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Addiction Medicine

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The Honorable Jeffrey A. Meyers

Commissioner

New Hampshire Department of Health and Human Services

129 Pleasant St

Concord, NH 03301

Re: Comments on State Proposal for Federal Opioid Response Funding

Dear Commissioner Meyers,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's largest and oldest medical specialty organization representing more than 5,500 physicians and other clinicians who specialize in the treatment of addiction, and the Northern New England Society of Addiction Medicine (NNESAM) representing New Hampshire, we would like to take this opportunity to provide our comments on the state's proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) on how it will spend federal money that has been allocated for increasing access to medication-assisted treatment (MAT), reducing unmet treatment needs, and reducing opioid-related deaths. With the opioid addiction and overdose epidemic still significantly impacting the country and New Hampshire, NNESAM and ASAM appreciate the effort to expand access to high-quality, evidence-based, and comprehensive addiction treatment to all patients that need it.

In order to effectively address this epidemic, we urge your Department to include in your proposal measures that focus on workforce development and education, increased access to treatment in order to prevent overdoses, and reforming the payment system for addiction treatment services so as to reduce healthcare spending while improving patient outcomes. We hope the following recommendations inform and support the critical work the state is doing to address this issue, as they are vetted for their immediate potential to provide training and education to providers who treat these patients, reduce barriers to underutilized treatments, and decrease mortality from opioid overdose. The imminent relief and sustainable remission of this epidemic relies on longitudinal cooperation amongst legislative, academic, healthcare, and community organizations. In light of this threat to the health and wellness of all New Hampshire communities, we recommend collaboration with ASAM and

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NNESAM on joint efforts that will reduce the impact of opioid addiction in the state.

1. Increase the number of DATA 2000 waived providers that prescribe partial opioid agonist (buprenorphine) medication in the state, including nurse practitioners and physician assistants.

Opioid use disorder is a chronic disease of the brain. There are three FDA approved medications that can be used in MAT to treat opioid use disorder: methadone, buprenorphine, and naltrexone. Use of these medications in conjunction with appropriate psychosocial supports is the gold standard of treatment for opioid use disorder. Methadone is dispensed at opioid treatment programs (OTPs) and must be received by patients daily. However, buprenorphine can be prescribed from an office-based program in a primary care or other specialty office. Currently, there exists a gross shortage of providers who are waived to prescribe buprenorphine as part of a comprehensive treatment plan. Having more physicians, nurse practitioners, and physician assistants prescribing buprenorphine out of their offices will: 1) lower stigma of opioid use disorder while allowing it to be managed along with other chronic diseases, 2) undo the long-standing fragmented care of persons with addictions, and 3) utilize an existing, highly trained workforce with experience in the screening, treatment, and referral of chronic disease, while simultaneously growing it to be able to care for this patient population into the future.

NNESAM and ASAM recommend New Hampshire allocate these federal dollars to support a statewide education initiative to provide federally-approved MAT training courses, which includes ASAM's educational courses on the use of agonist therapies such as methadone, partial-agonist therapies such as buprenorphine, and antagonist therapies such as naloxone and naltrexone. We propose that funding be provided for reduced cost and/or free training to all prescribers eligible to obtain a DEA waiver to prescribe buprenorphine. Furthermore, we request funds to allow reduced or no-cost training for any eligible physician-in-training, resident or fellow, in an accredited primary care training program who obtains a DATA 2000 waiver either before matriculation or graduation from their program or specialty. The goal of this training initiative is to utilize the existing healthcare workforce and create a network of highly-trained professionals equipped to provide life-saving medication.

2. Expand access to MAT in the criminal justice system by requiring the Department of Corrections and the county sheriffs to immediately evaluate all incarcerated individuals for opioid use disorder by an addiction specialist and provide all three FDA-approved medications to treat opioid use disorder to incarcerated individuals when medically appropriate.

NNESAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in New Hampshire and across the country. To that end, we are committed to advocating for a state addiction treatment system that provides

and expands access to all FDA-approved medications to treat addiction. Ensuring all patient populations are offered and given the clinically proven treatment services that do help people recover is a critical part of our efforts to improve access to care. There are considerable data to show that treatment with opioid agonists and partial agonists reduce deaths and improves outcomes for those with opioid use disorders.^{i,ii} Preliminary data suggest that treatment with an opioid antagonist also reduces overdose.ⁱⁱⁱ As a result, the 2017 bipartisan Presidential Commission on “Combatting Drug Addiction and the Opioid Crisis” has recommended increased usage of medications for addiction treatment in correctional settings.^{iv} We believe it is incredibly important for the state to move forward in providing all forms of MAT, methadone, buprenorphine, and injectable naltrexone, to patients in the criminal justice system that are diagnosed with an opioid use disorder to reduce overdose deaths and improve patient outcomes.

3. Establish Addiction Medicine Fellowship Training Programs

Medical fellowships set the standard for education and research in addition to offering consultation for local primary care and specialty treatment to patients. Unfortunately, New Hampshire does not have an Addiction Medicine fellowship. Currently, residency graduates who wish to complete a fellowship in Addiction Medicine must travel out-of-state to obtain the proper training. It is a shame New Hampshire is losing these physicians due to the lack of training opportunities, thus worsening the workforce deficiency that already exists in the state. We propose the allocation of these funds to support the establishment of accredited Addiction Medicine fellowship programs throughout the state of New Hampshire. We value the continued creation of a network of highly-trained professionals who can further train and assist the current provider workforce to become comfortable and competent in the evidence-based treatment of substance use disorders.

4. Further Invest in Existing Centers of Excellence and Community Health Centers to Support Providers Treating Addiction

NNESAM and ASAM request further support for physicians and clinicians currently treating this patient population and fighting this epidemic on the frontline. Many providers in our state’s Centers of Excellence and community health or mental health centers are overwhelmed with the logistics and barriers that make it difficult for them to practice. There must be coordination with all public and private healthcare and substance use disorder treatment settings to ensure that all patients in New Hampshire have access to treatment. Especially for those in rural and/or underserved areas of the state, there must be the creation of outreach services to make specialized medical knowledge accessible to all those who need it, be it in person or through the use of telemedicine and/or teleconference platforms.

We request support from the state to strategize the establishment of a “hub and spoke” model, such as the first system created by our neighbor, Vermont. NNESAM and ASAM

recommend funds be diverted to primary care providers' offices in the form of separate grants, so that healthcare affiliates such as nurses, social workers, and case managers can help manage and support patients in the treatment of opioid use disorders. At the state's request, we can provide more information and a detailed plan on how such partnerships could help current Centers of Excellence support surrounding community health centers.

5. Implement the Patient Centered Opioid Addiction Treatment (P-COAT) Alternative Payment Model

[P-COAT](#) responds to the opioid epidemic, the underutilization of medication to treat it, and the numerous problems with current payment systems by providing practitioners with the appropriate financial support to deliver high quality, evidence-based outpatient addiction treatment to patients through the coordination of behavioral, social, and other support services that patients being treated for opioid use disorder need in addition to their medication. P-COAT is designed to increase the number of patients who are able to lead satisfying, productive lives through successful management of their condition while also reducing health care spending on costs associated with addiction, such as emergency department visits and hospitalizations. NNESAM and ASAM believe it would be in the best interest of the state to support implementing P-COAT in order to achieve healthcare savings in the long term while improving treatment and patient outcomes in the short term.

Conclusion

NNESAM and ASAM hope these recommendations are helpful as the state prepares to submit to SAMHSA its proposal on how it will spend federal funds to address the opioid epidemic. Our recommendations serve to help expand upon New Hampshire's existing workforce capacity to treat patients with opioid use disorder, while implementing and improving access to evidence-based MAT. We support all New Hampshire physicians and clinicians to emphasis patient safety through a focus on collaborative care. At the Department's request, we can provide further details on the aforementioned recommendations, with additional discussion on partnerships, mutual goals, and projection of proposed initiatives. Please do not hesitate to contact Dr. Audrey Kern, at Audrey.kern@peartherapeutics.com, if NNESAM and ASAM can be of service to you. We look forward to working with you.

Sincerely,



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President, American Society of Addiction Medicine

Audrey M. Kern M.D.

Audrey M. Kern, MD, FASAM

President, Northern New England Society of Addiction Medicine

ⁱ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Ann Intern Med* 2013 Nov 5; 159(9): 592–600.

ⁱⁱ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550

ⁱⁱⁱ Lee JD, Friedmann PD, Kinlock TW, et al. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. *N Engl J Med* 2016;374:1232-42

^{iv} <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf>