

June 15, 2018

Vanila M. Singh M.D., MACM  
Chief Medical Officer, Office of the Assistant Secretary of Health  
Pain Management Best Practices Inter-Agency Task Force  
Department of Health and Human Services (HHS)  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: Pain Management Best Practices Inter-Agency Task Force (Task Force)**

Dear Dr. Singh:

The American Association of Nurse Practitioners (AANP), representing more than 248,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the Pain Management Best Practices Inter-Agency Task Force.

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 86.6% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

Nurse Practitioners (NPs) are educated in pharmacologic, pathophysiologic, psychologic and sociologic aspects of pain treatment that includes the diagnosis and treatment of patients with addictive diseases including those acquired from overdosing with opioids and other schedule drugs. The pharmacodynamics, therapeutics and management of controlled drugs including opioids is a part of both baccalaureate nursing education and graduate advanced practice nursing education. NPs hold prescriptive authority in all 50 states and the District of Columbia and have been providing high quality health care to patients for over half a century. With the passage of CARA in 2016, nurse practitioners were authorized to prescribe medication-assisted therapies (MATs) after taking the necessary training and obtaining the required DEA waiver to do so.

## **Nurse Practitioner Participation in Task Force Activities**

While we are very supportive of the creation of the Task Force and developing best practices for pain management, we were disappointed to see that no nurse practitioners were selected as members of the Task Force. There are currently 248,000 nurse practitioners practicing in the United States and NPs constitute approximately one quarter of the primary care providers in the United States. This percentage has consistently increased over the past decade.<sup>1</sup> As primary care providers, NPs provide a significant amount of pain treatment at all levels, especially in the Medicare and Medicaid programs, and they need to be included in any discussions regarding pain management best practices.

## **Provider Education on Safe Prescribing of Opioids for Pain Management**

AANP is a strong advocate for provider education. Since 2013 the organization has educated more than 24,000 nurse practitioners on the safe prescribing of opioids for pain management, which includes the CDC guidelines. To aid in the fight against the disease of addiction, AANP is a partner with the Collaborative on REMS Education (CO\*RE), 11 interdisciplinary organizations working together to improve pain management and prevent adverse outcomes. Under CARA, AANP was explicitly named as a provider of the MAT waiver training and has collaborated with the American Society of Addiction Medicine (ASAM) to provide the required 24-hour education/training described in CARA authorizing NPs to become MAT providers. To date, AANP has provided this training to over 5,600 nurse practitioners.

In May 2016 AANP joined other state and national organizations as members of the Coalition to Stop Opioid Overdose, a coalition dedicated to advancing legislation and regulatory policies to address the opioid public health crisis. AANP has worked closely with Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Surgeon General to discuss best practices in addressing the opioid epidemic and is currently participating in a grant from the National Institute on Drug Abuse to create and provide education on adolescent substance abuse.

In addition to working and collaborating with other organizations, AANP has provided many and varied resources to both members and nonmembers of our organization, totaling a reach of over 248,000 NPs, related to the safe treatment of pain and substance use disorder. The organization has focused on safe opioid prescribing and pain management by offering courses, workshops and seminars at all three of our annual conferences. Additionally, AANP has provided resources such as live webinars addressing the opioid epidemic, continuing education activities and online courses, including the 24-hour waiver course for NPs to become MAT providers.

It is important that content and educational requirements are consistent for all qualified providers, regardless of licensure. Collaboration with key stakeholders at the local, state and federal levels is important for developing consistency among educational programs to reduce duplication or conflicting requirements. The Task Force should ensure that educational requirements can be met at no cost to the provider to lessen provider burden and promote widespread adoption of educational opportunities. It is essential that the Task Force work with all stakeholders to develop adaptive learning options that allow providers to demonstrate existing knowledge and focus on areas where they have less knowledge or experience.

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1158>.

## **Proper Prescribing and Dispensing of Opioids**

Developing standardized prescribing guidelines can also be an effective way to educate qualified providers and improve prescribing patterns. When assessing the benefits and risk of opioids the Task Force must consider how guidelines can be adapted for individual responses to pain and the varying pain thresholds that patients have. While abuse and misuse are very serious concerns, there is also the concern that guidelines that are too strict may prevent a non-abusing patient who needs opioid pain management from obtaining medically necessary medication. Clinicians who provide pain management to patients, including nurse practitioners, should be included in the development of any guidelines to strike this balance.

Guidelines should include considerations of opioid selection and adverse reaction, periodic review and monitoring of patients through screening tools such as SBIRT (Screening, Brief Intervention, and Referral to Treatment) and consultation with prescription-drug monitoring programs prior to prescribing. These recommendations should also include exceptions for certain chronic pain sufferers such as hospice patients and patients with cancer pain.

Prescribing guidelines should also include patient self-management and non-pharmacologic treatments of pain. As we have noted, many qualified providers have difficulty prescribing non-pharmacologic pain treatments due to a lack of available options. Since many insurers base their coverage criteria on FDA policies, incorporating alternatives to opioids such as acupuncture and therapeutic massage in prescription recommendations will help increase their availability.

## **Non-Pharmacologic Pain Treatments**

Many providers have difficulty prescribing non-pharmacologic pain treatments due to a lack of available payment options. Since many insurers base their coverage criteria on CMS policies, incorporating alternatives to opioids such as physical therapy and massage therapy in prescription recommendations will help increase their availability. These recommendations should be consistent among all applicable entities (e.g. health plans, CMS, FDA) to increase the availability of non-pharmacologic pain treatments. CMS should also work with plans to produce incentives to cover more non-pharmacologic pain treatments.

Additionally, many non-pharmaceutical therapies for chronic pain are not covered by the Medicare and Medicaid programs. Treatments such as acupuncture and therapeutic massage should be available for patients who would like to seek non-opioid treatments for their chronic pain, but without Medicare or Medicaid coverage they cannot afford to obtain these treatments. The Task Force should encourage the coverage of these treatments in the Medicare and Medicaid programs, or through demonstration models that utilize these treatments for patients with chronic pain or who are at risk for opioid abuse. Any new benefits or demonstration models should be inclusive of all qualified providers, including nurse practitioners.

## **Pain Management Research**

As HHS evaluates research regarding noninvasive, nonpharmacological treatments for chronic pain, there are three areas needed to obtain the most robust and complete data regarding these treatments. First, HHS needs to ensure that data from all disciplines, including nursing and nurse practitioners, is examined and included in the evidence report. Nurse practitioners are the primary care providers for many patients dealing with chronic pain, and literature on the outcomes of treatment that they provide is essential for a complete picture of the treatment landscape. Second, studies need to be included that involve multiple treatment modalities. Clinicians treating patients with chronic pain will often use a combination of treatments simultaneously, and studies need to be included that account for the real-world application of

these treatments. Third, studies need to be included that involve patients suffering from comorbidities in addition to or in conjunction with chronic pain that will have an impact on the pain status of the patient.

### **Medication-Assisted Treatment (MAT) for Opioid Addiction**

While creating best practices for pain management will help improve pain management and reduce opioid dependence, it is equally important that we provide the best possible treatment for patients currently suffering from opioid addiction. MAT has been proven to be an important component of any treatment regimen and has been proven to decrease opioid use, opioid related deaths, criminal activity and infectious disease transmission.<sup>2</sup> As previously mentioned, with the passage of CARA in 2016, NPs were authorized to provide MAT after taking the necessary training and obtaining a DEA waiver. Since CARA passed, AANP has provided MAT training to over 5,600 NPs and SAMHSA has reported that almost 6,000 NPs have obtained a MAT waiver. This demonstrates that NPs are committed to using MAT to assist their patients suffering from opioid abuse, and granting NPs the authority to obtain MAT waivers has been a success. However, CARA only authorized NPs and PAs to obtain these waivers for a period of five years.

It is critical that this authorization be made permanent so that NPs and PAs are able to continue the fight against the opioid epidemic and work to prevent future epidemics. Current bills in both the House and Senate (H.R. 3692 and S. 2317), the Addiction Treatment Access Improvement Act of 2017/2018<sup>3</sup>, would make this authorization permanent.

In addition, current law stipulates that if a state requires an NP to maintain a collaborative or supervisory agreement with a physician in order to practice, that physician must also have a MAT waiver for the NP to provide MAT. This has proven to be a significant barrier, especially in rural and underserved areas, because very few physicians have obtained MAT waivers. NPs in these states, many of which are the most impacted by the opioid epidemic, have reported that despite going through the training and obtaining a MAT waiver they are still unable to provide MAT because they cannot locate a physician who also has a MAT waiver. The Task Force should recommend revising this requirement, which the Secretary has the authority to do via regulation<sup>4</sup>, so that NPs who have completed the training and obtained their waiver can provide this medically necessary treatment without having to also locate physicians who have obtained the waiver.

We thank you for the opportunity to comment on the Pain Management Best Practices Inter-Agency Task Force. We reiterate our concern that nurse practitioners are not represented on the Task Force. We look forward to working with the Task Force on their initiatives related to the best practices for pain management, and encourage the Task Force to include nurse practitioners in all discussions related to pain management best practices. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,



David Hebert  
Chief Executive Officer

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<sup>2</sup> <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>.

<sup>3</sup> <https://www.congress.gov/115/bills/s2317/BILLS-115s2317is.pdf>; <https://www.congress.gov/115/bills/hr3692/BILLS-115hr3692ih.pdf>.

<sup>4</sup> Public Law NO: 114-198, Sec. 303.