



December 21, 2016

SAMHSA Desk Officer
Office of Information and Regulatory Affairs
Office of Management and Budget
New Executive Office Building, Room 10102
Washington, DC 20503

RE: 2016-28569

On behalf of more than 108,500 PAs (physician assistants), the American Academy of PAs (AAPA) appreciates the opportunity to provide comments on the proposed “Notification of Intent to Use Schedule III, IV, or V Opioid Drugs for the Maintenance and Detoxification Treatment of Opiate Addiction by a ‘Qualifying Other Provider.’”

Acutely aware that the abuse, diversion, morbidity, and mortality associated with the opioid epidemic are devastating families and communities across our nation, AAPA encourages the administration to exercise the flexibility granted through the Comprehensive Addiction and Recovery Act (CARA) (P.L. 114-198) to swiftly implement the waiver process for PAs to apply to be a Qualifying Other Practitioner to prescribe buprenorphine for the treatment of opioid addiction. Additionally, AAPA encourages the administration to exercise the flexibility offered by CARA regarding the requirement that a physician with whom a PA works in a supervisory or collaborative relationship, also be waived to prescribe buprenorphine. We are very concerned this requirement may erect barriers for experienced PAs who do not affiliate with a waived physician, particularly in rural and other medically underserved communities in which the capacity of medication assisted treatment (MAT) is severely limited.

AAPA’s comments on the proposed waiver form are identified as follows:

Section 2: Address of Practice Location – It is possible Qualifying Other Providers may provide MAT in more than one practice. Accordingly, AAPA recommends the form be adjusted to accommodate the addresses of practice locations.

Section 6: Purpose of Notification – The meaning of the bullet, “New Notification, with the intent to immediately facilitate treatment of an individual (one) patient,” is not clear. Clarification is requested.

Section 8: Certification of Qualifying Criteria – This section contains several errors that need to be corrected.

- The CARA statute specifically authorizes PAs and NPs to be eligible to apply to become a Qualifying Other Practitioner, yet this section asks the practitioner to identify as either an APRN or a PA. AAPA recommends the form comply with the language specified in the statute.
- The second and third bullets need to be corrected to read “required to be supervised by or work in collaboration...”

- “Qualifying” physician must be removed from the second and third bullets. No State law requires a PA to be supervised or work in collaboration with a “qualifying” physician. If “qualifying” remains in the bullet, the only correct response would be the third bullet, attesting “I certify that I am NOT required by State law to be supervised or work in collaboration with a qualifying physician to prescribe Schedule III, IV, or V medication.”
- Request for information on the physician with whom a PA may work in a supervisory or collaborative relationship should be adjusted to read: Supervisory/Collaborative Physician Name: _____;
Supervisory/Collaborative Physician Phone Number: _____
- The fifth bullet needs to be adjusted to reflect that a PA may receive training from more than one organization approved for training. Accordingly, organization should be plural, as well as the date(s) of completion.

Section 9: Certification of Capacity – A verb is missing in the second bullet, which reads, “I certify that I have the capacity to all drugs approved by the” This should be adjusted to read, “I certify that I have the capacity to prescribe all drugs approved by the ...” Additionally, this bullet should be corrected to reflect the statutory language requiring qualifying practitioners to attest “to the capacity to provide directly or by referral.” The current language omits referral.

Privacy Act Information – This section notes that medical specialty societies be used to verify practitioner credentials. AAPA recommends relevant licensing boards be referenced in place of medical specialty societies.

AAPA appreciates the work of the Substance Abuse and Mental Health Services Administration and the Office of Management and Budget in implementing the provisions of CARA in such a way that PAs may quickly contribute to providing MAT for individuals suffering from opioid addiction. AAPA is committed to finding ways to combat opioid addiction in the U.S., and we look forward to working with you.

Should you have any questions or require additional information regarding AAPA’s comments, please do not hesitate to contact Tillie Fowler, Senior Vice President for Advocacy & Government Relations at 571-319-4551 or tfowler@aapa.org.

Sincerely,



Josanne K. Pagel, MPAS, PA-C, Karuna RMT, DFAAPA
President and Chair of the Board