October 31, 2016

Mitra Ahadpour, MD
Medical Officer, Division of Pharmacologic Therapies
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
8904 Bells Mill Road
Rockville, Maryland 20854

Dear Dr. Ahadpour:

On behalf of more than 108,500 PAs (physician assistants), the American Academy of PAs (AAPA) appreciates the opportunity to submit comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the educational requirements for PAs to become waivered to prescribe buprenorphine for the treatment of opioid addiction. We hope these comments will be considered in tandem with AAPA comments made during the public meeting hosted by SAMHSA in Newark, New Jersey on October 1, 2016.

As SAMHSA is acutely aware, the abuse, diversion, morbidity, and mortality associated with the opioid epidemic are devastating families and communities across our nation. At the same time, the capacity to provide opioid agonist medication-assisted treatment falls far below the demand. AAPA encourages SAMHSA to consider the urgent need to quickly expand MAT to confront opioid addiction, coupled with the flexibility granted to the HHS Secretary in developing a system to waiver PAs to prescribe buprenorphine for the treatment of opioid addiction through the Comprehensive Addiction and Recovery Act (CARA), as its guide in the development of educational requirements for waivered PAs.

The need for SAMHSA to quickly develop flexible options for PAs to achieve the educational requirements to become waivered was reinforced by a recent AAPA survey. In September 2016, AAPA distributed a survey to 10,000 PAs to assess their interest in securing a waiver to prescribe buprenorphine for patients with opioid addiction. Forty-four percent of respondents indicated interest in securing a waiver. Of those who responded in the affirmative, 56% were interested in securing a waiver as soon as possible; 24% wished to achieve a waiver in six months; and 19% wished to receive a waiver within a year. We are hopeful that SAMHSA will develop flexible educational requirements in a timely fashion to encourage the continued interest of an eager PA population to provide much-needed medical care.

AAPA urges SAMHSA to implement educational requirements that do not create barriers for PAs who wish to become waivered. Specifically, AAPA believes the Secretary should consider the development of educational options that offer maximum flexibility to PAs.

- For PAs with experience in addiction medicine, AAPA recommends experience count towards the educational requirement. For example, a PA with a minimum of one year experience in addiction medicine may be considered as having met the 24 hour educational experience;

- For PAs in primary care and other forms of medicine who wish to prescribe buprenorphine for the treatment of opioid addiction, AAPA recommends PAs' educational requirements not exceed those of their physician colleagues.

In making educational opportunities available, AAPA recommends that SAMHSA:

- Recognize the wealth of continuing education and continuing medical education courses that already exist for PAs and were previously taken by PAs, as counting toward fulfillment of the CARA educational requirement;
- Recognize certifications in addiction medicine that PAs may hold.

AAPA also urges SAMHSA to implement educational requirements that respond to the needs of adult learners, offering a range of educational opportunities, including on-line and in-person meetings with blended format and various providers, offered through a variety of organizations, including AAPA. Additionally, AAPA recommends that PAs are able to apply the 24 Hour Buprenorphine Curriculum Collaborative being developed as a waiver training program by the American Society of Addiction Medicine, the American Association of Nurse Practitioners, and AAPA to any educational requirement.

AAPA encourages the Secretary to exercise the flexibility offered by CARA with respect to the requirement that a physician with whom the PA works in a supervisory or collaborative relationship, also be waivered to prescribe buprenorphine. We are concerned this requirement may erect barriers for experienced PAs who do not affiliate with a waiver physician, particularly in rural and other medically-underserved communities in which MAT capacity is severely limited.

And finally, AAPA encourages SAMHSA to reconsider the implementation of the 2013 draft Guidelines for Opioid Treatment Programs. With the enactment of CARA, AAPA is hopeful PAs may be used to the top of their education, license, and experience and be permitted to assess, diagnose, and admit patients into Opioid Treatment Programs.

AAPA appreciates the work of SAMHSA in implementing the provisions of CARA in such a way that PAs may quickly contribute to medication assisted treatment for individuals suffering from opioid addiction. AAPA is committed to finding ways to assist in combating opioid addiction in the U.S., and we look forward to working with you on this.

Should you have any questions or require additional information regarding AAPA's comments, please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy at 571-319-4338 or sharding@aapa.org.

Sincerely,

Josanne K. Pagel, MPAS, PA-C, Karuna RMT, DFAAPA
President and Chair of the Board

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