

December 9, 2019

Melanie Bella, Chair
Medicaid and CHIP Payment and Access Commission
1800 M Street NW
Suite 650 South
Washington, DC 20036

Submitted via email to comments@macpac.gov

Dear Chairperson Bella:

The undersigned organizations represent advanced practice registered nurses (APRNs), which include Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs). We thank you for your consideration of Medicaid policies supporting efforts to address the devastating health impacts of the opioid crisis, especially in communities that are underserved. We ask that the Medicaid and CHIP Payment and Access Commission (MACPAC) recommend congressional action to make buprenorphine prescribing waivers permanent for the three APRN roles whose prescriptive authority will sunset in 2023 based on the 5-year authorization contained in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) of 2018. We believe that further reforms of buprenorphine prescribing rules will improve access for Medicaid patients to medication-assisted therapy (MAT) for opioid use disorders (OUDs).

As the data presented at your October 31, 2019, meeting noted, NPs, along with Physician Assistants (PAs), have responded to legislative initiatives to expand access to MAT. Specifically, the Comprehensive Addiction Recovery Act of 2016 (CARA) authorized NPs and PAs to obtain a waiver to prescribe buprenorphine for a period of 5 years for the treatment of OUDs. According to MACPAC's analysis of early results, NP prescribing activity in the care of Medicaid patients who were in need of opioid treatment increased steeply in the first year. In fact, the number of patients treated by NPs increased by 182 percent and the total number of NPs prescribing buprenorphine increased by 79 percent. Clearly, NP participation in the treatment of Medicaid patients is a critical component of federal responses to the opioid crisis.

We believe that the additional APRN roles can likewise play a critical part. In contrast to NPs, three APRN roles (CNMs, CNSs, and CRNAs) have time-limited authority to prescribe buprenorphine.¹ As noted during MACPAC's October 31 discussion, the SUPPORT Act granted permanent authority to NPs to obtain a waiver to prescribe buprenorphine, recognizing the success of CARA, while the other three APRN roles were granted authority to obtain a waiver for a 5-year period sunsetting in 2023. Given the increase in access to treatment based on the NP and PA authority, we ask that MACPAC recommend making permanent these waivers for CNMs, CNSs, and CRNAs too.

The Centers for Medicare and Medicaid Services (CMS), in its September 2019 *CMS Roadmap: Fighting the Opioid Crisis*, states the goal of increasing access to providers in rural and other low-access

¹ See Section 3201 of Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (the SUPPORT Act) (Pub. L. 115–271, October 24, 2018).

communities.² The Roadmap reports that only 20 percent of people with OUDs receive treatment. States can and must do a better job reaching people with OUDs who are eligible for MAT under Medicaid. The Trump Administration has highlighted the importance of APRN-delivered care on multiple occasions, recommends that states adopt full practice authority, and advocates for the removal of state and federal barriers to practice.^{3,4,5}

We support full practice authority for all APRNs, including legislative and regulatory reforms that remove federal restrictions on APRN practice. Removing unnecessary restrictions on access to MAT 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. We also encourage MACPAC to recommend removing practice barriers on APRNs, which will expand access to high-quality and cost-effective care, including MAT in Medicaid.

If you have questions, please contact Ralph Kohl, Senior Director of Federal Government Affairs, American Association of Nurse Anesthetists, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

American Academy of Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American Nurses Association
American College of Nurse-Midwives
American Organization for Nursing Leadership
Gerontological Advanced Practice Nurses Association
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Organization of Nurse Practitioner Faculties
Nurse Practitioners in Women's Health

² Centers for Medicare and Medicaid Services (CMS). September 2019. *CMS Roadmap Fighting the Opioid Crisis*. Retrieved from: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf>

³ Executive Order on Protecting and Improving Medicare for Our Nation's Seniors, October 3, 2019. Retrieved from: <https://www.whitehouse.gov/presidential-actions/executive-order-protecting-improving-medicare-nations-seniors/>

⁴ Presidential Executive Order Promoting Healthcare Choice and Competition Across the United States, October 12, 2017. Retrieved from: <https://www.whitehouse.gov/presidential-actions/executive-order-protecting-improving-medicare-nations-seniors/>

⁵ U.S. Department of Health and Human Services, U.S. Department of the Treasury, and U.S. Department of Labor. December 3, 2018. *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>