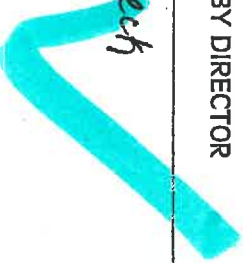


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>1</i> <i>Giese</i>	DATE <i>1-17-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>101269</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mr. Felt</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



January 2012

RECEIVED

JAN 17 2012

Tony Keck  
Director  
P.O. Box 8206  
Columbia, SC, 29201-8206

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Tony Keck:

The American Academy of Addiction Psychiatry (AAAP), the American Osteopathic Academy of Addiction Medicine (AOAAM), the American Psychiatric Association (APA), and the American Society of Addiction Medicine (ASAM) are highly dedicated to the field of addiction medicine and the availability of state-of-the-art interventions for the treatment of addictive disorders.

It has come to our attention that some states have or will enforce limited access to Suboxone®, including limitations on dosing that are less than the dose range approved for this medication by the U.S. FDA and limitation on length of treatment, with some states considering mandatory discontinuation after a period of one to two years of therapy. As professional societies for physicians who specialize in the treatment of alcohol, drug and other addictions, we have serious concerns about these restrictions, given the nationwide epidemic of substance abuse.

Buprenorphine, the active ingredient in Suboxone®, is a life-saving drug. Much of its success is due to the fact that it's federally approved for use by waived-certified physicians who must complete eight hours of training before they can treat patients in office-based settings. This advent in opioid treatment delivery has provided greater access to therapy for millions of Americans nationwide. As with most chronic diseases, opioid-addicted patients often require long-term maintenance with buprenorphine to achieve optimal outcomes. The vast majorities of patients who receive medication-assisted addiction treatment do recover and lead healthy and productive lives.

While we understand that states face dire budgetary restrictions, the funding of evidence-based addiction treatment is not only cost effective, but also keeps people healthy, out of jail, and employed. Limiting patients' access to Suboxone® would undoubtedly have very negative effects. Rates of patient relapses and opiate overdose can be expected to increase, as would overdose-related emergency healthcare and hospitalization expenditures. Limited access to addiction treatment has also been highly correlated with increased costs related to mortality, criminal justice, social welfare and lost productivity.

Our organizations are dedicated to support sound treatment and prevention programs nationwide. In addition, we also provide ongoing training for physicians who specialize in the field of addiction medicine. Physicians who prescribe buprenorphine receive vast resources, including face-to-face training, monthly webinars, list serves and mentoring programs.

We strongly urge you to make buprenorphine treatment available to those for whom it is clinically indicated and reject any proposal that would restrict the availability or duration of treatment. Thank you for your attention to this matter. Please contact us if additional information is required.

Sincerely,

Frances R. Levin, M.D. - President  
American Academy of Addiction Psychiatry

Margot L. Waitz, D.O. - President  
American Osteopathic Academy of Addiction Medicine

James H. Scully, Jr., M.D. - Medical Director and CEO  
American Psychiatric Association

Stuart Gittlow, M.D., MPH - Acting President  
American Society of Addiction Medicine