



**Statement for the Record**  
**Submitted to**  
**U.S. House Committee on Energy and Commerce Subcommittee on Health**  
**April 14, 2021**  
**On Behalf of the American Academy of PAs**

On behalf of the approximately 150,000 PAs (physician assistants) in the United States, the American Academy of PAs (AAPA) welcomes the opportunity to submit a statement regarding the April 14, 2021, hearing held by the U.S. House of Representatives Committee on Energy and Commerce Subcommittee on Health titled “An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America.”

AAPA thanks Chairwoman Eshoo and Ranking Member Guthrie of the subcommittee, along with Chairman Pallone and Ranking Member McMorris Rodgers of the full committee, for holding this important legislative hearing, and for continuing to shine a spotlight on an issue that impacts far too many individuals and communities in the United States.

AAPA also thanks all members of the subcommittee and the Representatives whose legislation will be examined today for their hard work and commitment to finding solutions for an epidemic that is impacting millions of Americans.

**Strong Support for H.R. 2482, the Mainstreaming Addiction Treatment Act**

AAPA thanks Representatives Paul Tonko and Michael Turner for their leadership in reintroducing H.R. 1384, the Mainstreaming Addiction Treatment Act of 2021.

The Mainstreaming Addiction Treatment Act would eliminate the current buprenorphine waiver program, allowing providers who are already authorized to prescribe buprenorphine for non-MAT purposes to meet a growing and unmet need for OUD treatment. AAPA supports removing non-evidence-based restrictions on MAT so that more providers are able to deliver MAT to the patients who need it.

PAs are currently eligible to apply for a waiver from the Drug Enforcement Agency (DEA) to prescribe buprenorphine for the purpose of providing medication assisted treatment (MAT) medication for the treatment of opioid use disorder (OUD). To date, more than 3,900 PAs have obtained a waiver under this program. While the waiver program is making significant strides to improve access to treatment, it contains several requirements which are limiting its impact on alleviating the crisis, including the imposition of uneven educational requirements on different types of qualified providers. Under the existing program physicians are only required to complete 8 hours of training, while PAs and nurse practitioners (NPs) are required to complete 24 hours of training. This discrepancy is not based on science or best medical practice but was arbitrarily included at the creation of the waiver program. Unnecessary and excessive training requirements such as this are a barrier for many PAs working in areas facing a lack of access to addiction treatment, and needlessly restricts access to lifesaving treatment for OUD.

The Comprehensive Addiction and Recovery Act (CARA) of 2016 authorized a five-year program for PAs and NPs to obtain a DEA waiver to prescribe buprenorphine for the purpose of providing MAT for the treatment of OUD. This waiver program was made permanent in 2018 with the passage of the SUPPORT Act, and further expanded the types of providers eligible to prescribe buprenorphine by creating a five-year authorization for certified nurse-midwives, clinical nurse specialists, and nurse anesthetists to receive a waiver.

AAPA worked with Representative Tonko, the leadership of the House Committee on Energy and Commerce, and other Congressional champions on the creation of this waiver program, and continues to work with Representatives Tonko and Turner, along with many others, in order to ensure that more patients who suffer from OUD are able to access this lifesaving treatment.

### **Views on H.R. 2067, the Medication Access and Training Expansion Act**

AAPA appreciates the intent of H.R. 2067, ensuring that all prescribers of controlled medications are properly educated on the proper use of opioids and their potential for misuse and abuse. However, AAPA continues to have concerns with creating additional mandatory federal requirements for prescriber education and training given that PAs already face robust educational requirements to earn their degree and maintain their professional certification.

H.R. 2067 would require all healthcare providers to complete a one-time educational program in order to procure or renew a Drug Enforcement Administration (DEA) license authorizing them to prescribe controlled medications. Placing this additional burden on all PAs seeking to obtain or renew a DEA license to prescribe control substances, a requirement for many jobs, has the potential to create disruption for practitioners and patients.

Additionally, PAs currently receive a significant amount of education about prescribing controlled medication, both in their original education and training and because PAs are required to complete over 100 hours of continuing medical education (CME) every two years in order to maintain national certification. CME regarding proper prescribing practices for opioids, and how to recognize OUD, are widely available for PAs to utilize.

AAPA appreciates that Representative Trahan listened to concerns from non-MD/DO providers about this legislation in the 116<sup>th</sup> Congress and made the requirement the same for all providers, an improvement over requiring varying amounts of training for different health professions.

While AAPA strongly supports and encourages efforts to expand educational opportunities for prescribers, educational and training requirements have a history of being addressed at the state level. We urge policy makers to work to prevent practitioners from being required to navigate a confusing patchwork of state and federal requirements.

### **PA Background**

PAs are one of three types of health care professionals, including physicians and advanced practice registered nurses, who are recognized by the Medicare program to provide primary medical care in the United States. PAs are state-licensed, nationally certified medical professionals. As highly educated and trained medical providers licensed in all 50 states, the District of Columbia, all US territories, and the

uniformed services, PAs diagnose illness, develop and manage treatment plans, often serve as a patient's principal healthcare provider, and prescribe medications.

PAs are authorized to prescribe controlled medications in all 50 states. Once granted, no state has ever rescinded PA authority to prescribe controlled medications. There has been no record of increased liability or malpractice claims due to PA prescribing of scheduled drugs, and professional liability insurers have not increased premiums when PAs have been granted authority to prescribe controlled medications.

PA education is modeled on the curriculum used in medical schools. The average length of PA education programs is 27 months, approximately three academic years, with at least 2,000 hours of supervised clinical practice by graduation. All PA educational programs have pharmacology courses; nationally, the average amount of formal classroom instruction in pharmacology is 75 hours. This does not include instruction in pharmacology that students receive during clinical medicine coursework and clinical rotations. National education accreditation standards require PA programs to include instruction in pharmacology and pharmacotherapeutics and their application in clinical practice. Knowledge of pharmacology and appropriate drug utilization are also areas of practice tested on the national certifying examination, which is required for licensure.

AAPA appreciates the important work being done in Congress, as well as all the relevant federal agencies, to combat the opioid epidemic in the United States. Far too many people in the United States are suffering from OUD and a lack of treatment options, on top of the ongoing COVID-19 pandemic. PAs play a vital role in ensuring that these patients are able to access treatment services.

AAPA is committed to working with Congress and all relevant federal agencies to improve access to healthcare in the United States. Thank you for the opportunity to submit a statement for the record on this important issue, and please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or [theuer@aapa.org](mailto:theuer@aapa.org) with any questions.