



**ASAM** American Society of  
Addiction Medicine

October 12, 2017

5011 Meadowood Mall Way, Ste. 300  
Reno, NV 89502

Dear Cathy Dinauer,

On behalf of the American Society of Addiction Medicine (ASAM), the American Association of Nurse Practitioners (AANP), and the American Academy of Physician Assistants (AAPA), who collectively represent over 350,000 clinicians, we would like to take this opportunity to discuss with you the matter of ensuring Nurse Practitioners (NPs) and Physician Assistants (PAs) are able to prescribe buprenorphine for the treatment of addiction. With the opioid addiction and overdose crisis continuing to significantly impact the country, ASAM, AANP, and AAPA encourage you to facilitate this important new Federal innovation.

ASAM, AANP, and AAPA are dedicated to increasing access to and improving the quality of addiction treatment for patients across the country. We are also committed to promoting the appropriate role of the clinician in the care of patients with addiction. We recognize that States, through laws, regulations, guidelines, and policies significantly impact how substance use disorder and addiction treatment is provided to its citizens.

As you are likely aware, last July President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law. CARA is a sweeping bill that came together over the course of several years with input from hundreds of addiction treatment advocates. Its provisions address the full continuum of care from primary prevention to recovery support, including significant changes to expand access to addiction treatment services and overdose reversal medications.

One major provision of CARA is the authorization of prescribing privileges to NPs and PAs for FDA approved opioid treatment medications containing buprenorphine, a Schedule III controlled substance. Under CARA, NPs and PAs must complete 24 hours of training to be eligible for a waiver to prescribe and must be supervised by or work in collaboration with a qualifying physician (defined under Federal law as a physician that is an addiction specialist or has taken the appropriate training), *if supervision or collaboration is required by state law*. It is important to realize that ASAM collaborated with the AANP and the AAPA to help develop the curriculum and the training to meet this training requirement.

This is a substantial change in practice, as it was when the Drug Addiction Treatment Act (DATA) of 2000 provided this authority to physicians, reversing a Federal prohibition that had been in place since 1914. As such, many of our own NP and PA members, as well as those represented by allied stakeholders, have expressed uncertainty about State laws and regulations that may affect their ability to treat patients under this new paradigm.

As such, it would be helpful if the applicable State Boards could issue information to their respective NP or PA licensees to clarify the requirements that these health care professionals need to be aware of as they begin to consider treating patients. This important guidance could be in the form of a Dear Colleague letter, an update in a newsletter, or other methods. In so doing, we encourage regulatory boards to use the least restrictive language possible, and state that NPs and PAs who meet the qualifications, complete the required training, and receive a waiver from the Drug Enforcement Administration (DEA) may prescribe and/or provide buprenorphine for the treatment of opioid addiction as part of medication-assisted treatment (MAT).

Of note, the Substance Abuse and Mental Health Services Administration (SAMHSA) has indicated that if collaboration or supervision *is required by state law* it will interpret CARA in such a way that NPs and PAs will not be required to collaborate with or be supervised by a waived physician as a condition of their own waiver, as long as they and their associated physician otherwise meet the requirements of the program. We urge state regulators to follow this approach, and allow NPs and PAs to practice with an eligible, but unwaivered, qualified physician *if supervision or collaboration is required by state law*.

ASAM, AANP, and AAPA share the States' goal in increasing access to and improving the quality of comprehensive addiction treatment services for all patients, as well as promoting the appropriate role of the clinician in the care of patients with addiction. We are committed to working with you on promoting access to this high quality, evidence-based treatment that best meets the needs of the patient. If AANP, AAPA, and ASAM can be of any assistance passing on information from your state's Board to our members we would be happy to do so. Please do not hesitate to contact Brad Bachman, ASAM's Manager of State Government Relations, at (301) 547-4107 or [bbachman@asam.org](mailto:bbachman@asam.org), if we can be of service to you. We look forward to working with you.

Sincerely,



Kelly J. Clark, MD, MBA, DFAPA, DFASAM  
President, American Society of Addiction Medicine



L. Gail Curtis, MPAS, PA-C, DFAAPA  
President, American Academy of Physician Assistants



Joyce M. Knestruck, PhD, C-FNP, FAANP  
President, American Association of Nurse Practitioners