



April 23, 2021

Will Lightbourne, Director
Department of Health Care Services
1501 Capitol Avenue, Suite 6001, MS 0000
Sacramento, CA 95814

RE: Comments in Support of Parity for All U.S. FDA-Approved Medication Assisted Treatments (MATs) – DHCS (Revised) CalAIM Proposal for 2022 and Beyond

Dear Director Lightbourne:

We, the undersigned organizations, would like to reiterate our concern expressed last year in our March 6, 2020, letter regarding the California Department of Health Care Service's (DHCS) differing treatment of FDA-approved medications contained in the 1115 Medi-Cal Waiver extension request for the CalAIM relaunch. DHCS's proposal continues to differentiate between FDA-approved injectable naltrexone and the other FDA-approved medication assisted treatments (MAT) methadone and buprenorphine by requiring that counties only cover methadone and buprenorphine, while allowing coverage of injectable naltrexone to be optional. This policy does not allow those suffering from substance use disorder (SUD) to reliably access all the treatment options available to them, and is not aligned with the concept of "no wrong door" for patients seeking treatment services.

In addition, DHCS's proposal is not in alignment with current federal policy. Services 1006(b) of the SUPPORT Act amended the Social Security Act to require states to cover MAT for all who are eligible to enroll in the state plan and all waivers of the state plan. The new mandatory

benefit includes all FDA-approved drugs and licensed biologicals used for MAT. CMS's new recommendations are in alignment with the recommendations of the medical community and federal agencies, as well as the previous recommendations that we, the undersigned, made to DHCS in our March 6, 2020, letter.

By continuing to only require coverage of two out of the three available MATs, DHCS is restricting patient access to all available treatments for substance use disorder. The FDA, SAMHSA, the National Institute of Drug Abuse, and the National Academy of Sciences have all affirmed the efficacy of all three MAT options and recommended that they all be made available to patients.

Patients seeking treatment should be able to access all effective treatments available. For some patients, the two medications that are currently required to be covered, methadone and buprenorphine, can cause side effects such as nausea, vomiting, constipation, muscle aches, cramps, constipation, fever, cravings, irritability, and inability to sleep. These patients should be afforded the opportunity to try injectable naltrexone as it might be the best option for them to maintain their sobriety and achieve better quality of life.

At the time of this writing, DHCS has yet to respond to the concerns brought forth in our previous letter. We urge the department to take into consideration the recommendations put forth in this letter, the recommendations of highly reputable federal agencies such as the FDA and SAMHSA, as well as the actions of CMS in expanding their coverage requirements to include all three forms of MAT.

We ask that you reconsider your proposal to continue the current policy of separate opt-ins for counties for the different medications and recommend that a single policy should cover all three FDA-approved medications at parity.

Thank you,



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Executive Director, A New
PATH (Parents for
Addiction Treatment &
Healing)



Betty Dahlquist
Executive Director,
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Agencies



Heidi Strunk
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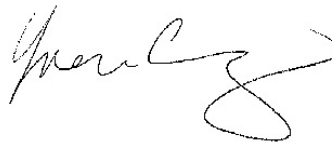
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