



TO:	Brent Atwood,
FROM:	Jill Sudhoff-Guerin, Policy and Communications Manager, Vermont Medical Society
DATE:	April 2, 2021
RE:	Comments on VDH Proposed Rule 21P004

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Thank you for accepting comments from the **Vermont Medical Society and the Vermont Academy of Family Physicians** on Vermont Department of Health Proposed Rule 21P004, making changes to Vermont’s Medication-Assisted Therapy for Opioid Use Disorder Rule. The Vermont Medical Society (VMS) and Vermont Academy of Family Physicians (VAFP) are submitting these comments on behalf of our 2,400 physician and physician assistant members.

In review of the proposed rule, our members who are current prescribers of Medication Assisted Treatment (MAT) in the State of Vermont provide the following recommendations:

Section 6.2.1 Medical Evaluation

The VMS and VAFP are concerned that the requirement that a full examination occur “prior” to initiating MAT will unnecessarily slow down access to live-saving medication. This requirement would also limit access to Rapid Access to Medication (RAM), when buprenorphine is prescribed in an acute situation, knowing that immediate access to MAT saves lives. We would not want this rule to limit the access to RAM or MAT in the event that a patient is seen via telehealth, audio-only telehealth or in a location/limited by time where an exam was not possible. **Therefore, we suggest that the rule recommend an exam when possible by the OBOT prescriber (perhaps within 3 visits), but not “prior to” prescribing.**

Section 6.2.2.2 Psychosocial Assessment and Referral to Services

The VMS and the VAFP strongly recommend expanding the definition of eligible providers who can perform a psychosocial assessment required in existing rule under Section 6.2.2.2, to include: primary care doctors (including family physicians, internal medicine physicians, pediatricians, OBGYNs) and primary care advance practice providers (APRN or PAs).

Currently, the rule requires that a psychosocial assessment only be completed by a provider in one of the following disciplines: psychiatrist, physician certified by the American Board of Addiction Medicine, psychiatric Nurse Practitioner, psychiatric Physician Assistant, licensed social worker, psychologist, licensed mental health counselor, licensed marriage therapist, licensed alcohol and drug counselor.

Katie Marvin, M.D., the current President of the Vermont Academy of Family Physicians, who currently practices at Lamoille Health Partners, Family Medicine, Stowe Vermont offers these supporting comments:

Primary care doctors, including family doctors, internal medicine docs, pediatricians, OBGYNs, and advance practice providers (APRN, NPs or PAs) who provide primary care are trained to perform and prescribe for many conditions within behavioral health. On a daily basis we evaluate patients who present with depression, suicidality, trauma, sexual assault, bipolar disorder, PTSD, ADHD, infidelity, drug and alcohol use and so on. This is not only well within our training and scope of practice, but absolutely necessary in rural and underserved parts of the state where access to mental health services can be limited. Not to mention, even when mental health services are available, many patients prefer the pre-existing relationship that they have with their primary care physician and would prefer to have their assessment and treatment managed by one person, all in the medical home. (This is also less expensive).

For this reason, it seems unnecessary and out of place to require patients who need MAT or RAM to see a separate practitioner for their behavioral health evaluation. If a primary care physician (PCP) is capable of prescribing buprenorphine, I feel that they are similarly adequate to evaluate and screen the patient for concurrent mood disorders. Clearly, if a higher level of care is indicated, or if the patient or provider feel that this level of assessment (by a psychiatrist, LADC or psychologist) is necessary, the provider will seek out, refer and schedule. As a primary care physician, I value these assessments and the teamwork that we have integrated between our offices and peers in behavioral health. However, I do not want this to be a strict requirement to access MAT in our state. It should be optional, not required.

Currently, Vermont overdose rates are escalating, likely both from the stronger presence of fentanyl, and also the isolating and depressive effects of the pandemic and all of its societal trauma. Increasing our access to MAT and RAM across the state, especially in rural areas, is a critical priority to save lives. Anything that we can do to improve timely care will directly reduce deaths and improve outcomes across the state, and as each person who is struggling with opiates enters care, Vermont communities and families all benefit in so many ways. The effects of COVID have taken a huge toll on the mental health of our communities, and there are waitlists hundreds of patients deep for care. Primary care can be trusted to help with this burden, and provide competent assessment and management, at least initially.

I have many, many examples of patients for whom I have prescribed buprenorphine as a RAM induction, or for long term MAT care. For many of these patients, I also act as their primary care provider for them and their entire family. Also, for many of them I assess and prescribe, when appropriate, medications for mood stability, ADHD, depression, and bipolar disorder, among other things. As their PCP, I also manage their preventive care, cancer screenings, tobacco cessation, acute injuries, well child checks for their children and so on. We are trusted and trained to provide full spectrum care, and I believe that the initial behavioral health assessment for MAT is well within this scope.

Here is supporting testimony from other Vermont family physicians, NPs and PAs:

Kim Bruno MD, Tamarack Family Medicine, Morrisville, VT, and long-time prescriber of MAT. “This is a hoop that doesn’t need to be jumped through”

Sarah Morgan MD, Hardwick Health Center, Hardwick, VT, and long-time prescriber of MAT. “The psych mental health provider requirement is onerous and unnecessary and present[s] a barrier to care”

Kristin MD, Swanton, VT (Vermont Women in Medicine FB group participant), “This ... greatly decrease[s] access to care, especially in rural VT. We love encouraging and connecting our MAT patients to mental health providers, but it can be hard to establish care in a timely manner. This is a huge barrier in new patients, and I’m worried that it will prevent some from seeking treatment and health services.”

Kim Blake MD, Affiliates in OB/GYN, Burlington, VT, “Totally agree that an MD should be able to do a mental health evaluation”

Ashley Miller MD, Pediatrics, South Royalton, “I prescribe suboxone and completely agree PCPs should be able to make the assessment...”

Sarah DeSilvey, APRN, “Given that primary care is deemed sufficient to assess and diagnose all other facets of psychology, this is absurd (and insulting).”

Michelle Wade, APRN, President of VNPA, “PCPs who are prescribing MAT should be able to do this evaluation including NPs.”

Jeri Wohlberg APRN, Hardwick Family Practice, “This assessment is within the scope of any primary care provider. We do it all the time for both MAT and non-MAT patients.”

Deborah Wachtel, DNP, MPH, APRN, SaVida Health Care, Colchester, “We know that delaying treatment for people struggling with opioid use disorder can and does result in overdose and death. We are currently witnessing an alarming increase due to COVID. Please remove unnecessary barriers to care when we already have highly qualified providers addressing this need.”

For current MAT patients, and those who need MAT, VMS and AAFP recommend that the rule be changed to refer for a full mental health assessment by a higher level of care as deemed necessary by the joint decision-making of the patient and primary care provider, and that the initial mental health assessment for the prescribing of MAT may be done by a primary care provider (MD, DO, APRN or PA, in fields of family medicine, internal medicine, OBGYN, and pediatrics).

Thank you for your consideration.

Please contact Jill Sudhoff-Guerin at jsudhoffguerin@vtmd.org if you have any questions