

Testimony
Of
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To
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Appropriations Subcommittee on Labor, Health and Human Services, Education, and
Related Agencies
FY 2019 Public Witnesses Hearing
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On behalf of the American Association of Nurse Practitioners' (AANP) 85,000 individual members, over 200 organization members, and more than 248,000 nurse practitioners across the nation, we appreciate the opportunity to provide the following testimony. We wish to thank and commend the Subcommittee for including vitally needed increased funding for Title VIII Nursing Workforce Development programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]), the National Institutes of Health (NIH), the National Institute of Nursing Research (NINR), and opioid related programs in the Fiscal Year (FY) 2018 Omnibus Appropriations bill. These dollars are desperately needed, and we ask for your continued support of these programs in FY 2019. Looking forward, we join our Nursing Community Coalition colleagues in requesting \$266 million for the Title VIII Nursing Workforce Development programs and \$170 million for the National Institute of Nursing Research. We further request stable and sustained funding for the National Institutes of Health and the Substance Abuse and Mental Health Services Administration (SAMHSA) in FY 2019.

In addition to being the President of the American Association of Nurse Practitioners, I have been a registered nurse for over 30 years, of which I have spent 25 as a practicing family nurse practitioner. I have served in multiple clinical roles as a family nurse practitioner, a nurse manager, and a registered nurse in critical care, medical, surgical, pediatric, and long-term care settings and have teaching experience at the diploma, BSN, MSN, and Doctoral levels. Throughout my career, I have

provided care to low income and underserved populations in urban and rural settings including those in the Appalachian area. I recognize the importance of stable funding for Title VIII Nursing Workforce Development programs and NINR, as well as, continued investment in combating public health threats, such as the opioid epidemic.

Nurse practitioners (NP) are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic, and specialty care to patients of all ages and walks of life. Daily practice includes: assessing, ordering, performing, supervising and interpreting diagnostic and laboratory tests, making diagnoses, initiating and managing treatment including prescribing medication (as well as non-pharmacologic treatments), coordination of care, counseling, and educating patients, their families, and communities. NPs practice in nearly every health care setting including: clinics, hospitals, VA and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and within home health.

NPs hold prescriptive authority in all 50 states and the District of Columbia and have been providing high-quality health care to patients for over half a century. In addition, NPs are educated in pharmacologic, pathophysiologic, psychologic, and sociologic aspects of health care including the diagnosis and treatment of patients with addictive disease, as well as, those acquired from overdosing with opioid and other schedule drugs.

As the population grows, the need for primary care and specialty care will continue to rise, as will the need for more health care providers. Congress must ensure that a significant and sustained investment in the education of NPs remains at the forefront of funding priorities in order to maintain the workforce required to meet our population's demands for health care services. Title VIII Nursing

Workforce Development funding has long served as a stimulus for the educational preparation of NPs. This federal resource assists in the sustainability of primary care, particularly for our most vulnerable populations and must continue to be a prioritized investment of the Subcommittee.

Without funding, there will be fewer opportunities for prospective nurse practitioner students to enter NP educational programs. Likewise, investments in primary care research through the Agency for Healthcare Research Quality (AHRQ), NINR, and other government agencies are necessary to develop and maintain a healthy population.

As our nation fights an opioid epidemic, nurse practitioners are a critical part of the solution to this crisis. We recognize that opioid painkillers are both effective and addictive, posing important relief alongside serious threats to patients prone to addiction. According to NIH, 21-29 percent of patients prescribed opioids for chronic pain misuse them and between 8 and 12 percent develop an opioid use disorder.¹ Nurse practitioners are well positioned to help solve the opioid crisis.

It has been just over a year since the *Comprehensive Addiction and Recovery Act (CARA)* was signed into law. With the passage of CARA, NPs were authorized to prescribe medication-assisted treatment (MAT) for patients suffering from addiction, after taking the necessary training and obtaining the required Drug Enforcement Agency (DEA) waiver. Additionally, under CARA, AANP was explicitly named as a provider of the MAT waiver training.

MAT has been proven to be an important component of any treatment regimen as evidenced by decreased opioid use, opioid related deaths, criminal activity, and infectious disease transmission.²

In addition, the DEA, which is implementing this policy, projects that authorizing NPs and PAs to

¹ <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis#six>

² <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>

provide MAT will result in substantial cost savings for the federal government over the initial five year authorization, with the savings increasing annually.

The DEA estimates that the total economic burden of the prescription opioid epidemic is \$75.7 billion per year, which amounts to \$41,000 per patient.³ The DEA further estimates that the net economic benefit of authorizing NPs and PAs to provide MAT, primarily due to increased labor productivity and decreased healthcare and legal costs, will be \$68 million, \$132 million, \$169 million, \$202 million, and \$237 million in years one through five, respectively.⁴ This is a total net present value of \$640-729 million dollars over five years, depending on the discount rate.⁵ Based on the DEA's estimate that 5,235 NPs and PAs would obtain the waiver⁶, this amounts to an average cost savings of approximately \$122,254-139,255 for every NP or PA obtaining the waiver.

Additionally, the DEA's assessment appears to be conservative. In a little over a year since this policy has been implemented, AANP has provided MAT training to thousands of NPs. As of March 3, 2018, SAMHSA has reported that 6,139 (4,863 NPs and 1,276 PAs) providers have already obtained the waiver.⁷ The DEA's analysis also assumed that patient limits would remain at 30, but, according to SAMHSA, as of April 23, 2018, 244 NPs have increased their patient limit to 100 since they were first authorized to do so in February of this year. This demonstrates that NPs are committed to using MAT to assist their patients suffering from opioid abuse and that granting NPs the authority to obtain MAT waivers has been a success. However, CARA only authorized NPs and PAs to obtain these waivers for a period of five years. We urge the Subcommittee to continue to

³ [ECONOMIC IMPACT ANALYSIS of Implementation of the Provision of the Comprehensive Addition and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder](https://www.regulations.gov/contentStreamer?documentId=DEA-2018-0002-0002&contentType=pdf), January 2018, pages 12-13. <https://www.regulations.gov/contentStreamer?documentId=DEA-2018-0002-0002&contentType=pdf>.

⁴ *Ibid.*, pages 21-22

⁵ *Ibid.*, pages 21-22

⁶ *Ibid.*, page 9.

⁷ <http://docs.house.gov/meetings/IF/IF14/20180321/108049/HHRG-115-IF14-Wstate-JonesC-20180321.pdf>, page

invest in SAMHSA programs to ensure that NPs and our health care colleagues can continue to obtain MAT waivers permanently.

While the need for primary care and specialty care providers continues to rise, it is important to note that of the 248,000 nurse practitioners across the country, nearly 87% are certified in primary care and over 77% practice in a primary care setting.⁸ Additionally, the number of NPs licensed to practice in the United States has doubled in the last 10 years, and NPs conduct 1 billion patient visits annually. As our population continues to age and live longer with more comorbidities, nurse practitioners, with their comprehensive health care approach, are perfectly positioned to help patients achieve their best health outcomes. It is important that Congress act to remove outdated barriers to NP practice that impede the delivery of timely health care to our patients. Other factors, such as emerging and existing public health threats ranging from the flu epidemic to the opioid crisis, continue to put nurse practitioners at the forefront of health care across the lifespan. We encourage the Subcommittee to seek every possible avenue to increase funding for nurse practitioner education and programs that support their delivery of health care.

AANP appreciates the Subcommittee's continued work to ensure these programs, which are essential to a robust health care system, receive this important funding. We look forward to working together to preserve these programs for future nurse practitioners and the nation.

⁸ <https://www.aanp.org/all-about-nps/np-fact-sheet>