April 10, 2018

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education Labor and Pensions
United States Senate
648 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the Physician Assistant Education Association (PAEA) and the association’s 229 member PA programs, we are pleased to offer comments on the discussion draft of the Opioid Crisis Response Act of 2018. As the opioid epidemic grows and continues to devastate our patients, families, and communities, PAEA has redoubled its efforts to bolster the education of future PAs on substance use disorder treatment. A recent State Targeted Response (STR) grant subaward from the Substance Abuse and Mental Health Services Administration (SAMHSA) has provided the necessary support for PAEA to launch a national initiative ensuring that 30% of PA students and 30% of PA faculty are trained to obtain a DATA 2000 waiver to prescribe buprenorphine as medication-assisted treatment (MAT) for patients suffering from opioid use disorder. We applaud the HELP Committee’s efforts to strengthen the federal response to the opioid crisis and offer the following comments as the committee considers the Opioid Crisis Response Act:
Permanent Medication-Assisted Treatment Authority for PAs
Under current law, as dictated by the Comprehensive Addiction and Recovery Act (CARA), PA eligibility for DATA waivers to prescribe buprenorphine sunsets on October 1, 2021. As of April 9, 2018, 1,389 PAs have completed the required training and received a DATA waiver.

PAEA strongly supports the inclusion of Sec. 402, Medication-Assisted Treatment for Recovery from Addiction, in the proposed Opioid Crisis Response Act to permanently allow DATA waiver authority for PAs, while also increasing MAT patient limits for PAs. Expanding the maximum MAT patient limits from 100 to 275 for PAs will help promote parity with waivered physicians and strengthen the ability of PAs to help address this public health epidemic.

As options are examined to address the cost of this provision in accordance with initial CBO projections, PAEA urges the committee to protect existing funding sources, including health workforce development programs, which expand access to care for those suffering from opioid use disorder.

Loan Repayment for Substance Use Disorder Treatment Providers
Historically, substantial student loan debt associated with high-cost medical education has been a significant barrier to a sufficient PA workforce in behavioral health. As PA programs continue to strengthen substance use disorder curricula for students in the context of PA DATA waiver eligibility, federal incentives to encourage PAs to practice in behavioral health after graduation will become increasingly crucial. While PAEA is encouraged by the Opioid Crisis Response Act’s authorization of loan repayment for substance use disorder treatment providers, we urge the committee to clarify the definition of “behavioral and mental health professionals” under section 331(a)(3)(E)(i) of the Public Health Service Act to include PAs practicing in behavioral health.

PAs meet the requirements of eligible professionals as outlined in Sec. 410, Loan Repayment for Substance Use Disorder Treatment Providers, of the discussion draft. PA education and training includes behavioral health studies, and PAs have extensive experience monitoring patient progress and actively contributing to patient’s overall treatment plan. Additionally, DATA-waivered PAs are eligible to prescribe treatment for substance use disorder in accordance with the second requirement for eligible professionals. To facilitate greater
entry of PAs into the behavioral health workforce, we again urge the committee to clarify that PAs are eligible providers for loan repayment.

We appreciate the opportunity to comment on the discussion draft of the Opioid Crisis Response Act and look forward to ongoing conversations with the committee as the bill moves forward. If you would like additional information or have any questions, please contact PAEA Chief Policy & Research Officer Dave Keahey at dkeahey@PAEAonline.org or 703-667-4339.

Sincerely,

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President

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