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Addiction Medicine

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March 12, 2026

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: HHS Notice of Benefit and Payment Parameters for 2027

Dear Administrator Oz –

The American Society of Addiction Medicine, the nation’s leading specialty medical society representing more than 8,000 physicians and other health professionals who specialize in the prevention and treatment of addiction, welcomes the opportunity to provide comments on the proposed Notice of Benefit and Payment Parameters for 2027. As people across our nation continue to struggle with well-documented issues with access to quality, evidence-based substance use disorder (SUD) treatment, ensuring reliable access remains imperative. While ASAM welcomes the opportunity to update existing essential health benefits (EHB) standards to ensure that they account for advances in the addiction treatment field, we are concerned about the scope of the current proposal and its potential impact on access to SUD treatment benefits.

In the proposed rule, CMS proposes to amend federal rules such that any state-required benefit that (a) was mandated after Dec. 31, 2011, (b) applies to the individual and/or small-group market, (c) is specific to required care/treatment/services, and (d) is not required to comply with federal law, would be treated as “in addition to EHB” (not EHB)—even if the benefit was later embedded in the state’s EHB benchmark. In those cases, the state must pay (defray) the incremental cost of the added benefit for enrollees.

Notably, many states have updated mandates for SUD benefits in the last 15 years, including actions that strengthened access to medications for SUD, expanded access to residential and intensive outpatient (IOP) services, permitted greater use of telehealth services, and expanded

overdose prevention activities. ASAM is concerned that these proposed changes, if implemented, may force some states to make difficult financial decisions that may place SUD benefits at risk, stand to be operationally complex to implement, and may succeed in applying uneven access to benefits for enrollees across markets. Unfortunately, CMS also does not provide a regulatory analysis that could have addressed these concerns. Likewise, stakeholders like ASAM have not had an opportunity to quantify the potential impact to people with a SUD, nor determine whether the proposal conflicts with the obligations of federal mental health/SUD parity rules.

Therefore, ASAM encourages CMS not to finalize the defrayal proposal, pending a deeper understanding of the impacts on SUD treatment that could be obtained through a supplemental regulatory analysis. At the same time, while ASAM is concerned that the current proposal's impact, we welcome a conversation with CMS about updating EHB standards to account for advances in the addiction treatment field since EHBs were first introduced. However, those updates should not come at the expense of inadvertent incentives for states to cut SUD treatment access.

ASAM is also concerned about proposed changes to network adequacy standards that would mark a fundamental shift in how access to provider networks is calculated and may undermine critical federal parity protections. Under CMS' proposal, plans would be able to operate without any contracted provider network, so long as insurers could show that enough clinicians are willing to accept a fixed fee for providing care. Given the documented challenges of finding an SUD treatment provider, as well as non-network reimbursement often too low to secure provider participation, ASAM is very concerned about the proposal to remove time-and-distance standards, appointment wait times, continuity of care rules, and directory accuracy in favor of this revised standard that would put the onus on patients. Here too, CMS does not provide the regulatory impact of this proposal, nor does it appear to consider the interplay with the federal parity laws and regulations. **ASAM urges CMS not to finalize this proposal without consideration of its interactions and potential conflict with federal parity protections.**

ASAM appreciates the opportunity to outline our concerns to this proposal, and we look forward to continuing to work with CMS on solutions that enhance access to SUD treatment and reduce long-term healthcare costs. If you have any questions or concerns about the content herein, please contact Corey Barton, Director of Practice Management and Regulatory Affairs at cbarton@asam.org.

Sincerely,



Stephen Taylor, MD
President, American Society of Addiction Medicine