



Dear ASAM Criteria 4th Edition Update Committee Members,

I am writing today on behalf of the NHF's Medical and Scientific Advisory Council (MASAC) in support of the work of the Bleeding Disorders Substance Use and Mental Health Access Coalition to ensure that patients with bleeding disorders have equal access to appropriate residential addiction treatment facilities.

MASAC was created in 1954 to issue recommendations and advisories on treatment, research, and other general health concerns for the bleeding disorders community. MASAC is composed of physicians, scientists, and other medical professionals with a wide range of expertise on bleeding disorders, blood safety and infectious disease as well as representatives from government agencies, and people with bleeding disorders. It also comprises the chairs of National Hemophilia Foundation's nursing, social work, and physical therapy working groups.

Inherited bleeding disorders are lifelong, genetic conditions with no known cure. Recent medical advances and the development of effective medications have enabled patients with bleeding disorders to lead full and active lives. However, because of their bleeding disorder (BD) and the use of their life-changing intravenous and/or injectable medications, many individuals with BDs are being denied access to the addiction treatment they need.

We are grateful for ASAM's willingness to incorporate changes into the 4th Edition of the ASAM criteria that include the treatment needs of the bleeding disorders community. MASAC has reviewed all of the documents that the Coalition has submitted to you to advance this important work. We want to assure you that the documents provided are medically accurate and represent the collective knowledge of providers with expertise in bleeding disorders from across the country. It is our hope that this information will facilitate the placement of bleeding disorder patients in appropriate addiction treatment centers, including level 3, residential facilities.

We understand that ASAM specifically requested information from the Coalition to help facilities understand when a person's bleeding disorder should be determinative of the level of care. We strongly agree with the Coalition's recommended approach to defining stability in the context of bleeding disorders and believe that the assessment questions provided will assist facilities in determining whether an individual with a bleeding disorder is appropriate for admission.

Thank you again for your commitment to ensuring that all individuals, including those with chronic conditions, such as bleeding disorders, have the opportunity to recover from their addictions by accessing the appropriate level of treatment.

Respectfully,

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Chair, MASAC
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