Pediatric Nurse Practitioners
NATIONAL ASSOCIATION OF

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The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of more than 8,800 pediatric nurse practitioners and fellow pediatric-focused advanced practice registered nurses committed to providing optimal health care to children, the National Association of Pediatric Nurse Practitioners (NAPNAP) appreciates the opportunity to add its comments in response to your request for policy recommendations regarding the spectrum of issues related to the causes of opioid use disorder (OUD) and other substance use disorders (SUDs). NAPNAP and its members are eager to work with you to remove obstacles to providing better protection and care for children and families facing this crisis. We strongly support your efforts to focus on these critically important issues and encourage you to bear in mind the significant impact they have on children's health care.

As you know, advanced practice registered nurses (APRNs) who concentrate on children's care, including pediatric nurse practitioners (PNPs), are critically aware of the importance of stable, affordable health coverage in ensuring that families and their children receive the timely health care they need. Practicing in primary care, specialty, and acute care settings, APRNs dedicated to pediatric care have provided quality health care to children and families for more than 40 years in an extensive range of community practice settings such as pediatric offices, schools, and hospitals – reaching millions of patients each year. They provide age-appropriate pain management alternatives, identify and coordinate care for related behavioral and mental health disorders, and educate parents, families and caregivers on how they can assess and manage symptoms of pain and how to prescribe pain medication safely and effectively.

Pediatric APRNs know first-hand the epidemic proportion of the substance abuse crisis our nation is facing and often confront its impact on children – an aspect of the crisis that is too often overlooked in the public policy debate. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center on Substance Abuse and Child Welfare estimates that 400,000 births each year are affected by prenatal exposure to alcohol and illicit drugs, representing 10 percent of all live births. An estimated 21,732 infants were born with Neonatal Abstinence Syndrome (NAS) in 2012, and experts believe that an infant is born suffering from opioid withdrawal approximately every 25 minutes. The harm to children caused by misuse of opioids, alcohol and other substances reaches well beyond their infancy: the children of parents struggling with substance abuse disorders are often victims of neglect and trauma, frequently leading children into years spent in foster care if their parents do not have access to the treatment they need.

There is an urgent need for broad based primary prevention efforts – and funding structured to support them – targeted toward youth, parents and other adults who are youth influencers. In fiscal year 2015, the federal government spent roughly $13.3 billion on law enforcement and drug interdiction and $12.54 billion on treatment of opioid and substance use disorders – yet only $1.34 billion was spent on prevention. Our nation will never "arrest" its way or "treat" its way out of the addiction crisis it currently faces. Prevention of disorders must become a higher priority if we hope to successfully stem the rising tide of addictive disease in the U.S.

Evidence has shown that the normal growth and development of the youth brain from the age of ten until full maturity in the early to mid-second decade of life is uniquely vulnerable to disruption by substance use. Use of any addictive substance in this age group is extremely risky, and the age of first use is critically important: the earlier substance use begins, the greater the risk of the development of addictive disease. Addiction to multiple substances with comorbid mental and behavioral health issues becomes more common the earlier use begins. Broad-based environmental strategies are needed to combat the perception that youth experiments with substances are an inevitable "rights of passage" and that some substances (alcohol, nicotine, cannabinoids, for example) are relatively "harmless."

Federal policy should encourage cooperation between child welfare and health agencies to promote treatment for parents with substance abuse disorders and access to mental health and family preservation services that help children and their families heal. Any legislation you consider should emphasize the need to keep a child with their parent while providing treatment if and when it is possible to so safely, rather than creating incentives to remove them to foster care.

In addition, reforms to child welfare financing should end the current imbalance in federal funding incentives that provide substantially more resources for foster care than for services to prevent the need to remove children from their home. We applaud your efforts in securing the recent enactment of provisions of the bipartisan "Family First Prevention Services Act" to better equip state child welfare agencies to support a public health response to the opioid and substance abuse epidemic, giving states the flexibility and resources they need to provide in-home services that help families heal and stay together.

As you know, Medicaid plays a crucial role in providing opioid treatment. In fact, Medicaid and the Children's Health Insurance Program (CHIP) cover 30 percent of those with opioid addiction. Every state Medicaid program covers at least one MAT drug, and state Medicaid programs also frequently offer inpatient detoxification and treatment, intensive outpatient treatment, and care coordination services. Crucially, Medicaid also provides treatment for underlying conditions that cause chronic pain. In total, Medicaid spent $9.4 billion on care for individuals with opioid use disorder in fiscal year 2013 alone.

NAPNAP believes that keeping the Medicaid program strong is essential for combating the opioid crisis. We urge the committee to consider Medicaid policy changes that could remove barriers that limit access to treatment for Medicaid beneficiaries. However, given that 25 percent of those with opioid addiction remain uninsured, we urge you to encourage states to explore options for expanding Medicaid coverage as a means of reducing the number of uninsured adults and increasing access to opioid treatment, without eligibility or coverage requirements that would make access to such care more difficult.

NAPNAP strongly supported the enactment of the "Comprehensive Addiction and Recovery Act (CARA) of 2016" (P.L. 114-198) that authorized nurse practitioners (NPs) for a five-year period to prescribe medication-assisted therapies (MATs) after taking the necessary training and obtaining the required Drug Enforcement Administration waiver to do so. NPs hold prescriptive authority in all 50 states and the District of Columbia, and they are sometimes the only providers of this care in regions of the country that struggle to recruit and retain health care professionals – often the same regions severely stricken by opioid and substance use problems. Thousands of NPs have completed the required education to obtain the waiver and treat patients, but the limited authorization has made it difficult for more practitioners to expend the time and cost of qualifying for waivers.

As you and your committee consider developing legislation to address this crisis, NAPNAP strongly urges you to pay special attention to the impact of opioid and substance use disorders on children, including improving the prevention and coordinated treatment of NAS. We also urge you to include the "Addiction Treatment Access Improvement Act" (S. 2317/H.R. 3692), expanding the provisions of CARA and broadening the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)) to enable other qualified APRNs (clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) to prescribe buprenorphine and to make permanent the authorization for APRNs to prescribe MATs, as well as codifying regulations expanding the number of patients qualified physicians can treat to 275.

We also believe that better collaboration between health care providers and the child welfare system is essential to addressing the increase in opioid use disorders among pregnant and parenting women. Provisions of CARA also require states to develop infant plans of safe care in instances when an infant experiences NAS following opioid exposure in utero. Sadly, however, those requirements were imposed without the resources or clear guidance for their implementation. In order to ensure infant safety and keep families together when appropriation, we believe Congress should provide additional federal guidance, funding and technical assistance is provided to states to ensure that these requirements are effectively implemented.

Again, NAPNAP appreciates your leadership in taking action to address the nation's opioid and substance use crisis. We are eager to work with you to find bipartisan, cost-effective strategies that can be enacted into law this year, including help for infants, children and their families. NAPNAP looks forward to any opportunities to be of assistance on issues and policies related to children's health. We are pleased to offer a wide breath of expertise and assist you in framing a healthier future for our children and young adults.

Sincerely,

Tresa E. Zielinski, DNP, RN, APN-NP, CPNP-PC
President