May 19, 2016

Jinhee Lee, Pharm.D.
Public Health Advisor, Center for Substance Abuse Treatment
The Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
5600 Fishers Lane
Room 13E21C
Rockville, Maryland 20857

RE: Proposed Rule for Medication Assisted Treatment for Opioid Use Disorders (SAMHSA-2016-0001)

Dear Dr. Lee:

The National Business Group on Health (the Business Group) appreciates the opportunity to comment on the Department of Health and Human Services’ (HHS) proposed rule to increase the highest patient limit for qualified physicians to treat opioid use disorder under section 303(g)(2) of the Controlled Substances Act (CSA) from 100 to 200. The Business Group writes in support of efforts to increase access to treatment for opioid use disorder, while reducing the opportunity for diversion of the treatment medication to unlawful use.

The National Business Group on Health represents approximately 430, primarily large, employers (including 70 of the Fortune 100) who voluntarily provide generous health benefits and other health programs to over 55 million American employees, retirees, and their families.

A recent study of employer claims databases found¹:

- Nearly one out of every three (32 percent) opioid prescriptions, which are subsidized by America’s employers, is being abused.
- On average, 4.5 percent of individuals in the United States who have received a prescription for narcotic painkillers are opioid abusers. These individuals account for nearly one-third (32 percent) of total opioid prescriptions and 40 percent of opioid prescription spending.
- Opioid abusers cost employers nearly twice as much ($19,450) in medical expenses on average annually as non-abusers ($10,853).

Additionally, national data from the American Society of Addiction Medicine estimates that employers are losing $10 billion a year from absenteeism and lost productivity due to opioid abuse, and opioids make up one-quarter of all workers’ compensation prescription drug costs. Given the aforementioned direct costs associated with opioid addiction, and the substantial indirect costs to both employers and employees, the Business Group and our members are supportive of efforts to

make access to treatment more readily available. We believe removing an undue regulatory burden which limits the ability of qualified physicians to treat patients with opioid addiction is appropriate. We would additionally encourage HHS to consider 1) changes in the qualifications for a higher patient limit, including expanding the scope of practice for other qualified clinicians, such as nurse practitioners, to treat patients with opioid use disorder.

Please contact me or Steven Wojcik, the National Business Group on Health’s Vice President of Public Policy, at (202) 558-3012 if you would like to discuss our comments in further detail.

Sincerely,

[Signature]

Brian J. Marcotte
President and CEO