



University of California
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Nurse Practitioner Roles in Addressing the Opioid Crisis: Impact of State Scope of Practice Regulations on Provision of Medication-Assisted Treatment

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NCSBN Symposium
2021

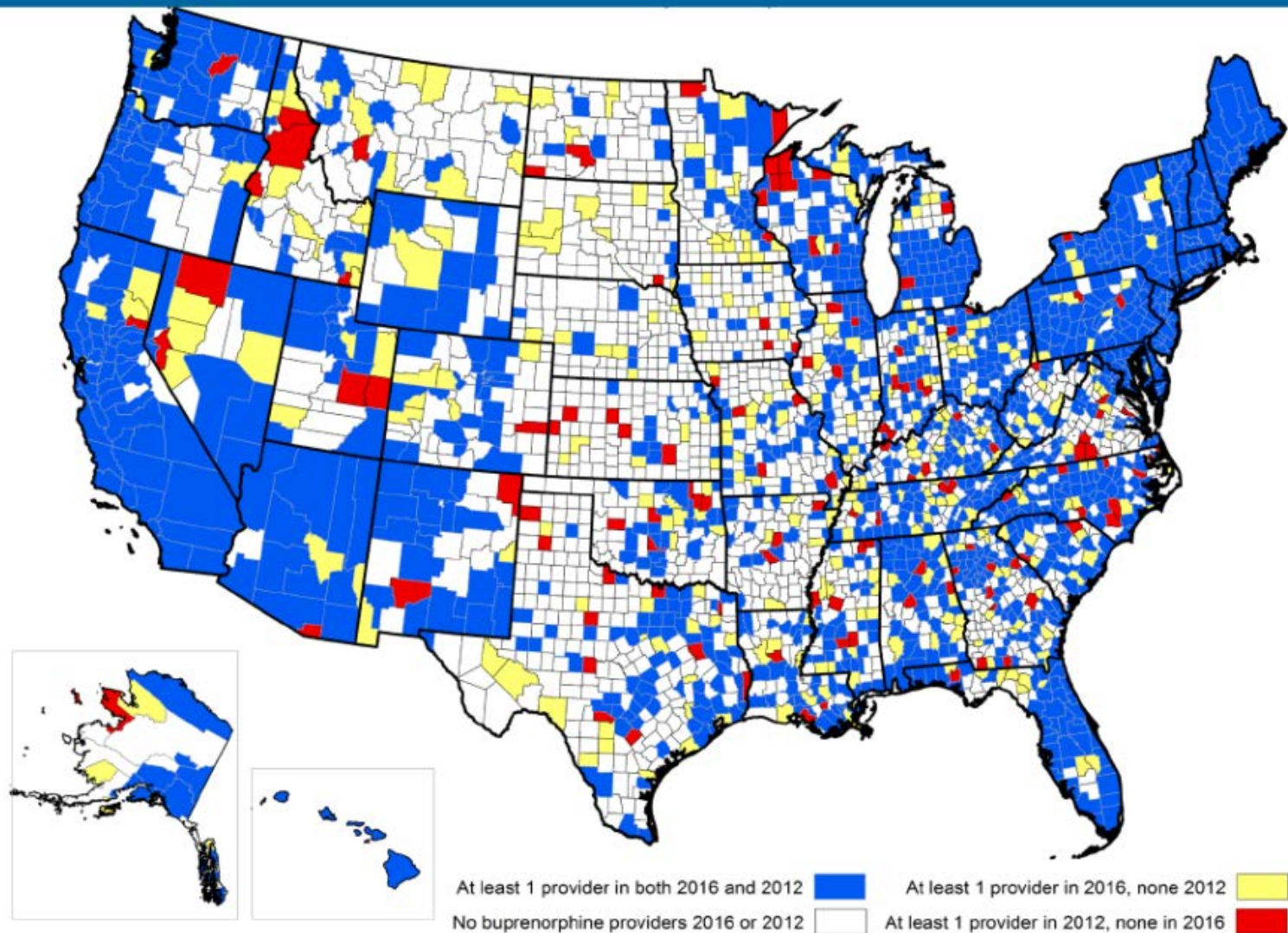
Background: Medication treatment for opioid use disorder

- **Methadone**
 - Full opioid agonist (Schedule II)
 - Provided in licensed narcotics treatment programs (NTP)
- **Buprenorphine**
 - Semi-agonist (Schedule III)
 - Suboxone is a formulation that includes naloxone
 - Can be provided in non-NTP setting with a waiver from the DEA
- **Naltrexone**
 - Antagonist (Not scheduled)
 - Vivitrol is extended-release injection formulation

Background: DEA waivers for buprenorphine

- DEA waiver program established in 2000 through the Drug Addiction Treatment Act (DATA)
 - Called the DEA-X waiver
- Initially only physicians
 - Must take 8 hours of training
- Can manage 30 patients for first year
 - Can apply to manage 100 patients after first year
 - Can apply to 275 patients a year after that as of 2016

Shortage of buprenorphine prescribers

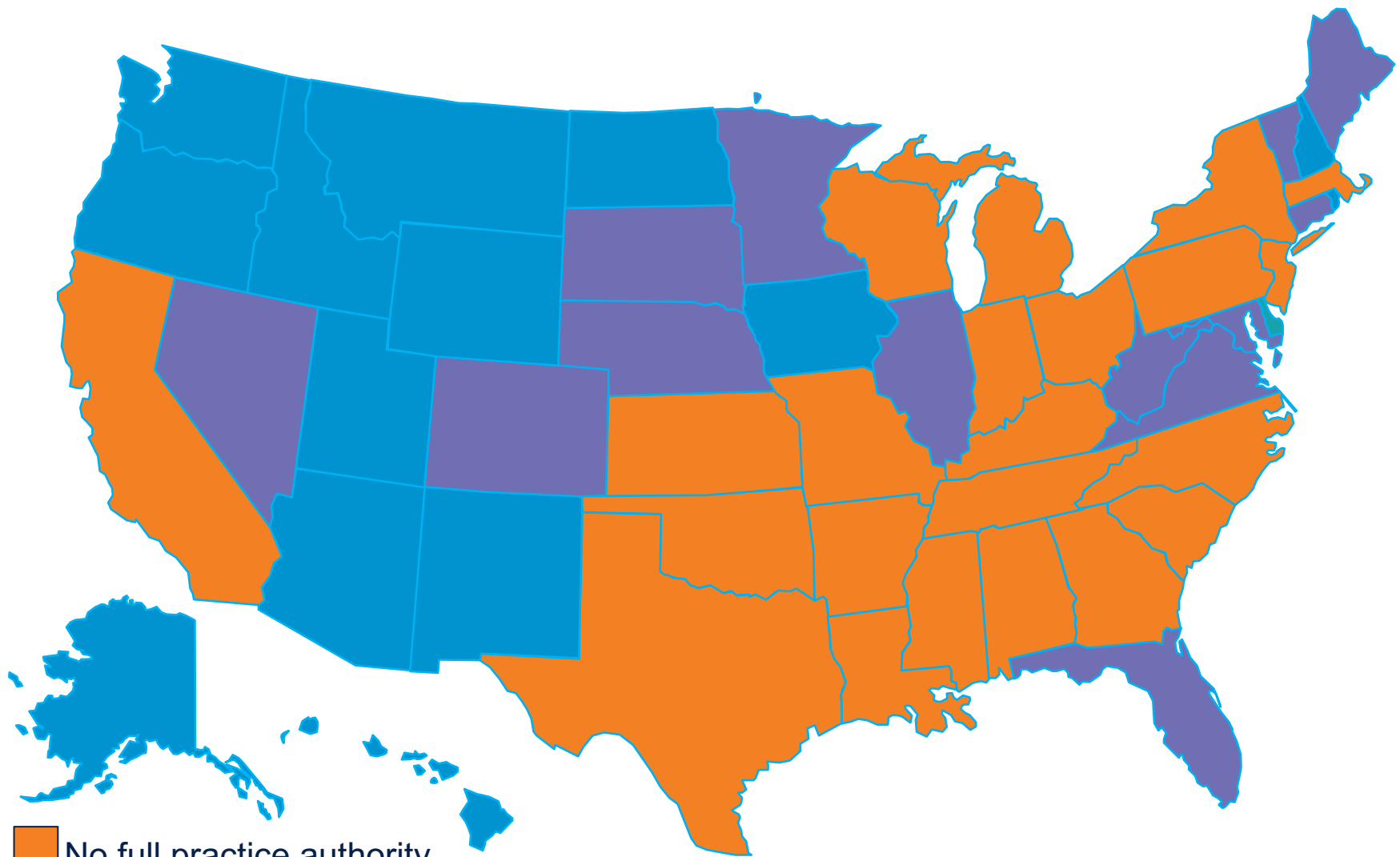


Data Source: DEA Waivered physician list, July 2012 & April 2016
Map Date: May 2016

Adding advanced practice clinicians

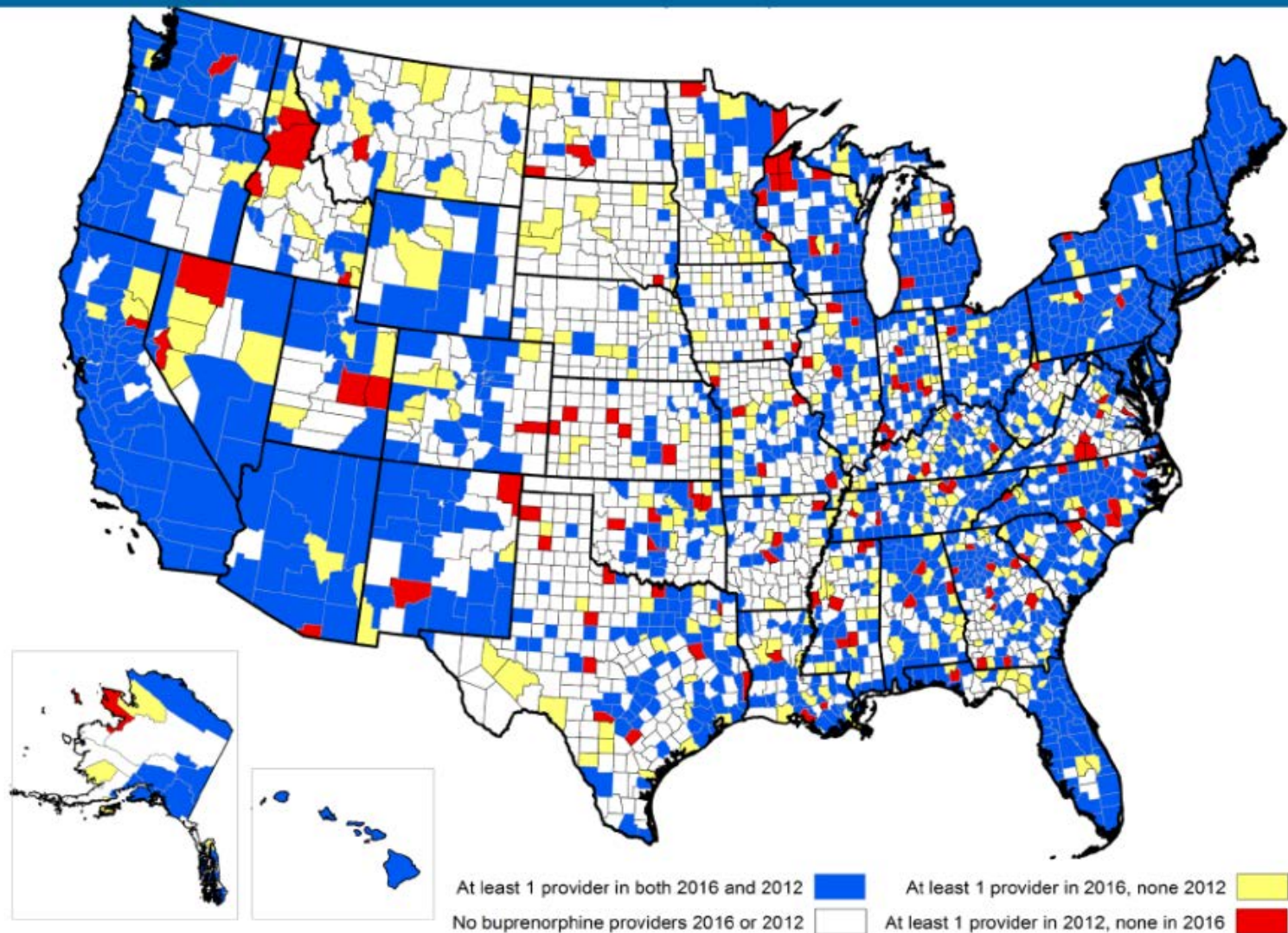
- 2016 Comprehensive Addiction and Recovery Act (CARA)
 - Added nurse practitioners & physician assistants (temporary)
 - Must take 24 hours of training
- 2018 opioid bill (2018)
 - Added other APRNs
 - Made NP & PA waivers permanent
- No restrictions on advanced practice clinicians if they have full practice authority
- If physician oversight required, the physician must also be qualified for a waiver, be board-certified in addiction medicine, be a psychiatrist...

28 states + DC allow NPs to prescribe Schedule III without physician involvement



- No full practice authority
- Full practice authority upon licensure
- Full practice authority after transitional period

Shortage of buprenorphine prescribers



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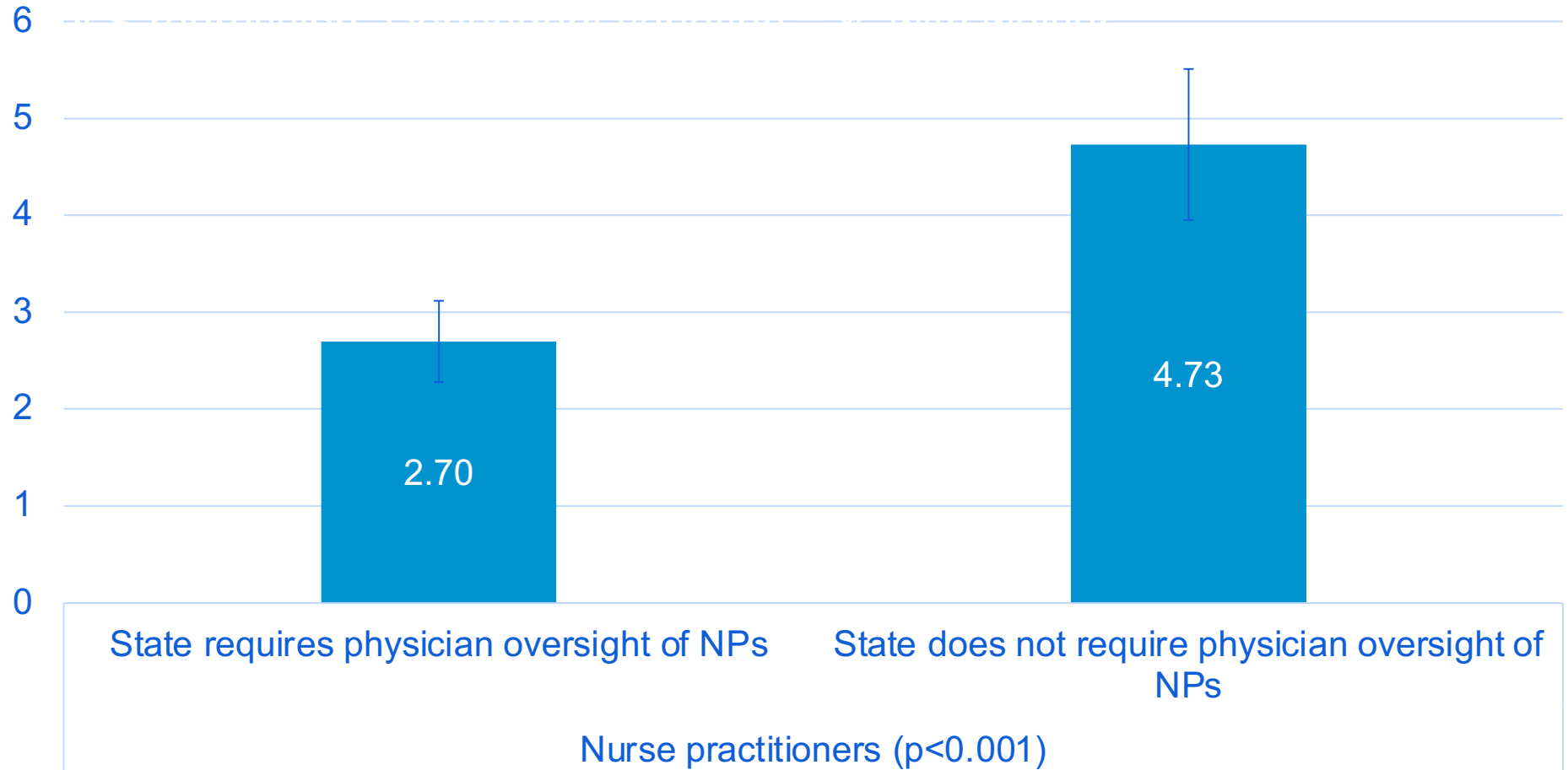
Research questions

- Are NPs less likely to get waivers if physician oversight is required?
- What other barriers to NPs offering buprenorphine treatment exist?
- What other factors facilitate NPs offering buprenorphine?

Data

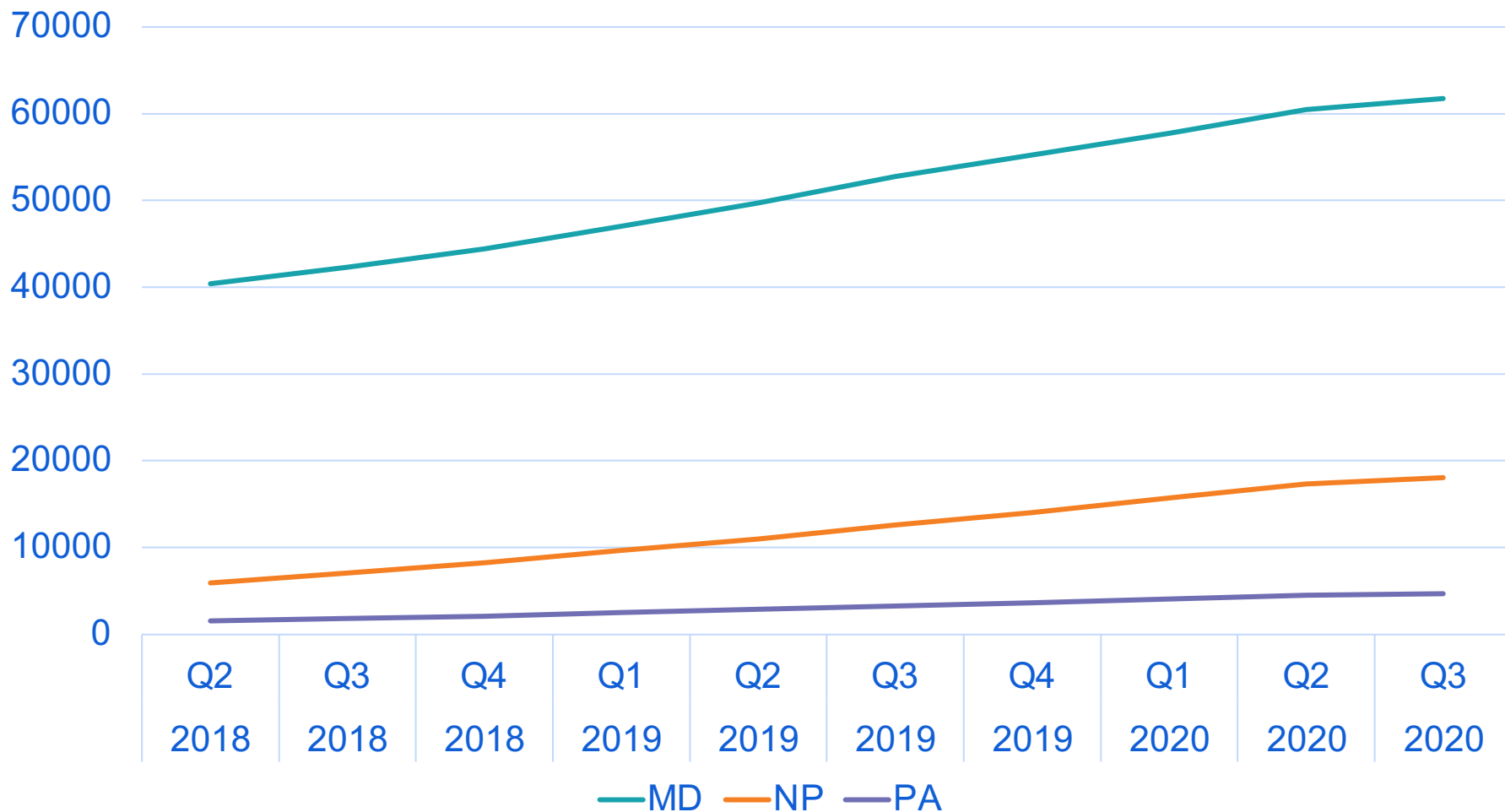
- State-level counts of waived clinicians provided by SAMHSA, September 2018
 - Percent of clinicians with waiver
- Full list of all DEA registrants, quarterly, with indicator for “DEA-X” waiver, September 30, 2018, through September 30, 2020

Predicted values of percent of clinicians with waiver, state-level data

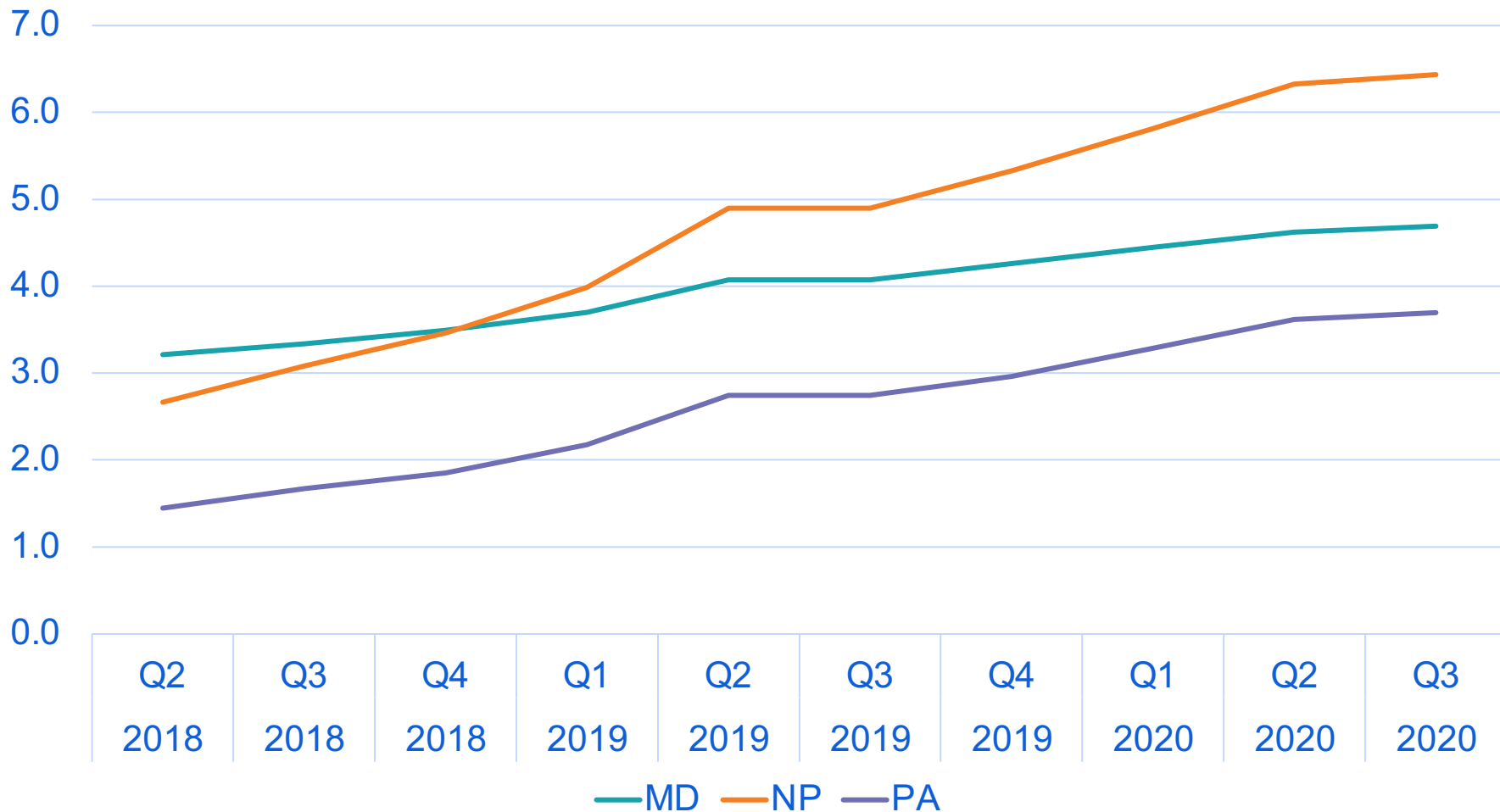


Source: Spetz, J, Toretsky, C, Chapman, S, Phoenix, B, Tierney, M. Nurse practitioner and physician assistant waivers to prescribe buprenorphine and state scope of practice restrictions. JAMA, 2019, 321 (14): 1407-1408.

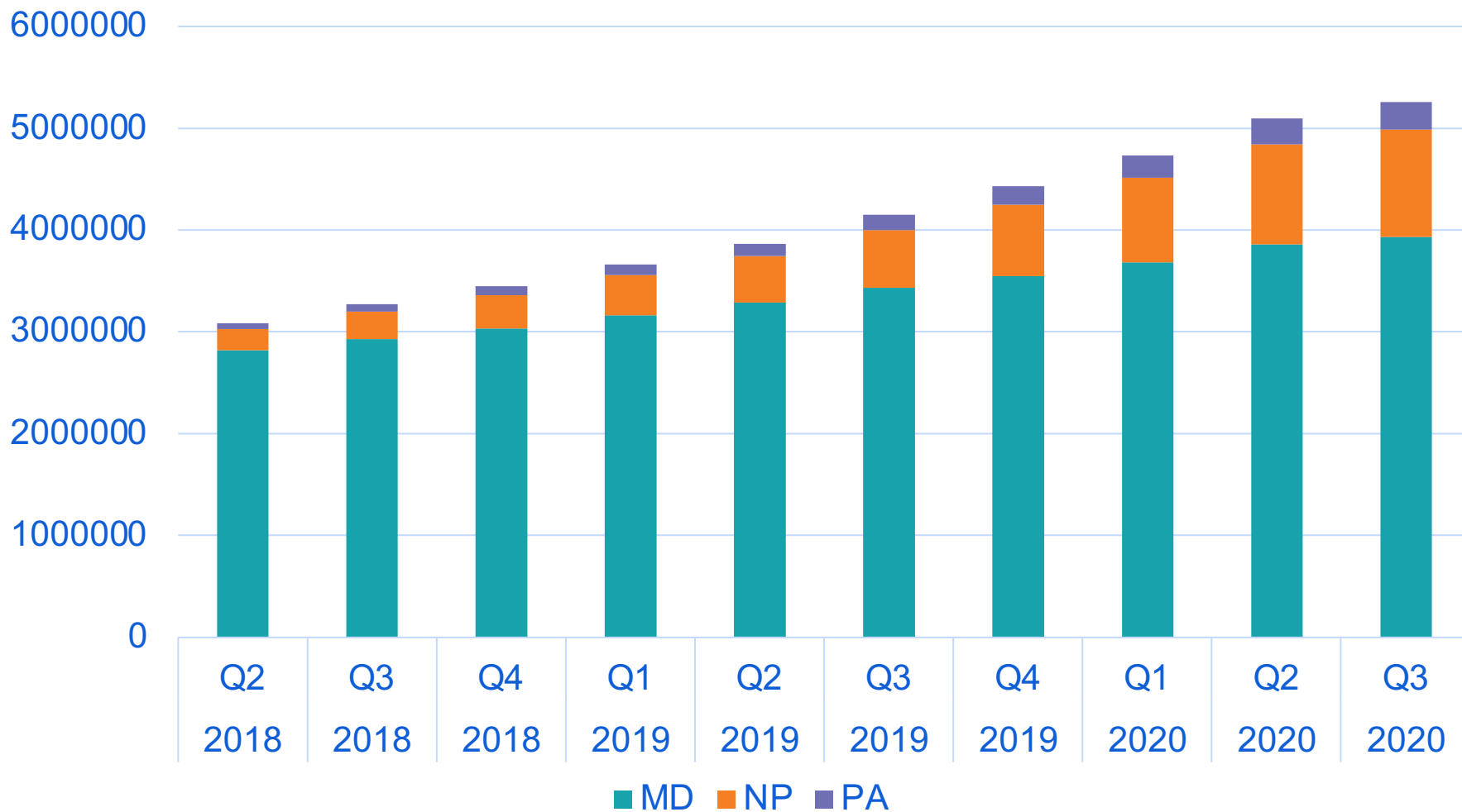
Number of clinicians with waivers



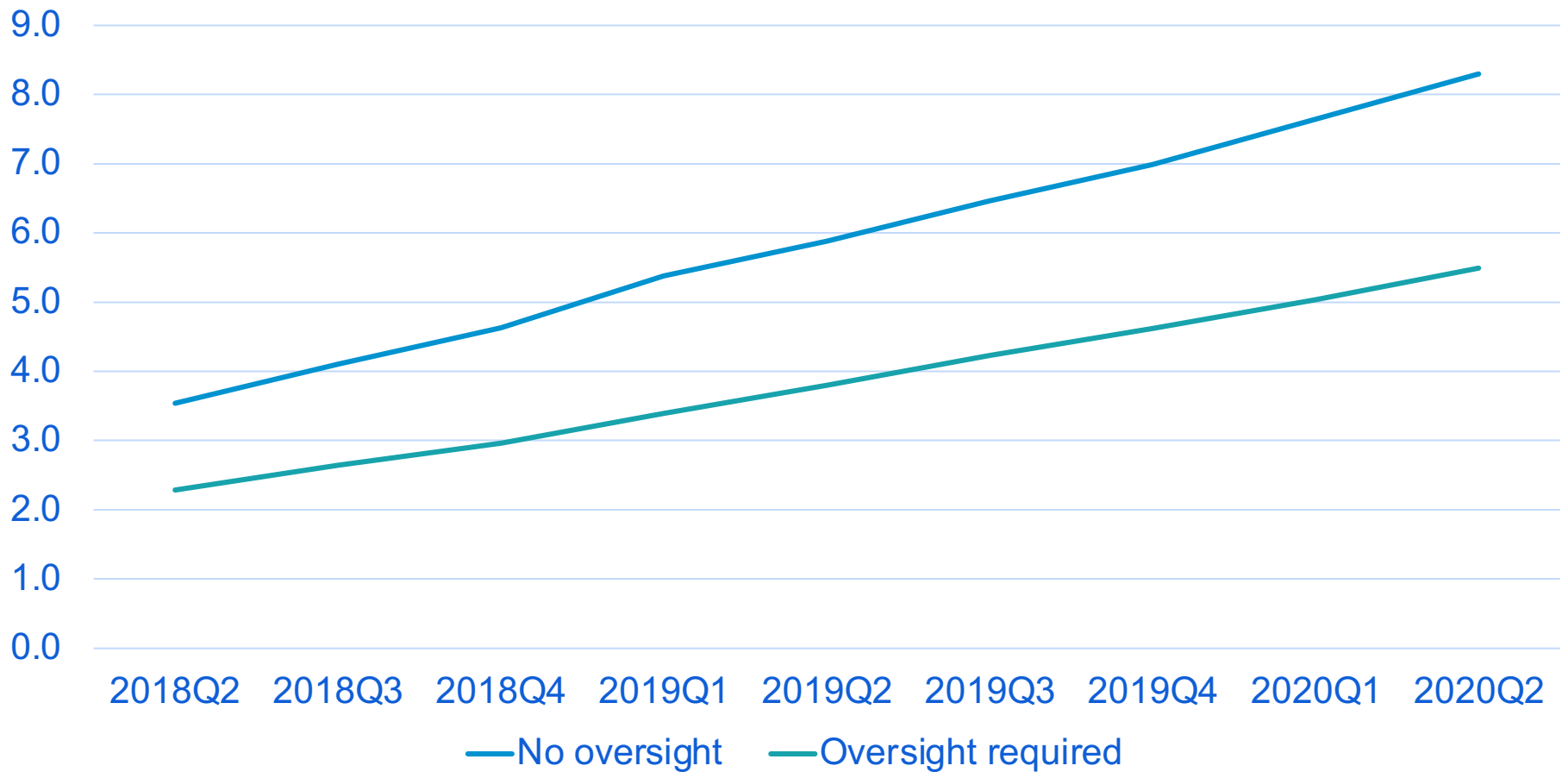
Percent of clinicians with waivers



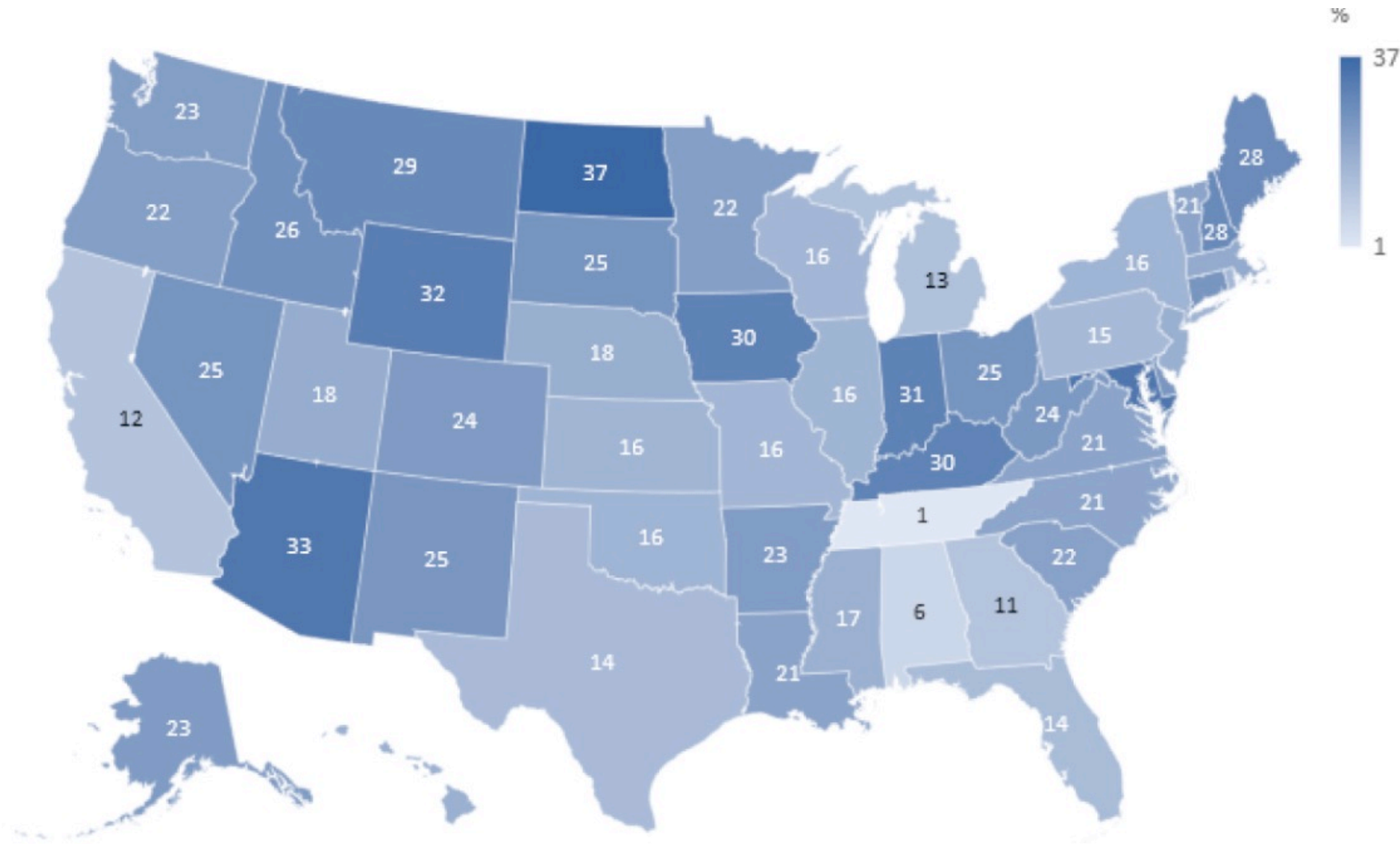
Total treatment capacity



Percent of NPs with waivers, by physician oversight requirements



Percent of treatment capacity provided by NPs, June 2020



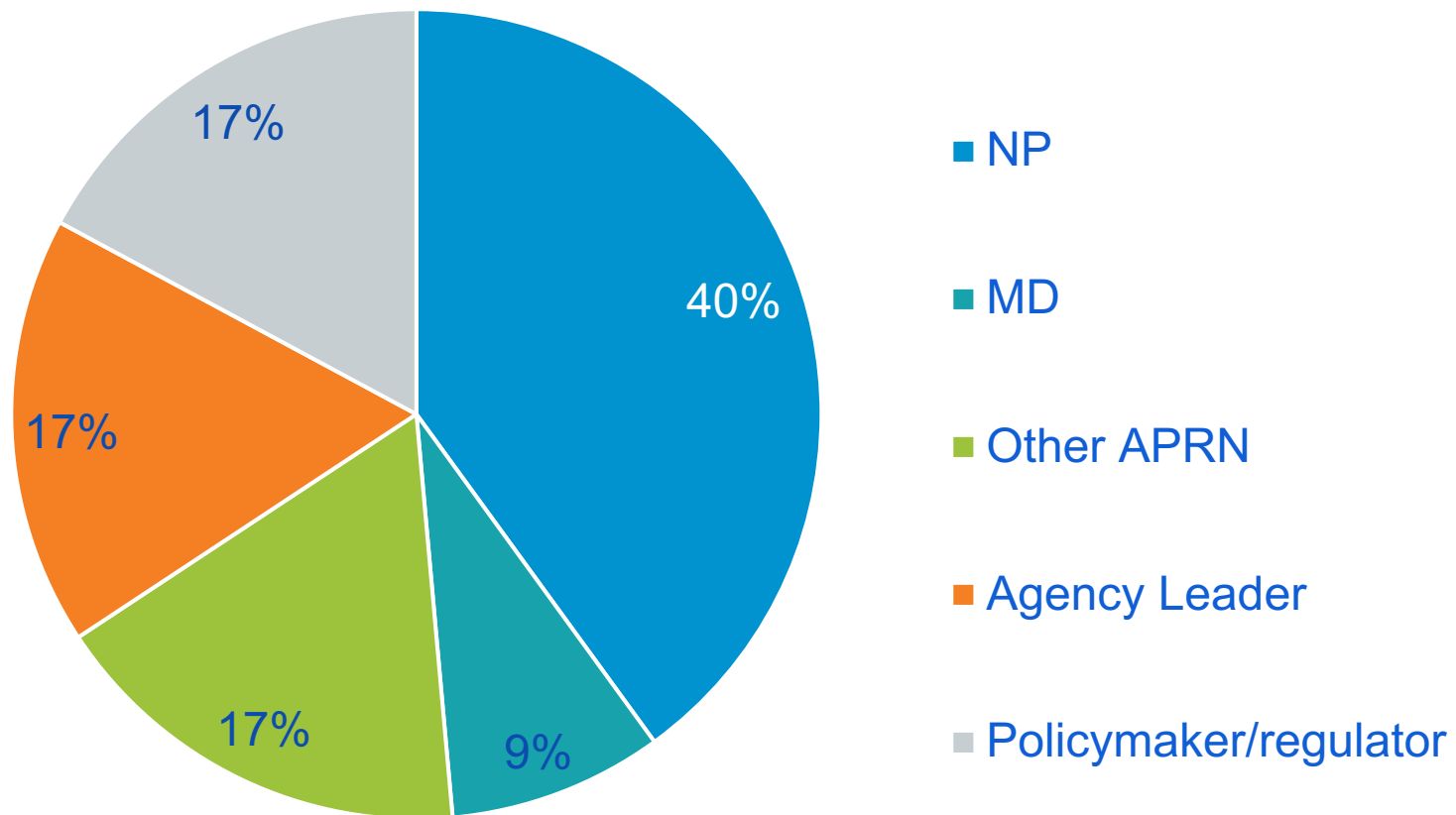
Percent of NPs with waivers, June 2020

	Overall	No oversight	Oversight required
Urban counties	6.06%	5.39%	6.36%
Rural counties	6.74%	7.57%	5.75%
Significant difference	No	Yes	No

Qualitative research in four states

Site Visit States			
% NPs waivered		<i>No physician oversight</i>	<i>Physician oversight</i>
	<i>Low</i>	West Virginia	Michigan
	<i>High</i>	New Mexico	Ohio

Study participants



Scope of practice regulations

- Physician oversight is a barrier
- Inconsistency of regulations creates challenges for medication treatment
 - Example: NPs practicing in border area of OH and KY
- State-specific restrictions further confused the situation
 - Example: WV requirement of a “medical director”
- Long history of practicing without oversight supported medication treatment

Regulatory and organizational barriers

- Medicaid regulations
- Prior authorization
- Organizational restrictions
- Practice acceptance of opioid use disorder patients

Facilitators to NPs offering medication treatment

- Holistic nature of nursing education and practice
- Cohesion of state leaders around opioid crisis
- Nursing champions in the state
- Attitudes of nurses regarding value of the waiver
- Availability of free training

Leadership in education

- Addiction training in pre-licensure nursing and APRN education programs
- Community based practices of faculty

Implications for practice and policy

- Full practice authority could increase ability of APRNs to provide medication treatment
- State health care regulations, practice cultures, and response to the opioid epidemic all contribute to uptake of X waivers by APRNs
- As more APRN programs include waiver training, research should examine the extent to which graduates provide treatment services

Thank you!

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