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Thursday, June 29, 2017

The Honorable Shirley K. Turner  
New Jersey Senate  
State House  
P.O. Box 098  
Trenton, NJ 08625

Re: Support for S3272 with Recommended Revisions

Dear Senator Turner,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 4,300 physicians and other clinicians who specialize in the treatment of addiction, and the New Jersey Society of Addiction Medicine (NJSAM), we would like to take this opportunity to provide our support for S3272 with recommended revisions. With the opioid addiction and overdose epidemic significantly impacting the country and New Jersey, NJSAM and ASAM appreciate the effort to expand access to high-quality, evidence-based, and comprehensive addiction treatment for patients in New Jersey.

NJSAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in New Jersey and across the country. To that end, we are committed to advocating for a state addiction treatment system that provides and expands access to all Food and Drug Administration (FDA)-approved medications to treat opioid addiction. S3272 authorizes physician assistants (PAs) and nurse practitioners (NPs) to independently provide medication assisted treatment under certain circumstances. This is an important measure that will address the extreme treatment gap compounding the opioid epidemic in which nearly 90% of Americans with addiction do not receive any form of treatment.<sup>1</sup>

As you are likely aware, last July President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law. CARA is a sweeping bill that addresses the full continuum of care from primary prevention to recovery support, including significant changes to expand access to addiction treatment services and overdose reversal



medications. One major provision of CARA is the expansion of prescribing privileges to NPs and PAs for FDA-approved opioid treatment medications containing buprenorphine, a schedule III controlled substance. Under CARA, NPs and PAs must complete 24 hours of training to be eligible for a waiver to prescribe and must be supervised by or work in collaboration with a qualifying physician (defined under Federal law) if required by state law. S3272 would align state law with this newly enacted Federal law, ensuring those NPs and PAs who wish to begin treating addiction patients with buprenorphine are able to do so without any interference from state policy. It is vital that states across the country follow New Jersey's lead and begin to expand access to this evidence-based treatment to save lives.

New Jersey law currently requires NPs and PAs to work under a supervising physician when treating patients and prescribing them medication. S3272 would maintain this requirement for those NPs and PAs who become waived to prescribe buprenorphine, however the bill does not state that the supervising physician must be waived to prescribe buprenorphine themselves. Of the required 24 hours of training an NP or PA must complete to be eligible for a waiver to prescribe buprenorphine, 8 of those hours cover the same training that is required for a physician to obtain a waiver. We ask that the legislation be revised to require the supervising physician to be waived to prescribe buprenorphine. By having the 8 hours of training on treating addiction with buprenorphine that NPs and PAs will also have, supervising physicians will be able to effectively help their NPs and PAs manage the patients they are monitoring if there is a disruption or change to the patient's treatment plan. This will help guarantee that the addiction treatment with buprenorphine provided by these newly waived NPs and PAs is of high quality and safety.

NJSAM and ASAM also ask for the bill language to be brought into alignment with Assemblyman Ronald Dancer's bill, A4910, that authorizes PAs and NPs to prescribe narcotic drugs for treatment of substance use disorders consistent with Federal law. While the intents of yours and the Assemblyman's bills are very similar, the language of A4910 has medical malpractice protections requiring the supervising physicians to sign off on. We will be submitting a letter to the Assemblyman in support of his bill and requesting the same revision outlined above, but we believe if both bills have the strongest language on the matter it will ensure that whichever bill is passed and signed into law will provide the highest quality of addiction treatment provided by NPs and PAs.

NJSAM and ASAM share the state of New Jersey's goal of providing access to quality and evidence-based comprehensive addiction treatment services. We thank you for your consideration of our recommended revisions and offer our support for S3272 with these changes incorporated into the bill's language. Please do not hesitate to contact Brad Bachman, Manager of State Government Relations, at (301) 547-4107 or [bbachman@asam.org](mailto:bbachman@asam.org), if NJSAM and ASAM can be of any service to you. We look forward to working with you.



**ASAM** American Society of  
Addiction Medicine

Sincerely,

A handwritten signature in black ink that reads "Kelly J. Clark". The signature is written in a cursive, flowing style.

Kelly J. Clark, MD, MBA, DFAPA, DFASAM  
President, American Society of Addiction Medicine

A handwritten signature in black ink that reads "Joe Ranieri". The signature is written in a cursive, flowing style.

Joseph N. Ranieri, DO, FASAM  
President, New Jersey Society of Addiction Medicine

CC:

The Honorable Joseph F. Vitale, Chair, Senate Health, Human Services, and Senior Citizens  
Committee

The Honorable Fred H. Madden, Vice-Chair, Senate Health, Human Services, and Senior Citizens  
Committee

The Honorable Dawn Marie Addiego

The Honorable Diane B. Allen

The Honorable Richard J. Codey

The Honorable Robert M. Gordon

The Honorable Ronald L. Rice

The Honorable Robert W. Singer

The Honorable Jim Whelan

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<sup>i</sup> Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/>