United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

WASHINGTON, DC 20510–6250

February 2, 2018

Robert W. Patterson
Acting Administrator
U.S. Drug Enforcement Administration
8701 Morrissette Dr.
Springfield, VA 22152

Dear Mr. Patterson:

I write today to applaud the recent decision by the Drug Enforcement Administration (DEA) to ease regulations on the prescribing of buprenorphine in an effort to boost opioid addiction treatment in rural areas. As you know, DEA now permits nurse practitioners and physician assistants to obtain waivers allowing them to provide buprenorphine—a proven treatment for opioid addiction—without the regulatory burden of establishing a federally-approved narcotics treatment center.[1]

Recent reporting from my home state of Missouri confirms the importance of this announcement and the critical need for expanded access to buprenorphine and other opioid addiction treatments in rural areas. According to a recent article in the *Joplin Globe*, for example, only around 500 physicians in Missouri can prescribe buprenorphine—"about 3 percent of doctors in the state who are eligible."[2] In Joplin, Missouri, specifically, only seven area doctors can prescribe buprenorphine, and only one treatment facility is dedicated to treating opioid addiction with methadone and buprenorphine.[3] Nationwide, according to a study from the National Rural Health Association, 53% of rural counties lack a physician capable of prescribing buprenorphine—leaving 30 million Americans without access in their county.[4] In Joplin and other rural areas in Missouri, expanding the range of practitioners capable of prescribing

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[1] Drug Enforcement Administration: *DEA Announces Step to Increase Opioid Addiction Treatment* (Jan. 23, 2018).

[2] *Joplin Area Lacks Key Opioid Treatment Option*, Joplin Globe (Jan. 22, 2018) (www.joplinglobe.com/news/ local_news/joplin-area-lacks-key-opioid-treatment-option/article_d1f6a73d-4c0e-56d2-b83c-b3ef9a8eb215.html).

[3] *Id.*

[4] National Rural Health Association, *Treating the Opioid Epidemic* (Feb. 2017) (www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/Treating-the-Rural-Opioid-Epidemic_Feb-2017_NRHA-Policy-Paper.pdf); *see also, U.S. Lets More Healthcare Workers Prescribe Opioid Addiction Treatment*, Reuters (Jan. 23, 2018) (www.reuters.com/article/us-usa-healthcare-opioids/u-s-lets-more-healthcare-workers-prescribe-opioid-addiction-treatment-idUSKBN1FC2NB).

buprenorphine will help address this deficit. As Randall Williams, director of the Missouri Department of Health and Senior Services, recently explained, "we just need more providers."[5]

Yet continuing obstacles on the state level may prevent nurse practitioners from taking full advantage of the opportunity DEA has provided. Many states—including Missouri—impose restrictions on the ability of nurse practitioners to prescribe medication independently of physicians.[6] As an analyst for the Pew Charitable Trusts has noted, "[a]pplications for licenses to prescribe buprenorphine may not surge…unless states change their scope of practice laws to allow nurse practitioners and physician assistants to use their prescribing power on their own."[7] In response to this concern, certain states have changed their laws to permit nurse practitioners to prescribe and treat patients independently—either in general or with regard to buprenorphine treatment specifically.[8] These reforms align with a 2011 recommendation from the Institute of Medicine to remove scope of practice barriers and allow advanced practice registered nurses "to practice to the full extent of their education and training."[9]

I encourage DEA to consider ways in which state laws may limit the impact of its deregulatory efforts in the opioid addiction treatment area and communicate its findings to state boards of nursing and other appropriate state entities. I also stand ready to assist DEA however I can in removing further obstacles to opioid addiction treatment and expanding buprenorphine access in Missouri and across rural America.

Sincerely,

Claire McCaskill
Ranking Member

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[5] *Joplin Area Lacks Key Opioid Treatment Option*, Joplin Globe (Jan. 22, 2018).

[6] *See,* American Medical Association, *State Law Chart: Nurse Practitioner Practice Authority* (2017) (www.ama-assn.org/sites/default/files/media-browser/specialty%20group/arc/ama-chart-np-practice-authority.pdf); American Association of Nurse Practitioners, State Practice Environment (www.aanp.org/legislation-regulation/state-legislation/state-practice-environment#missouri) (accessed Jan. 24, 2018).

[7] The Pew Charitable Trusts, Stateline, *Nurse Licensing Laws Block Treatment for Opioid Addiction* (Apr. 21, 2017) (www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/04/21/nurse-licensing-laws-block-treatment-for-opioid-addiction).

[8] *Id.*

[9] Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health* (2011).

cc: Ron Johnson
Chairman