



February 14, 2023

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
The Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD, 20857

RE: RIN 0930-AA39

Dear Dr. Delphin-Rittmon:

On behalf of the more than 159,000 PAs (physician associates/assistants) throughout the United States, the American Academy of Physician Associates (AAPA) appreciates the opportunity to provide comments on the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS), notice of proposed rulemaking on medications for the treatment of opioid use disorder.

AAPA applauds the Biden Administration and SAMHSA for their ongoing efforts to combat the opioid epidemic with common sense solutions including greater autonomy for qualified providers through the continuation of COVID-19 flexibilities that support patient recovery efforts. PAs are highly trained medical professionals who diagnose illness, develop, and manage treatment plans, prescribe medications, often serve as principal caregivers practicing across all healthcare specialties including primary care, psychiatry, and addiction medicine. PAs across the nation diagnose, treat, and manage health services for patients with opioid use disorder (OUD). PAs prescribe controlled medication, including buprenorphine, in all 50 states, the District of Columbia, U.S. territories, and in the uniformed services.

AAPA applauds SAMHSA for proposing to update Part 8, removing outdated, harmful and stigmatizing language, reducing undue barriers to care and supporting a patient-centered approach to healthcare and OUD. Making these flexibilities permanent and updating language to reflect how healthcare is delivered today is a significant step forward for all patients. AAPA also appreciates the proposed expansion of the definition of an OTP treatment practitioner to rightfully include PAs who are already recognized by SAMSHA as “appropriately licensed to dispense and or/prescribe approved medications.”¹

The COVID-19 pandemic brought policy changes and flexibilities that increased the use of telehealth/telemedicine for the delivery of buprenorphine to patients with OUD. Studies have found that undoing this progress and reducing telehealth, including telephone-only access, could disrupt treatment and

¹ SAMHSA, *SAMHSA Proposes Update to Federal Rules to Expand Access to Opioid Use Disorder Treatment and Help Close Gap in Care* December 13, 2022

exacerbate healthcare disparity for vulnerable populations.² Access to high-quality, evidence-based care is critical for positive patient outcomes. As the nation continues to move out of the Public Health Emergency, the physician shortage, which is only projected to grow in coming years, highlights the need for additional providers, especially in rural and underserved areas. PAs remain on the front line working to address the gaps in service across our healthcare system. It is imperative that PAs are authorized to practice to the full extent of their education, training, and experience to confront the growing need for essential services.

PAs provide high-quality care throughout the United States with patients reporting high satisfaction in the quality of their care. Studies show that when a PA is on a patient's care team, access to all providers improves, wait times decrease and overall patient satisfaction and positive outcomes rise.³ At a time when overdose and death due to OUD is steadily increasing, patients deserve access to evidence-based, proven treatments. According to the Centers for Disease Control and Prevention (CDC), more than 2 million Americans live with OUD, and overdose deaths increased by more than 15 percent between 2020 and 2021. Studies have shown that PAs (and NPs) significantly increase access to Medicated Assisted Treatment (MAT) in rural and underserved communities.⁴

During the height of COVID-19 restrictions, telemedicine allowed patients with OUD to access life-saving treatment and has proven to be a comparable alternative to in-patient care.⁵ Clinicians surveyed during this time indicated high comfort levels treating patients via telemedicine and a strong desire to continue post-pandemic.⁶ Expanded access to care for OUD patients remains a critical component in combatting overdose deaths.

AAPA thanks SAMHSA and the Administration for their ongoing dedication to patients and our nation's healthcare systems. We are committed to working with federal agencies to advance our shared mission of improving access to high-quality healthcare and ending the opioid epidemic. If we can be of assistance on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or theuer@aapa.org.

Sincerely,



Lisa M. Gables, CPA
Chief Executive Officer

² Frost MC, Zhang L, Kim HM, Lin L. Use of and Retention on Video, Telephone, and In-Person Buprenorphine Treatment for Opioid Use Disorder During the COVID-19 Pandemic. *JAMA Netw Open*. 2022;5(10):e2236298. doi:10.1001/jamanetworkopen.2022.36298

³ Hooker RS, Moloney-Johns AJ, McFarland MM. Patient satisfaction with physician assistants/associate care: an international scoping review. *Hum Resour Health*. 2019;17(1):104.

⁴ <https://jamanetwork.com/journals/jama/fullarticle/2730102?widget=personalizedcontent&previousarticle=2737024>

⁵ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800718?resultClick=1>

⁶ <https://doi.org/10.1016/j.drugalcdep.2021.108999>