

Public Comment Responsiveness Summary  
Rules Governing Medication-Assisted Treatment for Opioid Use Disorder

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A virtual public hearing was held on April 2, 2021 regarding the proposed Rules Governing Medication-Assisted Treatment for Opioid Use Disorder (Rule). During both the public comment period as well as the hearing, the Vermont Department of Health (“Department”) received and reviewed written public comments submitted through April 9, 2021.

The following is a summary of comments received from the public and the Department’s response to each comment. Comments of a similar or consistent nature have been consolidated and responded to accordingly.

- 1. Comment: Section 6.2.1** – A commentor expressed concern regarding “the requirement that a full examination occur ‘prior’ to initiating MAT [Medication-Assisted Treatment] will unnecessarily slow down access” to MAT and Rapid Access Medication (RAM). The commentor suggested that “the rule recommend an exam when possible by the OBOT provider (perhaps within 3 visits) but not ‘prior to’ prescribing.”

**Response:** This is an existing requirement and the Department has received no information that this requirement has been an impediment to treatments. A medical exam is an important aspect to comprehensive care that can optimize a patient’s opportunity for effective treatment. The Rule does not outline the specific medical evaluation requirements and instead relies on providers’ professional judgment to determine what tests are appropriate for a patient. The requirement is also consistent with the federal opioid treatment standards for Opioid Treatment Programs in 42 C.F.R. § 8.12(f)(2).

Lastly, there have been no substantive changes to this section of the Rule (only updates to terminology), and therefore, it is outside the scope of this rulemaking.

- 2. Comment: Section 6.2.2.2** – Several commentors recommended expanding the list of providers who can perform a psychosocial assessment to include primary care doctors (including family physicians, internal medicine physicians, pediatricians, OBGYNs) and primary care advance practice providers (APRN or PAs). One commentor stated that “There are not enough individuals qualified per the rule to allow rapid, if any, access to MAT care.” Several commentors also noted that primary care providers are trained to perform and prescribe for many conditions within behavioral health and that these services are “not only well within [their] training and scope of practice, but absolutely necessary in rural and underserved parts of the state where mental health services can be limited.” Commentors further noted that many patients prefer the pre-existing relationship with their PCP and having their assessment and treatment managed by one person. One commentor noted that this approach would also be less expensive. Commentors recommended that, “For current MAT patients, and those who need MAT...that the rule be changed to refer for a full mental health assessment by a higher level of care as deemed necessary by the joint decision-making of the patient and primary care provider, and that the initial mental health assessment for the prescribing of MAT may be done by a primary care provider (MD, DO, APRN or PA, in fields of family medicine, internal medicine, OBGYN, and pediatrics).”

**Response:** The Department agrees that the initial psychosocial assessment is within the purview of training and practice of all these clinicians and has added these providers to Section 6.2.2.2.

**Comment:** A commentor recommended that the existing requirements for who can conduct a psychosocial evaluation be maintained and not expanded, noting that “These rules do not impair the Rapid Access to MAT program...Nor do these rules threaten retention.” The commentor stated that “psychosocial evaluation and treatment are not in the training or expertise of the majority of primary care practitioners” and that, “Nationally, residency programs are only starting to introduce training in opioid prescribing and addiction treatment.”

**Response:** As noted above, the Department believes that the initial psychosocial assessment is within the purview of primary care providers and has added these providers to Section 6.2.2.2.