NATIONAL ASSOCIATION OF Community Health Centers

**Main Office**
7501 Wisconsin Ave.
Suite 1100W
Bethesda, MD 20814
301.347.0400 Tel
301.347.0459 Fax

**Division of Federal, State and Public Affairs**
1400 Eye Street, NW
Suite 910
Washington, DC 20005
202.296.3800 Tel
202.296.3526 FAX

May 31, 2016

The Substance Abuse and Mental Health Services Administration (SAMHSA)
Department of Health and Human Services
Attn: Jinhee Lee
5600 Fishers Lane
Room 13E21C
Rockville, Maryland 20857

*Submitted electronically via www.regulations.gov.*

**RE: SAMSHA RIN 0930-AA22, Proposed Rule on Medication-Assisted Treatment for Opioid Use Disorders**

To Whom It May Concern:

The National Association of Community Health Centers (NACHC) appreciates the opportunity to comment on the proposed rule on Medication-Assisted Treatment (MAT) for Opioid Use Disorders. NACHC is the national membership organization for federally qualified health centers (FQHCs or "health centers"). FQHCs play a critical role in the health care system, serving as the health home to over 24 million people, the majority of whom live below the Federal Poverty Level. In 2014, FQHCs served over 1 in 6 Medicaid beneficiaries nationwide. With over 9,300 sites, FQHCs provide affordable, high quality, comprehensive primary care to medically underserved individuals, regardless of their insurance status or ability to pay for services. For additional information on FQHCs, please see Attachment A.

Substance abuse, including opioid addiction, has become a top public health concern in the United States, and health centers see the consequences first hand. In 2014, health centers provided substance abuse treatment services to well over half a million individuals, through more than 2.2 million visits. In addition, 271 health centers were recently awarded $94 million to help improve and expand the delivery of substance abuse services, with a specific focus on Medication-Assisted Treatment of opioid use disorders in underserved populations. This investment is expected to help awardees treat nearly 124,000 new patients.

Health centers are ready to serve their patients who are struggling with substance abuse and addiction, but there is a clear need for additional support and policy change to enable them to do so more effectively. Towards that goal, we summarize our comments on the proposed rule below, and then discuss each.

## Summary of Comments from National Association of Community Health Centers (NACHC)

1. **NACHC supports increasing the maximum number of patients an eligible practitioner can treat with buprenorphine to at least 200 individuals.**

2. **NACHC encourages SAMHSA to pursue additional administrative and regulatory policies to help address the opioid addiction crisis, including investigating its authority to grant non-physician practitioners a waiver to provide buprenorphine.**

## Discussion of NACHC Comments

1. **NACHC supports increasing the maximum number of patients an eligible practitioner can treat with buprenorphine to at least 200 individuals.**

   As SAMHSA notes in the preamble to the proposed rule, the opioid epidemic has reached an all-time high. According to the Centers for Disease Control and Prevention, almost 7,000 patients are seen in emergency rooms every day due to opioid misuse and more than 40 people die every day from an opioid overdose. In addition, many more become addicted every day.

   Health centers are on the front lines of this epidemic, and many have had decades of experience working in communities that have been struggling with opioid addiction since long before the recent surge. To maximize their ability to provide high-quality, comprehensive primary and behavioral health care to some of our nation's most vulnerable patients, health centers should be permitted to use every evidence-based method available to treat their patients, without facing arbitrary barriers. One such barrier is the current cap on the maximum number of patients that eligible practitioners may treat at one time with certain types of FDA-approved narcotic drugs, such as buprenorphine. Research clearly points to the effectiveness of these drugs when prescribed by qualified providers and used appropriately as part of an MAT program. However, the current limit on how many patients eligible providers may treat at one time creates unnecessary delays and access barriers for patients - many of whom already face a variety of other access barriers that leave providers with limited opportunities to engage them in appropriate treatment.

   For these reasons, NACHC and its member health centers support SAMHSA's proposal to increase the maximum number of patients that eligible practitioners may treat with buprenorphine to at least 200. This will permit eligible health center providers to rely on their own judgment and experience to establish their own limits for effective patient management based on their unique capacity, community needs, and available resources.

2. **NACHC encourages SAMHSA to pursue additional administrative and regulatory policies to help address the opioid addiction crisis, including investigating its authority to grant non-physician practitioners a waiver to provide buprenorphine.**

   While increasing the maximum number of patients that an eligible practitioner can treat with buprenorphine is a valuable step, it is far from adequate to address the current epidemic of opioid addiction. Rather, a multi-pronged approach is needed, which addresses prevention, monitoring, accessibility of care, and treatment. Therefore, within the constraints imposed by statutory

language and funding levels, we encourage SAMHSA to pursue additional administrative and regulatory changes that will contribute to this multi-pronged approach.

For example, NACHC requests that SAMHSA continue to support efforts to:

- improve integration of behavioral health into primary care;
- increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT);
- more appropriately reimburse for coordination of care between primary care and behavioral health providers;
- provide training and education to help providers make informed prescribing decisions;
- improve the distribution of opioid antagonists such as naloxone in preventing opioid overdose; and
- assist states in developing and improving prescription drug monitoring programs (PDMPs).

In addition, we request that SAMHSA investigate if it has authority to expand the types of providers that are eligible to seek a waiver to prescribe buprenorphine to their patients. As you are aware, current statute permits a wide variety of providers -- including physicians' assistants (PAs) and nurse practitioners (NPs) – to prescribe opioids without restriction. As is the case in many health care practices, recruiting providers is a top concern for health centers and they often rely on non-physician providers to meet the growing demand for care. The preamble to the proposed rule notes that providers often point to the limited number of providers that can provide MAT services as a struggle they face every day. While we understand that expanding the list of providers eligible to prescribe buprenorphine would require a statutory change, and we are supportive of legislative efforts to enact such a change, NACHC urges SAMHSA to further investigate its authority to expand the types of providers that are eligible to seek a waiver to provide MAT to their patients. Adding new qualified provider types to the list of those that can provide MAT would allow health centers and other providers that rely on non-physician providers to more effectively treat their patients.

NACHC appreciates the opportunity to comment on this important proposed rule. NACHC staff and our member health centers would be happy to provide SAMSHA with any further information that would be beneficial to help finalize this rule. Please contact me at 202.296.0158 or cmeiman@nachc.org.

Sincerely,

Colleen P. Meiman, MPPA
Director, Regulatory Affairs
National Association of Community Health Centers

## Attachment A:

# OVERVIEW OF FEDERALLY QUALIFIED HEALTH CENTERS

For 50 years, Health Centers have provided access to quality and affordable primary and preventive healthcare services to millions of uninsured and medically underserved people nationwide, regardless of their ability to pay. At present there are almost 1,300 health centers with more than 9,300 sites. Together, they serve ***over 24 million patients***, including nearly seven million children and more than 1 in 6 Medicaid beneficiaries.

***Health centers provide care to all individuals, regardless of their ability to pay***. All health centers provide a full range of primary and preventive services, as well as services that enable patients to access health care appropriately (e.g., translation, health education, transportation). A growing number of Health Centers also provide dental, behavioral health, pharmacy, and other important supplemental services.

To be approved by the Federal government as a Health Center, an organization must meet requirements outlined in § 330 of the Public Health Service Act. These requirements include, but are not limited to:

- ***Serve a federally-designated medically underserved area or a medically underserved population.*** Some Health Centers serve an entire community, while other target specific populations, such as persons experiencing homelessness or migrant farmworkers.
- Offer services to all persons, regardless of the person's ability to pay.
- Charge no more than a nominal fee to patients whose incomes are at or below the Federal Poverty Level (FPL).
- Charge persons whose incomes are between 101% and 200% FPL based on a sliding fee scale.
- Be ***governed by a board of directors, of whom a majority of members must be patients of the health center.***

Most §330 Health Centers receive Federal grants from the Bureau of Primary Health Care (BPHC) within HRSA. BPHC's grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing care to uninsured and underinsured indigent patients, as well as to maintain the health center's infrastructure. Patients who are not indigent or who have insurance, whether public or private, are expected to pay for the services rendered. In 2014, on average, the insurance status of Health Center patients is as follows:

- 47% are Medicaid recipients
- 28% are uninsured
- 16% are privately insured
- 9% are Medicare recipients

No two health centers are identical, but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed, to uninsured and medically underserved people.