ANA
AMERICAN NURSES ASSOCIATION

May 23, 2016

Kana Enomoto, MA
Principal Deputy Administrator
Substance Abuse and Mental Health
Services Administration
Department of Health and Human Services
5600 Fishers Lane, Room 13E21C
Rockville, MD 20857

Attn: Jinhee Lee

Submitted electronically to www.regulations.gov

Re: Medication Assisted Treatment for Opioid Use Disorders (SAMHSA, RIN 0930–AA22)

Dear Ms. Enomoto:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the Substance Abuse and Mental Health Services Administration's (SAMHSA) proposed rule, *Medication Assisted Treatment for Opioid Use Disorders*. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.[1]

Stemming the tide of opioid addiction and overdose deaths in the U.S. demands a comprehensive approach. Expanding access to addiction treatment services to confront this growing public health crisis is critical and must be made a central component of any plan to address this nation-wide epidemic. Medication-assisted treatment (MAT) – the use of medication in combination with behavioral health services – is one of the most effective forms of treatment for opioid use disorders.

[1]The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

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ANA applauds SAMHSA for assessing possible strategies to expand access to overcome barriers and expand access to MAT through this proposed rule.

Increasing the patient limit is an appropriate strategy to increase access

ANA supports increasing the patient limit as proposed, permitting practitioners to treat up to 200 patients. As noted in the cost-benefit analysis, increasing the number of patients who can be treated in an office-based setting will result in increased efficiencies if prescribers' time can be leveraged by nurses, clinical social workers and clinical support staff who can provide psychosocial services. Particularly in community health centers, where the workforce includes significant percentages of RNs, nurse practitioners and certified nurse-midwives, and where patients are currently managed with well-established treatment protocols, raising the limit will offer much needed addiction services to a medically underserved population in a patient-centered setting.

Enabling non–physician practitioners is an additional necessary step

The proposed rule notes that enabling non-physician practitioners to prescribe buprenorphine would require a legislative change and is therefore beyond the scope of this rulemaking. ANA is working with stakeholders to encourage Congress to advance legislation that would expand the pool of qualified practitioners to include advanced practice registered nurses. In particular, we are working to ensure that such an expansion is done in accordance with state law and in such a manner to ensure that collaborative and supervisory requirements are not applied to states that currently allow full practice authority for APRNs. Adding collaborative or supervisory requirements to states with full practice authority would set a harmful precedent and serve only to restrict access to this important treatment.

While such a change cannot be affected through regulations, ANA urges SAMSHA/HHS, if asked to provide agency views on proposed legislative changes to the Controlled Substances Act, to support allowing APRNs and other non-physician providers to be eligible practitioners in accordance with current state law requirements. Such legislation would be an important step in addressing the current opioid crisis. Should such legislation pass, we look forward to working with HHS officials on addressing the appropriate credentials for prescribing MAT, ensuring that such credentials are within reach for interested APRNs while also ensuring competency in addiction care to maintain patient safety.

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Mary Beth Bresch White, Director, Health Policy (marybreschwhite@ana.org).

Sincerely,

Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer