More than 130 Americans die from a drug overdose every day. Annually, this is more than the number of Americans that die from car crashes and guns—combined. The true impact of the opioid crisis reaches beyond those numbers. It includes an unprecedented number of children entering foster care due to parental substance abuse and record increases in both the number of babies born with Neonatal Abstinence Syndrome and lost productivity of the U.S. workforce. Improving access to medication assisted treatments (MATs) can have a profound impact on individuals with opioid use disorder, their families and the health of our nation.\(^1,2,3,4\)

MATs, such as buprenorphine, are critical to improving outcomes for individuals suffering from opioid use disorder. In 2016, the Comprehensive Addiction and Recovery Act (CARA) implemented a pilot program granting nurse practitioners (NPs) the authorization to prescribe buprenorphine to treat opioid use disorder. In October 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act was signed into law, permanently authorizing NPs to prescribe MAT. This expansion also allowed NPs to treat up to 100 patients, compared to the prior 30 patient limit if clinicians are board-certified in addiction medicine or addiction psychiatry or if clinician provides MAT in a qualified practice setting. After one year at the 100-patient limit, eligible clinicians can apply to increase their patient limit to 275.\(^5,6\)

As of May 2021, over 22,000 NPs are authorized by the DEA to prescribe MAT.

Access to MAT therapy isn’t equitable across all states. Although NPs provide health care services across the U.S, their ability to do so is not equal in all areas. State scope-of-practice (SOP) laws limit the services that NPs are able to provide, often requiring oversight by physicians, both of which hinder the ability for NPs to provide care. Using a dataset containing approximately 1.5 billion individual opioid prescriptions between 2011 and 2018, Benjamin B. McMichael found that

“...relaxing NP SOP laws generally reduces opioid prescriptions.”\(^8\)
NPs in Full Practice Authority (FPA) States Are More Likely to Have a Buprenorphine Waiver Than Those in Reduced and Restricted States

States with the highest proportion of NPs who have waivers are states with Full Practice Authority.

States with the lowest proportion of NPs who have waivers are states with Reduced or Restricted Practice Authority.

NPs play a critical role in helping our nation curb the crisis of opioid use disorders. Equipped with graduate degrees and advanced clinical training, NPs diagnose, treat and prescribe medications in over a billion patient visits each year. AANP calls on policymakers to retire outdated laws that stand between patients and the care they need by adopting Full Practice Authority for NPs.

7 AANP Analysis of National NP Database and SAMHSA Waiver Data, May 2021.