root causes of pain through non-pharmacological interventions, such as osteopathic manipulative treatment (OMT). OMT specifically is a clinically appropriate and high-value pain management treatment that can help reduce the need for addictive medications.

Extending Interim Treatment Timelines

The Substance Abuse and Mental Health Services Administration (SAMHSA) proposes to extend the potential duration of interim treatment from 120 days to 180 days. Interim services may serve as a low-threshold approach to engaging individuals with OUD in care, particularly in areas where OTPs offering more comprehensive services are not as readily available. The proposed rule would also clarify language to ensure that patients in interim treatment have documented plans for continuation of treatment beyond 180 days and are not discharged based on length of time in interim care. We support these proposals and believe that expanding treatment options for patients who might need treatment longer in duration will help those being treated for OUDs. Releasing patients before they have a continuation of treatment plan in place can be counterproductive to effective treatment. Allowing additional time to ensure that patients are not prematurely discharged will support long term results in treating OUDs.

Increasing Patient Limit for Dispensing or Prescribing Covered Medications

Under the proposed rule, the total number of patients that a practitioner may dispense or prescribe covered medications to at any one time for purposes of 21 U.S.C. 823(g)(2)(B)(iii) would be increased from 100 to 275 if: the practitioner possesses a current waiver to treat up to 100 patients with OUD and has maintained the waiver in accordance with applicable statutory requirements without interruption for at least one year since the practitioner's notification of intent was approved, and the practitioner meets credentialing requirements. We support this proposal which would expand access to treatment for more patients, and as a result, increase the overall number of people who may receive treatment for this disease. Efforts to expand access are critical in addressing the opioid crisis overall, as many people suffering from OUDs do not receive treatment. ACOFP encourages increased access to and knowledge of treatment options, including increasing the number of people who can be treated by a practitioner, for those suffering from OUDs.

II. Preserving the Family Medicine Model of Care

Family medicine plays a critical role in the provision of primary care, contributing to improved patient outcomes and reduced healthcare costs. It is important for family physicians to be leading health care efforts, particularly when treating OUDs. We are concerned about federal policies that incentivize replacing physician services with those of nonphysician practitioners, such as nurse practitioners and physician assistants.

SAMHSA proposes updating definitions to reflect current evidence and practice in the provision of care in OTPs. Regarding the agency's proposed expansion of the definition of practitioner to include a "physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse midwife", we support access for physicians to provide care in OTPs; however, ACOFP is concerned about the proposed expanded provision of care in OTPs by other medical practitioners including physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, or certified nurse midwives unless as part of a care team lead by a physician. Physician-led care teams are the gold standard in providing health care services, including treating patients with OUDs.