



**Statement for the Hearing Record
Submitted to
U.S. Senate Committee on the Judiciary
“Attacking America’s Epidemic of Heroin and Prescription Drug Abuse”
January 27, 2016
On Behalf of the American Academy of PAs**

On behalf of the more than 108,500 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), we appreciate the Senate Judiciary Committee’s interest in working to combat the opioid abuse epidemic which is plaguing the U.S. Every day, over 60 Americans die from an opioid-related overdose. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2014, 1.9 million Americans over 12 years of age were addicted to prescription painkillers, and 586,000 were addicted to heroin. Unfortunately, treatment programs offering medication-assisted treatment (MAT) proven to increase patient survival and program retention only have capacity for 1.4 million - leaving hundreds of thousands of Americans without access to all of the tools available in the fight against opioid addiction.

While changes have been made to curb prescription drug abuse at both the healthcare provider and drug manufacturing level, they have had little impact on the overall epidemic. Worse, it appears that limiting the ability to access these drugs has led to a dangerous, unintended consequence: it has become cheaper and easier for many individuals who are dependent on opioids to turn to heroin to achieve similar effects.

There are also many Americans who suffer with chronic pain, for which access to opioids and hydrocodone products are necessary to effectively manage their pain. The majority of patients use these drugs without incident, but some may become addicted to them over time, leading to grave consequences. AAPA believes a fine line must be maintained between fighting opioid abuse and ensuring that patients who are in need of pain management are able to access it.

AAPA appreciates Congress’s work to combat the abuse, diversion, morbidity and mortality associated with the misuse of opioids that is devastating families and communities across our nation. We support Congress’s desire to stop opioid addiction before it occurs through the use of safe prescribing practices, patient monitoring and screening for potential abuse. However, we also believe the current epidemic will not improve without enlisting the help of additional providers to treat those who are already addicted. In light of the current shortage of providers specializing in addiction medicine, AAPA believes PAs can be part of the solution to this problem.

PA Education and Practice

PAs receive a broad medical education over approximately 27 months which consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes

rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and locations by graduation.

The majority of PA programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years. To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients with opioid addiction.

PA Prescribing Authority and AAPA Response to the Opioid Epidemic

PAs are currently permitted to prescribe up to Schedule III controlled substances in 48 states and D.C.; 41 states and D.C. authorize PAs to prescribe Schedule II drugs. PAs frequently work with patients who struggle with opioid dependency. While some PAs may choose to specialize in addiction medicine, there are also approximately 30,000 PAs practicing as primary care providers on the “front lines” of patient care 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, where they commonly encounter patients who present with or are at risk of opioid addiction. This care is especially critical in rural and medically-underserved areas, where PAs may serve as the only primary care clinician or in areas where PAs own and serve their own medical practices.

AAPA has been proactive in ensuring PAs have access to CME and other coursework related to safely prescribing opioid medications, as well as the screening, prevention and management of prescription drug misuse. AAPA is an active partner in the Collaboration of REMS Education (CO*RE) Initiative to Address Extended Release/Long Acting (ER/LA) Opioids. Thousands of PAs have participated in the CO*RE educational activity on safely prescribing ER/LA opioid painkillers, and AAPA is pleased to be a partner among several other provider groups in continuing to create opportunities for inter-professional education in this area. AAPA also works with the National Institute on Drug Abuse (NIDA) on a CME initiative regarding pediatric substance use and the Hilton Foundation on adolescent substance use and the treatment of adolescent opioid addiction. Additionally, AAPA has hosted multiple online and in-person CME courses addressing opioid abuse, pain management, and safe prescribing, and plans to remain active in encouraging PAs to remain up-to-date on current best practices surrounding the responsible prescribing of opioid medications and comprehensive assistance for those who become addicted.

PAs and Medication-Assisted Treatment

Individuals who are struggling with opioid addiction often require personalized treatment plans which take into account a number of factors, including patients' home and family situations, history of criminal behavior and their likelihood of remaining in treatment over the long term. Typical treatment plans include abstinence, counseling, and behavioral therapy; however, the use of medication-assisted treatment (MAT) is also appropriate for many patients. There are currently four different medications which are used to treat opioid addiction:

- **Methadone:** Methadone is a synthetic opioid used to reduce withdrawal symptoms by blocking pain and reducing cravings. Due to the potential for misuse and dependence, methadone may only be dispensed through a certified opioid treatment program. It is the oldest, strongest, and most well-known of the medications used to treat opioid addiction. PAs who are employed at methadone treatment programs may dispense methadone and participate in the care and treatment of patients who are dependent on opioid drugs.
- **Buprenorphine:** Buprenorphine is an opioid partial antagonist which, like methadone, reduces withdrawal symptoms and cravings. However, buprenorphine also creates a "ceiling" in which the opioid effects of the drug eventually level off, even if additional doses are taken. As a result, buprenorphine is less likely than methadone to be misused, and the side effects are typically less severe. Buprenorphine may be prescribed and dispensed in more settings than methadone, including physicians' offices, health departments, and some correctional facilities. Forty eight states and D.C. currently allow PAs to prescribe buprenorphine for pain management. However, federal law (the Drug Addiction Treatment Act of 2000, or DATA 2000) prohibits them from prescribing the drug for the treatment of opioid addiction.
- **Naltrexone:** Naltrexone blocks the euphoric effects of opioids. While it reportedly reduces cravings for opioids, it differs from methadone and buprenorphine in that it does not mimic the effects of opioid drugs or reduce withdrawal symptoms. Naltrexone is available in settings outside of opioid treatment programs, and it is not a controlled substance. As such, federal laws allow any licensed prescriber (including PAs) to prescribe and administer this drug.
- **Naloxone:** Naloxone is a fast-acting drug which is used to reverse the effects of an opioid drug overdose. It is typically prescribed to high-risk MAT patients, including those who were taking high doses of opioids for chronic pain, those who are on complicated MAT regimens, and those who have already suffered an overdose. Naloxone is also often added to buprenorphine to reduce diversion and misuse. While naloxone is not a controlled substance, states have differing laws regarding the prescribing and dispensing of this drug. Forty eight states currently allow PAs to prescribe naloxone (subject to licensing and educational requirements).

Both 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 as well as traditional therapies. These patients have greater overall survival rates and treatment retention, and they show decreased criminal activity, allowing them to become and stay employed. Yet despite these positive outcomes, there is a public perception that MAT simply amounts to replacing one dependency with another. As a result, the stigma associated with these medications has deterred some qualified providers from seeking the ability to prescribe them. At the same time, current federal laws which limit the availability of these drugs and

restrict the types of providers who may prescribe and dispense them – particularly buprenorphine – has led to a severe shortage of providers to assist patients with an opioid addiction. Additional providers are necessary to combat this growing epidemic, and PAs are part of the solution.

PAs in Correctional Facilities

Correctional facilities utilize PAs to provide inmates with both primary and mental healthcare. These PAs work in cooperation with the overall medical unit at their facility, providing intake assessments and diagnostic evaluations, managing medications, and establishing treatment plans for inmates experiencing comorbid medical conditions. At some facilities, PAs act as leaders of interdisciplinary teams which include PAs, nurses, caseworkers, medical technologists, and pharmacists, among others.

As the opioid drug addiction epidemic worsens, it stands to reason that the number of inmates who are addicted to these substances has grown, as well. According to a recent article appearing in *Politico* magazine (“Prisons are Making America’s Drug Problem Worse,” by Megan McLemore), the federal Bureau of Prisons (BOP) spends approximately \$110 million each year to provide abstinence-based drug treatment programs for federal inmates. Yet, despite this expense, many of the approximately 80,000 inmates who are addicted to narcotics – 10,000 of whom are addicted to prescription opioids or heroin – remain addicts after they are released.

Proponents of MAT believe that these poor outcomes are due to the fact that in most cases, federal prisons prohibit inmates from accessing this type of treatment outside of initial detoxification. However, the increased attention on the problem of addiction in the corrections system has led to calls by Congress and others for this prohibition to be removed. As such, should BOP begin to allow MAT to be provided to inmates, PAs in corrections must be included as providers who are able to prescribe and administer the drugs used in MAT, particularly buprenorphine and naloxone, in cases where it is clinically appropriate.

AAPA Legislative Recommendations

Several bills have been introduced in the U.S. Senate to address the opioid abuse epidemic. In general, AAPA supports legislation to increase access to treatment for opioid addiction, both traditional therapy and MAT, as well as proposals to strengthen provider training in the areas of pain management, safe prescribing practices, and treatment of patients who are already struggling with addiction. It is also vitally important any such legislative language affirmatively include PAs. PAs are versatile healthcare professionals who are qualified to provide comprehensive patient care, and they are already serving as a valuable part of the healthcare team at behavioral health facilities, hospitals, jails and prisons, and many other settings. In fact, during a hearing held by the House Committee on Energy and Commerce’s Health Subcommittee on October 20, 2015 (*Examining Legislative Proposals to Combat our Nation’s Drug Abuse Crisis, Part II*), a witness specializing in addiction medicine, Dr. Robert Corey Waller, stated that “without the utilization of my physician assistants, my office doesn’t run.” He went on to say later, “the access for them to be able to write (prescriptions for buprenorphine) from a practical standpoint, it really just has to happen, they are really moving forward as the biggest part of our healthcare system.” AAPA agrees wholeheartedly with Dr. Waller’s assessment, and makes the following policy recommendations to the Committee:

- 1) ***Update the Drug Addiction Treatment Act of 2000 (DATA 2000) to permit PAs to prescribe buprenorphine for the treatment of opioid addiction in any legislation addressing the opioid epidemic.*** Currently, DATA 2000 does not allow PAs to prescribe buprenorphine – a Schedule III controlled substance – for the treatment of opioid addiction, even though 48 states and the District of Columbia already allow PAs to prescribe buprenorphine for pain management purposes. By allowing PAs to prescribe buprenorphine, Congress can help eliminate one of the outdated federal barriers that contribute to the critical shortage of healthcare providers who are willing or able to provide MAT to their patients.
- 2) ***Provide PAs with all of the tools to combat opioid abuse.*** Legislation that fails to fully engage the ability of PAs to fight opioid addiction (such as H.R. 2536/S.1455, the TREAT Act) also fails patients. The TREAT Act neglects to recognize PA medical training and attempts to override state prescriptive authority by including only PAs who are “supervised” by physicians, while leaving out those who “collaborate” with them, based on state statute. This language creates unwarranted barriers that leave critical resources untapped at a time when Americans struggling with substance use disorders and their families cannot afford to wait. Due to the evolving nature of state laws, it is critical that federal legislation not qualify the prescribing of buprenorphine on the physician relationship. These types of conditions only serve as a barrier to utilizing all qualified providers to fight this epidemic. AAPA recommends referring to state law rather than using terms which have the potential to continue to limit access to treatment.
- 3) ***Include PAs in legislation which increases patient access to naloxone.*** Legislation has been introduced to establish demonstration projects to increase the use of naloxone by first responders and other providers (S. 1134/H.R. 2805). However, PAs are not included in this bill. As the Committee works on legislation aimed at increasing access to this lifesaving drug, PAs should be named among first responders and other medical professionals as providers who are eligible for training and pilot projects under grant programs established for this purpose.
- 4) ***Continue to include PAs in legislation which limits civil liability for individuals who provide or administer naloxone to patients who are either at risk or experiencing an overdose emergency.*** AAPA is pleased legislation aimed at reducing civil liability for qualified providers who prescribe or administer naloxone to patients who are at high risk of overdose (S. 707/H.R. 1821) includes PAs along with other prescribers. It is essential for PAs to continue to be included in legislation which increases access to this critically important drug.
- 5) ***Continue to utilize PAs as members of the healthcare team at federal correctional facilities.*** PAs are already working as part of the medical team at correctional facilities around the country, providing both physical and mental healthcare to inmates. The Committee should continue to include PAs in legislation which addresses the needs of this population. However, if the BOP begins to increase inmate access to MAT, PAs should be given the ability to provide this treatment in accordance with state laws.

AAPA is committed to finding ways to assist in combating opioid addiction in the U.S., and we look forward to working with the Committee on this important issue. Please do not hesitate to contact Sandy Harding, AAPA Senior Director of Federal Advocacy, at (571) 319-4338 or sharding@aapa.org with any questions.