



# American Society of Addiction Medicine

4601 NORTH PARK AVENUE • UPPER ARCADE SUITE 101 • CHEVY CHASE, MD 20815-4520  
TREAT ADDICTION • SAVE LIVES

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July 10, 2014

Hon. Therese Murray, President  
Massachusetts State Senate  
State House, Room 332  
Boston, MA 02133

Hon. Robert A. DeLeo, Speaker  
Massachusetts House of Representatives  
State House, Room 356  
Boston MA. 02133

Dear President Murray and Speaker DeLeo,

We represent the American Society of Addiction Medicine (ASAM). ASAM is a national professional organization representing over 3100 physicians and associated health professionals, dedicated to increasing access and improving the quality of addiction treatment, education, and research. We are grateful for the legislature's focus on opioid addiction in Massachusetts and hope to provide guidance as to the most clinically and cost-effective, evidence-based approaches when managing this devastating disease.

ASAM is concerned about certain provisions of the recently passed HB 4236/SB 2142. The provision of particular concern requires coverage for acute treatment services and clinical stabilization services for up to ten days without prior authorization and with no utilization review until day eight. Specifically, we are concerned that this provision endorses inpatient detoxification as a preferred treatment for opioid addiction, over other more effective, less costly treatment options.

Very few people require twenty-four hour care to detoxify from opioids. In fact, and as indicated in the ASAM Criteria [patient placement guideline], the vast majority of patients can detoxify in an outpatient setting and maintain their abstinence from opioids with opioid agonists or antagonists, like buprenorphine, methadone or naltrexone. Patients prescribed medication-assisted maintenance pharmacotherapies are associated with better treatment retention and lower rates of illicit drug use and mortality, compared to patients who are detoxified as their primary or sole management approach. Furthermore, we are concerned that policies that encourage detoxification without the possibility of stabilization and ongoing medication assisted treatment may actually increase risks to patients. Patients who have completed detoxification are more likely to die of an overdose due to the loss of tolerance.

Lastly, an unintentional consequence of this provision is that it may

PHONE: (301) 656-3920 • FAX: (301) 656-3815  
E-MAIL: EMAIL@ASAM.ORG • WEBSITE: WWW.ASAM.ORG

endorse an acute-care model of treatment for a chronic relapsing brain disease requiring long-term care. Pharmacotherapies to treat opioid dependence should be made available to every patient, without burdensome prior authorization requirements or other barriers that would interfere with the immediate physician-patient engagement necessary for engaging patients in treatment and supporting their long-term wellness and recovery.

We support the intent of HB 4248/SB 2142, that is, to address the opioid addiction epidemic that is ravaging our state and our country. However, we respectfully ask that you eliminate the mandatory detoxification provision in this bill and that you include language that increases patient access to the FDA-approved pharmacotherapies to treat opioid addiction. Finally, we ask that HB 4248/SB 2142 requires utilization of a widely recognized patient placement guideline, like the ASAM Criteria, when reviewing treatment decisions for medical necessity and clinical appropriateness.

Sincerely,

A handwritten signature in black ink, appearing to read "Stuart Gitlow". The signature is fluid and cursive, with a large initial "S" and "G".

Stuart Gitlow, MD, MPH, MBA, FAPA  
President, American Society of Addiction Medicine