



Statement for the Record
Submitted to
U.S. House Committee on Energy and Commerce Subcommittee on Health
March 3, 2020
On Behalf of the American Academy of PAs

On behalf of the more than 140,000 PAs (physician assistants) practicing in the United States, the American Academy of PAs (AAPA) welcomes the opportunity to submit a statement regarding the March 3, 2020, hearing held by the U.S. House of Representatives Subcommittee on Health of the Committee on Energy and Commerce titled “Combatting An Epidemic: Legislation to Help Patients with Substance Use Disorders.”

AAPA thanks Chairwoman Eshoo and Ranking Member Burgess of the subcommittee, along with Chairman Pallone and Ranking Member Walden of the full committee, for holding this important hearing, and for continuing to shine a spotlight on an issue that impacts too many individuals and communities in the United States.

AAPA also thanks all members of the subcommittee and the Representatives whose legislation will be examined today for their hard work and commitment to finding solutions for an epidemic that is impacting millions of Americans.

Finally, AAPA also thanks the witnesses for both their testimony and their work in combatting our nation’s opioid epidemic.

Strong Support for H.R. 2482, the Mainstreaming Addiction Treatment Act

AAPA thanks Representatives Paul Tonko, Ted Budd, Ben Ray Lujan, Elise Stefanik, Antonio Delgado, and Michael Turner for their leadership in introducing H.R. 2482.

The Mainstreaming Addiction Treatment Act would eliminate the current buprenorphine waiver program, allowing providers who are already able to prescribe buprenorphine for non-MAT purposes to meet a growing and unmet need for OUD treatment. AAPA supports removing non-evidence-based restrictions on MAT so that more providers are able to deliver MAT to the patients who need it.

PAs are currently eligible to apply for a waiver from the Drug Enforcement Agency (DEA) to prescribe buprenorphine for the purpose of providing medication assisted treatment (MAT) medication for the treatment of opioid use disorder (OUD). To date, more than 3,900 PAs have obtained a waiver under this program. While the waiver program is making significant strides to improve access to treatment, it contains several requirements which are limiting its impact on alleviating the crisis, including the imposition of uneven educational requirements on different types of qualified providers.

The Comprehensive Addiction and Recovery Act (CARA) of 2016 authorized a five-year program for PAs and NPs to obtain a DEA waiver to prescribe buprenorphine for the purpose of providing MAT for the treatment of OUD. This waiver program was made permanent in 2018 with the passage of the

SUPPORT Act, and further expanded the types of providers eligible to prescribe buprenorphine by creating a five-year authorization for certified nurse-midwives, clinical nurse specialists, and nurse anesthetists to receive a waiver.

AAPA worked with Representative Tonko, the leadership of the House Committee on Energy and Commerce, and other Congressional champions on the creation of this waiver program, and continues to work with Representative Tonko and others in order to ensure that more patients who suffer from OUD are able to access this lifesaving treatment.

Concerns with H.R. 4974, the Medication Access and Training Expansion Act

AAPA appreciates the intent of H.R. 4974, ensuring that prescribers of controlled medications are properly educated on the proper use of opioids and the potential for misuse. AAPA has strong concerns with any mandatory federal requirements for education and training that would impose unequal requirements and burdens on different types of healthcare professions. The varying, mandatory requirement included in H.R. 4974 are not based on empirical scientific findings or best medical practice.

H.R. 4974 would require all healthcare providers to complete additional educational and training requirements in order to continue being able to prescribe controlled medications. This new educational and training requirement would be set at 24 hours for non-physician practitioners, while only being set at 8 hours for physicians.

While AAPA strongly supports and encourages efforts to expand educational opportunities for prescribers, additional educational requirements are best implemented at the state level to avoid practitioners having to navigate a confusing patchwork of state and federal requirements.

In imposing uneven requirements on physician prescribers and non-physician prescribers, this legislation is following the flawed approach of the current waiver program for prescribing buprenorphine as part of medication assisted treatment (MAT). Physicians, PAs, and advanced practice registered nurses (APRNs) must complete the same first eight hours of training for this waiver, but PAs and APRNs are required to complete an additional 16 hours of training. AAPA is unaware of any compelling medical or scientific reason for this additional requirement for non-physician providers. AAPA reluctantly accepted the 24-hour requirement as part of a new, voluntary program for PAs to be able to help expand access to treatment for OUD. Placing this mandatory, arbitrary, and excessive requirement on all PAs with a DEA license to prescribe control substances has the potential to create significant disruption for practitioners and patients.

PAs are highly educated and trained healthcare providers, and are licensed in all 50 states, the District of Columbia, all US territories, and the uniformed services. PAs are authorized to prescribe controlled medications in all states, with the exception of Kentucky. Once granted, no state has ever rescinded PA authority to prescribe controlled medications. There has been no record of increased liability or malpractice claims due to PA prescribing of scheduled drugs, and professional liability insurers have not increased premiums when PAs have been granted authority to prescribe controlled medications.

PAs currently receive a significant amount of education with regard to prescribing controlled medication, both in their original education and training and because PAs are required to complete over

100 hours of continuing medical education (CME) every two years in order to maintain national certification.

Strong Support for H.R. 5631, the Solutions Not Stigmas Act

AAPA would like to thank Representatives Andy Kim and Mikie Sherrill for their leadership in introducing H.R. 5631.

This legislation, which would address current barriers in health professions education for the preparation of a behavioral health workforce that is fully equipped to meet the needs of SUD patients, is vitally important. Combatting our nation's opioid epidemic will require increased investments in strengthening our healthcare workforce, and H.R. 5631 is an important step in this direction.

The Physician Assistant Education Association (PAEA) has also formally endorsed this legislation and were instrumental in the drafting of this important legislation.

PA Background

PAs are one of three types of health care professionals, including physicians and advanced practice registered nurses, who are recognized by the Medicare program to provide primary medical care in the United States. PAs are state-licensed, nationally certified medical professionals. As medical providers licensed in all 50 states, the District of Columbia, all US territories, and the uniformed services, PAs diagnose illness, develop and manage treatment plans, often serve as a patient's principal healthcare provider, and prescribe medications.

PA education is modeled on the curriculum used in medical schools. The average length of PA education programs is 27 months, approximately three academic years, with at least 2,000 hours of supervised clinical practice by graduation. All PA educational programs have pharmacology courses; nationally, the average amount of formal classroom instruction in pharmacology is 75 hours. This does not include instruction in pharmacology that students receive during clinical medicine coursework and clinical rotations. National education accreditation standards require PA programs to include instruction in pharmacology and pharmacotherapeutics and their application in clinical practice. Knowledge of pharmacology and appropriate drug utilization are also areas of practice tested on the national certifying examination, which is required for licensure.

AAPA appreciates the important work being done in Congress, as well as the relevant federal agencies, to combat the opioid epidemic in the United States. Far too many people in the United States are suffering from OUD, as well as the lack of treatment options. PAs can play a vital role in ensuring that these patients are able to access treatment services.

AAPA is committed to working with Congress and all relevant federal agencies to improve access to healthcare in the United States. 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.