April 11, 2018

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education
Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education
Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

On behalf of more than 123,000 nationally-certified PAs (physician assistants), the American Academy of PAs (AAPA) welcomes the opportunity to submit comments on your discussion draft of "The Opioid Crisis Response Act of 2018."

AAPA would like to thank both of you and members of your staffs for working to craft bipartisan legislation addressing the opioid epidemic. AAPA also appreciates the work of other legislators whose legislative proposals have been incorporated into this package.

AAPA is supportive of policies that ensure patients receive medically appropriate care to address both acute and chronic pain and that take appropriate steps to minimize the risks of opioid use disorder (OUD) and diversion. While the majority of patients who use prescribed opioid medications to treat acute or chronic pain do so without incident, some become dependent on them over time. The PA profession is committed to combatting the abuse, diversion, morbidity, and mortality associated with the misuse of opioids. AAPA believes a balance must be maintained between fighting opioid abuse and ensuring patients who need opioids for pain management are able to access them.

**Expanding Access to Treatment**

Medication-assisted treatment (MAT) has proven effective in treating opioid addiction. Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Drug Abuse (NIDA) have found that individuals who are addicted to opioids often fare better if they have access to MAT. Patients able to access MAT have greater overall survival rates and treatment retention, and show decreased criminal activity, allowing them to become and stay employed.

Unfortunately, MAT is underutilized, and patients often face difficulties in accessing this effective form of treatment. AAPA supports removing non-evidence-based restrictions on MAT, particularly on the type of providers who can provide buprenorphine for patients suffering from OUD.

AAPA supported passage of the Comprehensive Addiction and Recovery Act (CARA) of 2016, which allowed PAs and nurse practitioners (NPs) to obtain a Drug Enforcement Agency (DEA)

waiver to prescribe buprenorphine, a leading MAT medication, for the treatment of OUD. Since the passage of CARA, AAPA has collaborated with the American Society of Addiction Medicine to develop and provide the required 24-hours of training in a free program allowing PAs to obtain MAT waivers to prescribe buprenorphine as part of the MAT protocol. To date, more than 2,000 PAs have completed this 24-hour training program. In 2018, AAPA will be providing the first in-person MAT waiver training specifically designed for PAs.

AAPA strongly supports the inclusion of Section 402 in this legislation, which makes permanent the waiver program for PAs and NPs to prescribe buprenorphine for addiction treatment. Changing this program from five years to being permanent is crucial for expanding access to MAT treatment.

It is important that all qualified practitioners practicing in addiction medicine with MAT waivers are able to apply their training to address the unceasing demand for MAT. Section 402 of the draft legislation would take a step in the right direction to meet the demand for OUD treatment by raising the cap on patients that can be treated by MAT under Section 303(g)(2)(B)(iii)(II) of the Controlled Substances Act from 100 to 275. This change is especially important in rural and underserved areas, where PAs are an important part of the healthcare workforce. Currently, there are situations where patients in these areas are relegated to waitlists, even though qualified providers are available, because the providers are limited by arbitrary caps restricting the number of patients that can be treated. AAPA has also heard from PAs serving in areas especially impacted by the epidemic that they must restrict access to treatment due to the 30-patient cap that applies to “qualified practitioners” in the first year of being waivered. AAPA believes this initial cap should be raised or eliminated for all qualified practitioners. AAPA also supports an alternative proposal recently put forward by the American Medical Association recommending removal of the federal waiver requirement for the use of buprenorphine in order “to give many more patients new access to treatment from physicians and other qualified healthcare professionals.”

AAPA further recommends Congress make improvements to the current waiver policy to expand access to treatment for patients. PAs and NPs are currently required to have 24 hours of training related to MAT to obtain a waiver, while physicians are only required to receive eight hours of training. The difference in training requirements for providers is arbitrary and not evidence-based. The first eight hours of training for PAs and NPs is the exact same eight-hour module required for physicians. The additional 16 hours of training is unsupported by clinical evidence, lacks relevant substance and takes critical providers away from their patients. PAs are already trained and educated prescribers who already prescribe buprenorphine for other indications. AAPA also supports further expanding access to treatment by eliminating the federal requirement that if a PA or NP has a collaborative relationship with a physician that such a physician must also be waiver-eligible for the PA or NP to qualify for a waiver. In many rural communities where there is not currently a waiver-eligible physician, this restriction limits the ability of PAs and NPs to qualify for a waiver and for MAT to become available to patients in these areas.

**Loan Forgiveness Programs**

AAPA strongly supports the inclusion of loan forgiveness programs in Sections 409 and 410.

Of the more than 123,000 currently practicing PAs, approximately 30,000 practice in addiction medicine or primary care, where they commonly work with patients who struggle with opioid use

disorder (OUD). These PAs are on the “front lines” of the opioid epidemic in hospitals, private practices, community health centers, rural health clinics, non-federally qualified public or community health clinics, prisons, behavioral healthcare facilities, and free clinics.

Incentive programs that will encourage healthcare providers, like PAs, to practice in the addiction treatment space will only improve the quality of healthcare available to those suffering from OUD.

**Study on Prescribing Limits**

Being able to treat pain across all types of settings and in diverse populations, while also managing the risk for diversion and misuse, requires a delicate balance. Decisions regarding therapeutic options and management for pain should be determined using best practices and evidence-based guidelines on a case-by-case basis by qualified medical practitioners. It is important to strike a reasonable balance to ensure adequate treatment for pain while minimizing the potential for misuse or diversion. While arbitrary limits on initial opioid pain medication prescriptions may be suitable for some patients, in other instances such limits may be inappropriately restrictive.

As such, AAPA is encouraged by the inclusion of Section 501, requiring a study by the Department of Health and Human Services and the Department of Justice on the impact of federal and state laws and regulations that limit the length, quantity, or dosage of opioid prescriptions. It is appropriate that the draft legislation requires the study to examine how restrictions affect patient access to care, as well as any increased burden for prescribers. AAPA believes Congress should have the results of such a report before considering restrictions at the federal level. This will help ensure that patients who have a legitimate need for opioids are not harmed by arbitrary limits, and that any action taken by either Congress or regulators will be measured and supported by scientific evidence.

**Data and Technology**

AAPA also supports provisions in this package that encourage the incorporation of better data and education into improving prescribing practices. PAs have been supportive of prescription drug monitoring programs (PDMPs) and efforts to ensure that prescribers have the information that they need to make the best treatment choices for their patients. PDMPs should be widely utilized and integrated into electronic health records and provider workflow in a meaningful, user-friendly manner.

**Enhancing Prescriber Education**

AAPA is a founding partner of the Collaborative on Risk Evaluation and Mitigation Strategy (REMS) Education (CO*RE). Through participation in CO*RE, AAPA has led a national quality improvement initiative for PAs focused on responsible opioid prescribing. AAPA has expanded these efforts to focus on all aspects of the opioid epidemic and the variety of ways PAs can be leaders in addressing the epidemic. Since 2013, AAPA has provided more than 100 hours of free instruction reaching more than 10,000 PAs on pain management treatment guidelines, early detection of opioid addiction and the treatment and management of opioid dependent patients.

Moving forward, AAPA is committed to working with the Committee, Congress, and other stakeholders to combat the opioid epidemic in the U.S. Additionally, AAPA will continue working with healthcare provider and patient advocacy groups in order to ensure actions undertaken will be effective, supported by evidence-based science, and consistent with the best medical practices.

The opioid crisis is a serious health epidemic affecting families and communities across America. PAs stand ready to work as partners with other healthcare professionals, Congress, states, community leaders, law enforcement, and our patients to address the many challenges and complexities arising from this crisis and the efforts to fight it.

Thank you for the opportunity to submit a statement for the record on this important issue, and please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or theuer@aapa.org with any questions.

Sincerely,

Tillie Fowler, Senior Vice President
Advocacy and Government Relations