March 28, 2014

Honorable Tom Udall
U.S. Senate
SH 110 – Senate Hart Office Building
Washington, DC  20510-3103

Dear Senator Udall:

On behalf of the more than 95,000 physician assistants (PAs) represented by the American Academy of Physician Assistants (AAPA), I am writing to communicate AAPA’s support for your legislation to amend the Controlled Substances Act to allow the Attorney General to register PAs, nurse practitioners (NPs), and other appropriately licensed healthcare professionals to dispense and prescribe narcotic drugs to individuals for maintenance treatment or detoxification treatment for the purpose of conducting peer-reviewed clinical research to study the effectiveness and safety of the broader prescribing authority.

As you are profoundly aware, the abuse, diversion, morbidity, and mortality associated with the misuse of prescription drugs, particularly opioids and hydrocodone combinations, are devastating families and communities in New Mexico and throughout our nation. It is time to engage all appropriately educated and licensed healthcare professionals, including PAs, in the treatment of opioid addiction.

PAs may currently prescribe methadone for 30 days to treat chronic pain patients. Additionally, many PAs work in methadone treatment programs and order methadone dosage changes in the care and treatment of patients who are opiate dependent. In 2013 the Substance Abuse and Mental Health Services (SAMHSA) acknowledged the need to expand the healthcare workforce treating opioid addiction by publishing new draft guidelines for opioid treatment. The draft guidelines propose that PAs (and NPs) with Schedule II prescribing authority be allowed to assess, diagnose, and admit patients with opioid addiction into opioid treatment programs.

PAs are granted prescriptive authority in all states, and may currently prescribe Schedule II medications in all but 13 states. Ironically, PAs may prescribe opioids, such as buprenorphine, for pain management but may not prescribe the same medication for the treatment of opioid addiction. Allowing PAs to prescribe buprenorphine and other medications for the treatment of opioid addiction would greatly increase access to this life-saving treatment. Your proposed study is a significant step forward toward that end.

AAPA looks forward to working with you to enact this critically important provision into law. Please do not hesitate to have your staff contact Sandy Harding, AAPA senior director of federal advocacy, at sharding@aapa.org or 571-319-4338 for follow through on the legislation.

Sincerely,

Lawrence Herman, PA-C, MPA
AAPA president