

August 21, 2018

The Honorable Mitch McConnell
Majority Leader
United States Senate
The Capitol, S-230
Washington, DC 20510

The Honorable Chuck Schumer
Democratic Leader
United States Senate
The Capitol, S-221
Washington, DC 20510

Dear Majority Leader McConnell and Democratic Leader Schumer,

As the Senate considers legislation to address the opioid crisis, the undersigned organizations urge you to include Section 3003 of H.R. 6 in any final legislative package. This section would make permanent the authorization for nurse practitioners (NPs) and physician assistants (PAs) to provide lifesaving medication-assisted treatments (MATs) to patients battling opioid use disorder. It also creates a five-year authorization for certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs) to prescribe MATs. Section 3003 had bipartisan support in the House and similar legislation has bipartisan support in the Senate.

Under Public Law 114-198, the *Comprehensive Addiction and Recovery Act (CARA)*, authorized NPs and PAs through 2021 to provide lifesaving MATs to those suffering from opioid use disorder. Since February 2017, more than 6,271 NPs and nearly 2,000 PAs have received their DATA 2000 waiver, creating more than a quarter of a million potential access points for patients to receive MATs. For many of these patients, recovery can last years, if not a lifetime. Allowing this authorization to expire would risk patients' access to MAT.

The U.S. Drug Enforcement Administration (DEA) has warned that fewer NPs and PAs will apply for the waiver in years three, four, and five due to the short timeframe before the authorization expires.¹ Further, the DEA also estimated that the CARA authorization would have a total economic benefit of \$640-\$729 million over five years.² As America continues to fight the opioid epidemic, we need more providers – not less. Therefore, it is critical that this authorization be made permanent now.

While NPs and PAs have created access to treatment for over 250,000 Americans, there is still work to be done. Of the 2.3 million Americans suffering from opioid use disorder, only 10 percent receive treatment and more than 30 million people live in counties that do not have any MAT providers.³ Therefore, we urge the Senate to include Section 3003 of H.R. 6 in the final legislative package. Inclusion of this section will help ensure patients maintain access to their

¹ Drug Enforcement Administration, *Economic Impact Analysis of Implementation of the Provisions of the Comprehensive Addiction and Recovery Act of 2016 Related to the Dispensing of Narcotic Drugs for Opioid Use Disorder*. January 2018. Page 8. Available at <https://docs.house.gov/meetings/IF/IF14/20180517/108343/HMKP-115-IF14-20180517-SD004.pdf>

² Ibid.

³ American Society of Addiction Medicine, <http://treataddictionsavelives.org/the-facts/>

current treatment and will further expand access by authorizing CNMs, CRNAs, and CNSs to obtain the waiver, all of which will help alleviate the treatment gap and save lives.

In addition to supporting Section 3003 of H.R. 6 and requesting its inclusion, we also urge the Senate to consider these additional changes:

- Ensure that any Senate legislation addressing the opioid epidemic is provider neutral. For instance, these sections in the current legislation are not provider neutral:
 - Section 2101: As drafted, this section would include a notice to Medicare beneficiaries with “a suggestion for the beneficiary to talk to a physician regarding opioid use and pain management.” We request that this language be drafted so that the notice includes “a suggestion for the beneficiary to talk to a health care provider regarding opioid use and pain management.”
 - Section 2107: This section would create a process through which the Secretary would notify outlier prescribers of opioids. That notice would include “information on opioid guidelines, based on input from stakeholders, that may include the Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain and guidelines developed by physician organization.” We request that this language be drafted so that it includes guidelines developed by all health care provider organizations, not just physicians.
- Support the *Substance Use Disorder Workforce Loan Repayment Act* as passed in H.R. 6.

We thank you for your consideration and look forward to continuing to work together to ensure patients have access to lifesaving treatment. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

American Academy of PAs
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association

cc:

- The Honorable Lamar Alexander, Chairman, U.S. Senate Committee on Health, Education, Labor, and Pensions
- The Honorable Patty Murray, Ranking Member, U.S. Senate Committee on Health, Education, Labor, and Pensions
- The Honorable Orrin Hatch, Chairman, U.S. Senate Committee on Finance
- The Honorable Ron Wyden, Ranking Member, U.S. Senate Committee on Finance