



# Kentucky Society of Addiction Medicine

*A Chapter of American Society of Addiction Medicine*

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December 17, 2020

Dr. Jessica Wilson  
President, Kentucky Board of Nursing  
312 Whittington Parkway, Suite 300  
Louisville KY, 40222

Re: KYSAM support for the Advanced Practice Registered Nurse (APRN) Council's recommended amendments to 201 KAR 20:065

Dear President Wilson and members of the Kentucky Board of Nursing (KBN),

On behalf of the Kentucky Society of Addiction Medicine (KYSAM), the medical specialty society representing physicians, APRNs and other clinicians in Kentucky who specialize in the prevention and treatment of addiction, I would like to take this opportunity to express KYSAM's strong support for the APRN Council's recommended amendments (see enclosed) to Kentucky's professional standards for Kentucky APRNs who prescribe buprenorphine for the treatment of opioid use disorder (OUD). With the opioid addiction and overdose epidemic significantly impacting the country and Kentucky, KYSAM greatly appreciates the APRN Council's efforts and encourages KBN to adopt the Council's recommendations.

KYSAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in Kentucky. Amid a national opioid addiction and overdose epidemic, we must do everything we can to increase access to clinically proven treatments for OUD. Finding physicians, APRNs and other clinicians who are willing to provide buprenorphine treatment for OUD, however, can be quite challenging even in the absence of non-evidence-based requirements for the delivery of this life-saving treatment. By adopting the APRN Council's recommended amendments, KBN has the opportunity to strike a better balance between access and quality than is currently reflected in 201 KAR 20:065. In short, adoption of those amendments will help Kentucky APRNs treat addiction and save more lives.

## **Discussion**

As you know, current Kentucky standards require non-psychiatric advanced practice nurses with waivers, prior to initiating buprenorphine treatment for OUD, to develop a treatment plan that incorporates an evaluation by a qualified mental health professional, as defined at KRS 202A.011(12), with expertise in addiction, and is in compliance with the recommendations of the evaluator within ninety (90) days of initiating buprenorphine treatment. Not only are such evaluations difficult to obtain in many parts of the state due to our mental health workforce shortage, they are not necessary for

initiating life-saving buprenorphine treatment. By way of contrast, [The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#) provides as follows: “Comprehensive assessment of the patient is critical for treatment planning. However, completion of all assessments should not delay or preclude initiating pharmacotherapy for opioid use disorder.” It is also important to note that while The ASAM National Practice Guideline states that patients’ psychosocial needs should be assessed, a patient’s decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacological treatment of opioid use disorder, with appropriate medication management.” Therefore, KYSAM supports the APRN Council’s recommendations, including the recommendation to remove the mandatory mental health evaluation within 90 days on all patients receiving care from non-psychiatric waived advanced practice nurses, as a thoughtful way to provide much-needed flexibility for Kentucky APRNs trying to deliver appropriate and timely addiction care.

In addition, there are several places in the current regulation where a particular type of consultation is required in order to prescribe buprenorphine. Such requirements, however, can often act as barriers to appropriate buprenorphine treatment for OUD. Some counties in Kentucky have very limited specialty provider access, particularly in very rural parts of the state. Again, given the mental health and addiction treatment workforce shortages we face, KYSAM strongly supports the additional flexibilities that would be provided if KBN were to adopt the APRN Council’s recommended amendments regarding consultations, including its proposed definition of “consultation.”

Further, the existing regulation also requires a KASPER report to be run at every visit, which is an excessive and burdensome requirement and has not been shown to benefit patient care. KYSAM supports the APRN Council’s recommendations, which are more in line with ASAM’s [Public Policy Statement on Prescription Drug Monitoring Programs](#). Said statement recommends as follows: “Prescribers and dispensers should be required to enroll in and query the state’s PDMP, either directly or by delegating access to office staff, when initiating a prescription for any controlled substance and at least every 3 months (quarterly) thereafter as treatment continues, consistent with the Centers for Disease Control and Prevention prescribing guidelines.”

## **Conclusion**

In conclusion, KYSAM shares Kentucky’s goal of increasing access to high-quality, evidence-based, and comprehensive addiction treatment. To that end, KYSAM supports the APRN Council’s recommended amendments as they strike a more appropriate balance between access and quality and will increase the ability of Kentuckians with OUD to access life-saving buprenorphine treatment.

We are committed to working with KBN as it reviews these standards. Please do not hesitate to contact our Executive Director, Miranda Sloan, at [admin@kysam.org](mailto:admin@kysam.org), anytime you feel KYSAM might be of service. On behalf of the Kentucky Society of Addiction Medicine, I thank you for this opportunity to comment.

Sincerely,



James Patrick Murphy, MD, MMM, FASAM  
President, Kentucky Society of Addiction Medicine