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Friday, March 16, 2018

Seema Verma
Administrator, Centers for Medicare & Medicaid Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: AK Section 1115 Waiver Amendment

Dear Administrator Verma,

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 5,100 physicians and allied health professionals who specialize in the treatment of addiction, thank you for the opportunity to provide comments to Alaska's Section 1115 waiver demonstration application.

We thank CMS for recently issuing new guidance to state Medicaid directors regarding strategies to address the opioid epidemic, as that guidance requires states to align their section 1115 demonstrations with certain goals and milestones. These include using evidence-based guides, such as The ASAM Criteria, for patient placement; maintaining adequate provider capacity at each level of care; utilizing nationally recognized program standards, such as those in The ASAM Criteria, to set residential treatment provider qualifications; and improving care coordination. However, ASAM urges CMS to revise the recently issued state Medicaid director letter to clarify that Section 1115 demonstration applications should cover all FDA-approved agonist and antagonist medications for opioid use disorder (OUD) treatment. Treatment modalities work differently for each patient and these decisions should be made by doctors and their patients.

Consistent with CMS guidance and ASAM's comments described above, ASAM supports Alaska's application to waive the IMD exclusion for those residential treatment providers that are able to deliver services consistent with the ASAM Criteria and provide evidence-based substance use disorder treatment, including FDA-approved agonist and antagonist medications for opioid use disorder treatment. As CMS considers the state's application, we urge CMS and the state to work together to ensure that treatment provider assessments for all addiction treatment services, levels of care, and length-of-stay recommendations, as well as methods of residential treatment provider qualification, are performed by an independent third party that has the necessary

competencies to use The ASAM Criteria (or such other evidence-based patient placement assessment tools and nationally-recognized program standards, as applicable).

ASAM supports the state's decision to request waiver authority to implement Medicaid coverage for screening, brief intervention, and referral to treatment (SBIRT) services, as well as services offered in ASAM Levels of Care 0.5, 2.1, 3.5, 1-WM, and 2-WM. These additional benefits will add important services to the SUD care continuum. While we appreciate that the state has recognized the importance of expanding their SUD care continuum, we urge the state Medicaid agency to ensure that payment is provided for these new services and that the valuation of the billing codes for these new levels of service reflect the time, patient level of complexity, and practice expenses needed to provide care for this new population of patients.

Nevertheless, ASAM is concerned with language in the state's waiver application that notes that medication for addiction treatment in ASAM Level of Care 1.0 will include "injectable naltrexone or any other medication that is currently approved." We are concerned that this language implies that injectable naltrexone is the first/best/preferred option. Instead, the state should consider language from the Comprehensive Addiction and Recovery Act (CARA) that requires providers to be trained on and/or provide—directly or through referral—all FDA-approved medications for the treatment of opioid use disorder and that these medications should be available at all levels of care. As we have stated previously, treatment modalities work differently for each patient and the decision regarding the preferred medication for a patient's treatment should be made by practitioners and their patients.

ASAM welcomes further engagement with the state and CMS regarding this waiver application to find efficient and effective solutions to combat and end the opioid epidemic. If you have any questions, comments, or concerns, please contact Corey Barton, Manager, ASAM Private Sector Relations at 301-547-4016 or via email at cbarton@asam.org.

Sincerely,

A handwritten signature in black ink that reads "Miriam Komaromy, MD". The signature is written in a cursive, flowing style.

Miriam Komaromy, MD, FACP, FASAM
ASAM Regional Director, Region VIII

A handwritten signature in black ink that reads "Kelly J. Clark". The signature is written in a cursive, flowing style.

Kelly J. Clark, MD, MBA, DFASAM
President, American Society of Addiction Medicine