



Friday, July 7, 2017

Katherine Ceroalo
Bureau of House Council, Regulatory Affairs Unit
Room 2438, ESP Tower Building
New York State Department of Health
Albany, NY 12237

Re: Support for Emergency Proposed Rulemaking HLT-21-17-00001-EP

Dear Ms. Ceroalo,

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 York Society of Addiction Medicine (NYSAM), we would like to take this opportunity to comment on the emergency proposed rulemaking that would expand the authority to treat addiction patients with buprenorphine to nurse practitioners (NPs) and physician assistants (PAs). With the opioid addiction and overdose epidemic significantly impacting the country and New York, NYSAM and ASAM appreciate the effort to expand access to high-quality, evidence-based, and comprehensive addiction treatment for patients in New York.

NYSAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in New York 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. This emergency proposed rulemaking guarantees that NPs and PAs in New York can begin to fulfill the requirements to become waived to prescribe buprenorphine to treat addiction in accordance with both state and Federal law. 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.ⁱ

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

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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. This emergency proposed rulemaking 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 York's lead and begin to expand access to this evidence-based treatment to save lives.

NYSAM and ASAM share the state of New York's goal of providing access to quality and evidence-based comprehensive addiction treatment services. We applaud the New York State Department of Health for this emergency proposed rulemaking that expands the prescribing authority of NPs and PAs in order to help provide addiction treatment to the patients that need it most. Please do not hesitate to contact Brad Bachman, Manager of State Government Relations, at (301) 547-4107 or bbachman@asam.org, if NYSAM and ASAM can be of any service to you. We look forward to working with you.

Sincerely,

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

Eric D. Collins, MD, FASAM
President, New York Society of Addiction Medicine

ⁱ 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/>