

July 9, 2021

Ms. Regina Labelle  
Acting Director, Office of National Drug Control Policy  
1800 G Street, NW  
Washington, DC 20006

**Submitted electronically to [strategy@ondcpp.eop.gov](mailto:strategy@ondcpp.eop.gov)**

Dear Acting Director LaBelle,

The American Nurses Association (ANA) appreciates the opportunity to provide comment on the strategic plan for the Office of National Drug Control Policy (ONDCP) for 2022. As ONDCP considers which priorities to address, through this comment opportunity we urge you to:

- **Support expanding access to evidence-based treatment through nurse-led programs;**
- **Advance racial equity issues related to drug policy; and**
- **Invest in the public health infrastructure needed to meet individuals in all communities.**

#### **Support expanding access to evidence-based treatment through nurse-led programs**

ANA encourages a continued and renewed focus on the opioid epidemic and other substance use disorders (SUD), utilizing nurse expertise in prevention and treatment needs across the country. We believe several barriers to effective treatment remain, including the access to care that is critical in communities that continuously see high rates of overdose and SUD diagnosis. Furthermore, those facing opioid and substance use disorders must be connected to needed care, which requires coverage of and reimbursement for complementary and alternative medicine. This is critical to allow for the best treatment options without limits. We urge the agency to continue to focus on that access, including allowing nurses with prescribing authority to practice to the full extent of their education and practice authority.<sup>1</sup>

ANA supports full practice authority for all APRNs, including legislative and regulatory reforms that remove federal restrictions on APRN practice. Removing unnecessary restrictions on access to medication-assisted treatment (MAT), especially to prescribe buprenorphine, is particularly important given the pressures on the health care workforce in rural and underserved areas that continue to bear the worst impacts of the opioid crisis.

Nurses often lead the way in patient trust and attitudinal transformation toward prevention and intervention efforts. Nurses are trained to meet the patient where they are, to design a person-

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<sup>1</sup> American Nurses Association (ANA). The Opioid Epidemic: The Evolving Role of Nursing, Issue Brief. August 2018. <https://www.nursingworld.org/~4a4da5/globalassets/practiceandpolicy/work-environment/health-safety/opioidepidemic/2018-ana-opioid-issue-brief-vfinal-pdf-2018-08-29.pdf>. Accessed March 2021.

centered, interdisciplinary approach to addiction treatment and co-morbidity management. Because nurses practice in a variety of direct-care, care-coordination and leadership roles, they are often in key positions to help patients and their families understand the challenges and benefits of treatment options.

Many in-person treatment options closed during the pandemic; however, nurses were still able to help patients in their communities through telehealth and other virtual options. Patients and providers alike must have certainty moving forward that care through virtual platforms will not be limited by insufficient reimbursement or restricted to geographic locations.

### **Advance racial equity issues related to drug policy**

It is critical that the National Drug Control Strategy identify the impacts of health disparities on patients and advance approaches that mitigate this impact. Racial bias and health equity implications must be addressed as part of a greater strategy to be successful in addressing SUD and opioid use disorder (OUD) across the nation.

Registered nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. To identify where there are gaps leading to health disparities and to ensure needed resources support interventions for intended patient populations, the National Drug Control Strategy must include research and data collection of budget data, disaggregated by demographic categories.

Nurses reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services. Nurses are also leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements. As such, it is critical that the National Drug Control Strategy include real investments that will allow APRNs to specialize in addiction treatment and provide needed services for SUD, OUD, and other behavioral health disorders.

ANA encourages ONDCP to invest in research of new non-opioid treatments and therapies that can be accessed by the majority, rather than those in certain socio-economic or geographic locations. Moreover, we are interested in expanded policy options for pregnant women with SUDs and prenatal care options. Nurses are committed to reduce the stigma and inequities facing women, who must weigh the unfathomable options to seek treatment while family planning, pregnant, or in postpartum and overcome the legal hurdles that currently are in place, unintentionally blocking the access to the critical care needed. Stigma and bias also exist for many populations that could use foundational policy changes to address opioid use and SUDs. We encourage the office to invest in evidence-based programs for incarcerated individuals, homeless and migrant populations, as well as those without a medical home. We applaud the administration for taking steps to modernize the rules to increase methadone treatment vans, but more can be done to meet individuals in all settings to end this epidemic.

In addition, to further advance health equity, the National Drug Control Strategy must include robust investment in existing minority fellowship programs that aim to address and mitigate racial health disparities and improve health outcomes for racial and ethnic minorities. The ANA urges consideration of these small, but important steps to address and advance methods that effectively and appropriately

target health disparities, to meaningfully address health equity challenges for patients with SUD and OUD.

### **Public Health approaches**

The ongoing opioid epidemic was declared a public health emergency several years ago and that declaration continues to be renewed.<sup>2</sup> This declaration is reflective of not only the widespread nature of the epidemic, but the greater impact on public health across the nation. Accordingly, any approaches to combat and effectively address and curb the epidemic must consider and include a public health component. As part of creating the National Drug Control Strategy, it is imperative that existing, successful models for prevention and treatment are identified. Communities across the country have implemented care delivery models that not only target patients needing treatment for SUD or OUD, but also advancing approaches for prevention for patients most at risk for SUD or OUD. Nurses across the country have been integral in the design and implementation of successful models aimed at curbing the effects of the epidemic in their respective communities. The National Drug Control Strategy must recognize these models and encourage implementation of successful approaches across the country.

Further, the National Drug Control Strategy must include investments in research to best target resources and supports at the community level. Through identification of where resources are most needed, public health departments and partners can receive needed support to address the epidemic that best reflects the challenges in their communities. In addition to resources, research can also help to identify and disseminate best practices in various approaches taken to address SUD and OUD. This research also must consider the impact of social determinants of health and ways to mitigate their impact, as noted above. Further research is needed into safe prescribing and other prescribing limit approaches to identify which interventions are most successful and should be supported at a more widespread level.

Public health departments and their partners know their communities best—the challenges and successes faced in combatting the opioid epidemic. These existing relationships and approaches must be leveraged to prevent and treat SUD and OUD. Not only through support and resources, but through sharing and supporting best practices that can be adopted by other communities. These approaches are critical components for the nation to effectively address the opioid epidemic and other substance use disorders faced by patients.

ANA is the premier organization representing the interests of the nation's 4.2 million registered nurses (RNs) through its constituent and state nurse 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 those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-


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<sup>2</sup> U.S. Department of Health and Human Services. Renewal of Determination That a Public Health Emergency Exists. April 7, 2021. Accessed June 2021. <https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7April2021.aspx>

midwives, and certified registered nurse anesthetists.<sup>3</sup> ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with the Office of National Drug Control Policy. Please contact Ingrida Lusic, Vice President of Policy and Government Affairs at (301) 628-5081 or [Ingrid.Lusic@ana.org](mailto:Ingrid.Lusic@ana.org) with any questions.

Sincerely,

A handwritten signature in black ink that reads "Debbie Hatmaker". The signature is written in a cursive, flowing style.

Debbie Hatmaker, PhD, RN, FAAN  
Chief Nursing Officer/EVP

Cc: Ernest Grant, PhD, RN, FAAN, ANA President  
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, FAAN, ANA Chief Executive Officer

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<sup>3</sup> 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.