



Michigan Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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July 5, 2023

Laura Kilfoyle
Department Specialist
Bureau of Medicaid Policy, Operations and Actuarial
Services
Michigan Department of Health and Human Services
333 S. Grand Ave
Lansing, MI 48909

Lisa Dilernia
Department Specialist
Bureau of Medicaid Policy, Operations and Actuarial
Services
Michigan Department of Health and Human Services
333 S. Grand Ave
Lansing, MI 48909

**Re: MISAM's Support for Michigan Department of Health and Human Services' (MDHHS)
Proposed Policies 2310-OBSUT and 2323-Hospital**

Dear Ms. Kilfoyle and Ms. Dilernia,

On behalf of the Michigan Society of Addiction Medicine (MISAM), the medical specialty society representing physicians and clinicians in Michigan who specialize in the prevention, treatment, and recovery from addiction, thank you for the opportunity to comment on these important proposed policies. **We write today to express our support for 2310-OBSUT and 2323-Hospital.** Together, we believe that both policy changes will expand access to quality care for the treatment of SUD across our state.

Policy 2310-OBSUT proposes to expand reimbursement of primary care office-based SUD treatment to a full continuum of services, including evaluation and management, screening, brief intervention, and referral to treatment (SBIRT), and medications for SUD treatment. Under this proposed policy, practitioners would receive reimbursement for treatment services after determining the proper level of care according to evidence-based standards. Office-based primary care physicians and other clinicians are an important component of our efforts to enhance the delivery of treatment for SUD in this state. However, existing state Medicaid policy does not adequately support the provision of SUD treatment services by primary care physicians and other clinicians. Indeed, inadequate reimbursement and other challenges related to insurance coverage are cited as a significant barrier to expanding evidence-based care for SUD and opioid use disorder (OUD) specifically.^{i ii} **This proposed change is an improvement and we encourage MDHHS to expeditiously finalize it.**

Similarly, policy 2323-Hospital aims to establish expanded reimbursement through fee-for-service (FFS), Medicaid Health Plan (MHP), and Integrated Care Organization (ICO) for SUD consultation services when performed in an inpatient setting or emergency department. Noted in the proposed policy is the importance of considering and initiating pharmacotherapy while in the hospital and providing linkages to further treatment upon discharge. Inpatient facilities and hospitals serve as a vital entry point for individuals with SUD to begin treatment and receive referrals. As such, it is critical that all consultation services for SUD are covered for reimbursement in hospital and inpatient settings. **MISAM welcomes this policy change and encourages it to be finalized.**

MISAM applauds MDHHS for initiating policy steps to enhance reimbursement for SUD care in office-based, inpatient, and emergency department settings. These policies will strengthen SUD treatment systems in our state and expand patient access to evidence-based care for SUD. We encourage efficient implementation and look forward to providing future feedback as the process continues. If there is any assistance that we can provide, please do not hesitate to contact polandc2@msu.edu. Thank you for your consideration.

Sincerely,



Lewei (Allison) Lin, MD, MS
President, Michigan Society of Addiction Medicine



Cara A. Poland, MD, MEd, DFASAM
Advocacy Chair, Michigan Society of Addiction Medicine

ⁱ Dickson-Gomez, J., Weeks, M., Green, D., Boutouis, S., Galletly, C., & Christenson, E. (2022). Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the Affordable Care Act: A qualitative analysis. *Drug and Alcohol Dependence Reports*, 3, 100051. <https://doi.org/10.1016/j.dadr.2022.100051>

ⁱⁱ Leshner, A. I., & Mancher, M. (2019). Barriers to Broader Use of Medications to Treat Opioid Use Disorder. In *Medications for Opioid Use Disorder Save Lives*. essay, The National Academies Press.