



Arizona Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

OFFICERS

President
Robert W. Kirchoff, MD, FACP, FASAM
President-Elect
Holly Geyer, MD, FASAM
Immediate Past President
Annette Lusko, DO
Secretary
Allison Huff, DHEd, PhD
Treasurer
Samantha Esquivias, FNP-C, PMHNP-BC
Public Policy Chair
Matt Evans, MD
Membership Chair
Eric Lott, MD, FASAM

March 1, 2025

The Honorable Carmen Heredia
Director
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034

RE: AZSAM Comments on Arizona Health Care Cost Containment System (AHCCCS) MAT Take Home Rate Adjustment Proposal

Dear Director Heredia,

On behalf of the Arizona Society of Addiction Medicine (AZSAM), the leading medical specialty society representing physicians and other clinicians in Arizona who treat addiction, thank you for the opportunity to comment on this important proposal to adjust the MAT Take Home Rate. First off, we appreciate that AHCCCS is proposing to raise rates for opioid treatment programs (OTPs) providing medications for opioid disorder (MOUD). **However, under this current proposal, we are concerned about rates for take-home services from OTPs. Specifically, we are concerned that take-home rates are too low in comparison to the rates for in-person services.**

Many of our members work in OTPs and recognize the clear benefits of take-home methadone doses. In recent years, the federal government has taken actions to enhance the authority of clinicians to provide take-home dosing to their patients. Notably, last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance outlining exemptions from the unsupervised take-home medication requirements of 42 C.F.R. § 8.12(i).¹ These updated guidelines acknowledged that enhancing access to take-home dosing of methadone is essential to expand this life-saving treatment for opioid use disorder (OUD). Notably, take-home doses are especially important to individuals residing in rural and isolated areas where regular visits to an OTP may prove costly and time consuming. Additionally, research indicates that enhanced access to take-home doses does not increase the risk of diversion.^{2 3} Simply put, take-home dosing from OTPs benefits people with OUD by increasing the ease of treatment on a day-to-day basis and can be implemented safely.

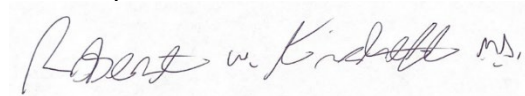
Our primary concern with this proposal from AHCCCS is that take-home methadone dosing from OTPs would be reimbursed at a rate lower than in-person services. While in-person services are crucial, especially at early stages in the treatment process, take-home dosing is an equally important aspect of the services provided by OTPs. Unfortunately, reimbursing take-home doses at a lower rate than in-person services would inhibit their financial viability. In turn, their adoption will be less common, and the treatment experience for Arizonans will suffer.

Further, lower utilization of take-home doses would detract from treatment retention and patient outcomes. In sum, we must work to ensure that take-home services are properly valued for benefits that they provide.

Take-home doses are vital for maintaining access to treatment and improving health outcomes. As such, they should be reimbursed at a higher rate to reflect this clinical reality. **At minimum, we urge AHCCCS to revise the current proposal to raise rates for take-home doses from OTPs. We also encourage AHCCCS to consider whether hybrid or bundled rates for in-person and take-home services from OTPs is appropriate to address this discrepancy valuation.**

Thank you for your consideration of our perspective. As always, please do not hesitate to contact me kirchoff.robert@mayo.edu if we can further assist you in this process.

Sincerely,



Robert Kirchoff, MD, FACP, FASAM
President, Arizona Society of Addiction Medicine

¹ Substance Abuse and Mental Health Services Administration. (2024). *Methadone Take-Home Flexibilities Extension Guidance*. SAMHSA. <https://www.samhsa.gov/substance-use/treatment/opioid-treatment-program/methadone-guidance#:~:text=In%20treatment%20%2D14%20days,be%20provided%20to%20the%20patient>

² Figgatt, M. C., Salazar, Z., Day, E., Vincent, L., & Dasgupta, N. (2021). Take-home dosing experiences among persons receiving methadone maintenance treatment during COVID-19. *Journal of Substance Abuse Treatment*, 123, 108276. <https://doi.org/10.1016/j.jsat.2021.108276>

³ Frank, D. (2021). A chance to do it better: Methadone maintenance treatment in the age of covid-19. *Journal of Substance Abuse Treatment*, 123, 108246. <https://doi.org/10.1016/j.jsat.2020.108246>