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April 20, 2020

U.S. Department of Justice
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Re: RIN 1117-AB43/Docket No. DEA-459
Registration Requirements for Narcotic Treatment Programs with Mobile Component

To Whom it May Concern:

I am writing on behalf of the American Association for the Treatment of Dependence (AATOD), which represents over 1,100 Opioid Treatment Programs (OTPs) throughout the United States. We are writing in response to the Drug Enforcement Administration's (DEA) Notice of Proposed Rulemaking "to revise the existing regulations for narcotic treatment programs (NTPs) to allow a mobile component associated with the registered program to be considered a coincident activity... This proposed rule would waive the requirement of a separate registration at each principal place of business or professional practice where controlled substances are dispensed for those NTPs with mobile components that fully comply with the requirements of the proposed rule, once finalized."

We understand that this notice of proposed rulemaking is to make the treatment through NTPs more accessible to patients in need of such medical care in rural and underserved areas or wherever such care is needed.

Our Association fully supports this rulemaking notice and appreciates the Drug Enforcement Administration's efforts to increase access to vitally needed comprehensive services in treating opioid use disorder. Our Association believes that there are two ways to best utilize this new treatment setting once this rulemaking is finalized.

The Use of Mobile Vans in Rural and Underserved Areas

AATOD has been working with representatives from the Department of Agriculture (DOA) and the White House Office of National Drug Control Policy (ONDCP) with regard to using new and/or expanded use of current mobile vans in rural and underserved areas of the United States. It is our understanding that DOA funds can be used to purchase mobile vans as long as NTPs can meet the DOA criteria in serving rural communities as defined by a population of 50,000 or less. I will advise NTPs, also known as OTPs, to actively pursue this, working in coordination with State Opioid Treatment Authorities as well as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration, once this rule is final.

The Use of Mobile Vans through Correctional Facilities

We anticipate that there will be an expanded use of mobile vans, which will be connected to NTPs, also known as OTPs, to bring medication to inmates with opioid use disorder in correctional settings. NTPs will be able to work with State Opioid Treatment Authorities and the State Department of Corrections in addition to Sheriff's Offices in expanding access to mobile van services.

Illustratively, NTPs would work with the appropriate authorities to develop and implement Medication Assisted Treatment related (MAT) services to include assessing, admitting and inducting new patients into treatment and maintaining such patients as they continue in treatment. These services would also include continuing care, following best practice and evidence-based standards for patients receiving one (1) of the three (3) federally approved medications (methadone, buprenorphine or extended release naltrexone) for newly incarcerated individuals, who are currently in treatment. These inmates would also be able to continue such treatment as they are released from legal supervision and back into the community. This will be a significant benefit to the patient, the correctional facility and the community. Data from Rhode Island and Connecticut have indicated that there is a 55% reduction in recidivism and a 60% reduction in post release mortality as patients successfully transition from the correctional environment into an outpatient treatment setting.

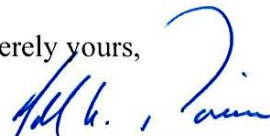
Mobile Van Use in Urban and Suburban Areas

In addition to the aforementioned applications, it is also anticipated that mobile van units will operate in urban and suburban areas, albeit without Department of Agriculture funding. In such instances, NTPs would work with State Opioid Treatment Authorities to use SAMHSA or other funding mechanisms.

AATOD has enjoyed a collaborative working relationship with the Drug Enforcement Administration since our founding in 1984. As indicated in the rulemaking notice, we worked with the Drug Enforcement Administration when you published the DEA Best Practice Guidelines for NTPs in 2000. Our members are grateful for this ongoing collaboration since the ultimate beneficiaries are the patients in treatment.

Thank you for your work in producing this proposed rulemaking and for taking our perspective into account.

Sincerely yours,



Mark W. Parrino, MPA
President