

August 5, 2016

Ms. Kana Enomoto, MA
Principal Deputy Administrator
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

**Re: Medication Assisted Treatment for Opioid Use Disorders Reporting Requirements
(RIN 0930-AA22)**

Dear Principal Deputy Administrator,

I am writing on behalf of the National Council for Behavioral Health and our 2,750 community-based mental health and addiction treatment member organizations. This letter intends to offer supplemental feedback and comment on the Substance Abuse and Mental Health Administration's Final Rule for Medication Assisted Treatment for Opioid Disorders, published on July 8, 2016.

As we reviewed the Final Rule, it was clear that the Department has made a determination that increasing access to this service is the most important concern. The National Council and its members share this desire and believe that reporting requirements are important for the physicians and practices that are serving 275 patients, while also being important to inform policy decisions for the department.

Therefore, the National Council suggests that SAMHSA's data collection requirements be parsimonious, and focused on data that will be important for high quality clinical practice. We would like to point out that physicians working in qualified practice settings would be much more likely to have the capacity to collect and report this data, as well as provide high quality care.

Pertinent Data to Collect

In an effort to collect all relevant and important data, the National Council suggests the following baseline data points to monitor and collect: total number of patients admitted that year, total number of patients carried over from the previous year, and total number of patients discharged.

Moreover, we would like to recommend the use and distribution of the following questions - specific to the prescription of buprenorphine. Please note, we suggest that these questions be asked using a six point Likert Scale. Answers for the Likert Scale can include: Always; Very Frequently; Occasionally; Rarely; Very Rarely; Never.

The questions for prescribers include:

- I refer patients for behavioral health services.
- I require patients to be engaged in behavioral health services in order to continue to receive buprenorphine.
- I directly provide behavioral health services integrated with the provision of medication
- I utilize our state's Prescription Drug Monitoring Program (PDMP).
- I use drug-use monitoring screening tests (e.g., urinalysis, patches, etc.) to detect opiate drug use by my patients receiving buprenorphine.

We appreciate your time and consideration of this feedback. Please contact Chuck Ingolia, Senior Vice President of Policy and Practice Improvement, if you have any questions, at ChuckI@thenationalcouncil.org or 202-641-3242.

Sincerely,



Linda Rosenberg
President and CEO
National Council for Behavioral Health