



Kentucky Academy of Physician Assistants



FACTS about Opioids

The Kentucky Academy of Physician Assistants (KAPA) has filed Senate Bill 55, which will allow Kentucky physicians to authorize physician assistants (PAs) to prescribe Schedule II-V medications, also known as controlled substances. Some legislators have voiced concern regarding Schedule II-V medications, because this class includes opioids. Heroin, while not a prescribed controlled substance, is classified as an opioid, as is hydrocodone. Many opioids can be prescribed safely and are a necessary part of pain management. However, these medications can cause serious harm if they are misused, and can lead to addiction, overdose, and death. The opioid epidemic has caused some to question whether increasing the number of prescribers of controlled substances will worsen the epidemic, but the evidence does not validate this concern.

The following information supports PA prescriptive authority for controlled substances and provides explanation as to why preventing PAs from prescribing controlled substances will NOT reduce the number of prescriptions in Kentucky for controlled substances:

- The **Comprehensive Addiction and Recovery Act (CARA)** was passed in July 2016 by Congress in an effort to stem the epidemic of opioid abuse through education, prevention, treatment and rehabilitation. CARA is supported by multiple medical organizations.
- **None of these organizations, nor CARA, has suggested restricting or reducing the number of prescribers as a solution to this problem.**
- **49 states allow PAs to prescribe controlled substances.** CARA has recommended expanding prescriptive authority for PAs and nurse practitioners (NPs) to prescribe medication assisted treatment (MAT), e.g., Suboxone, for opioid addiction.
- **In Kentucky, these prescriptions are already being written by PAs.** They are simply signed by the supervising physician creating an inflated number of prescriptions for controlled substances under the physician's DEA number. This provides an inaccurate tracking system for these prescriptions in Kentucky and requires the physician to be onsite for these patients to receive appropriate care.
- In situations where the physician cannot be onsite and available to sign prescriptions for controlled substances, **PAs are being denied employment in Kentucky** and these positions are going exclusively to NPs. This increases the provider shortage in Kentucky. PAs who were trained at one of the three PA programs in the state must seek employment in one of 49 other states that allow prescriptive authority.
- What cannot be ignored is the equally important issue of healthcare access and healthcare costs in Kentucky. Evidence shows that when PAs are allowed to practice at their full scope, they reduce costs and improve access and outcomes for patients. One study showed that **"prohibiting PAs from prescribing medications to patients significantly raises costs by more than 11% on average translating to about \$109 in extra expenses for each Medicaid beneficiary."**
- Through SB 55, prescriptive authority for controlled substances by a PA will have to be authorized by a supervising physician. Physicians who prefer to opt out will not be required to submit an application to the Kentucky Board of Medical Licensure. **Opposing this legislation will change nothing for physicians who do not want it, but only continue to impede those physicians whose practice desperately needs this authority for PAs to better meet the needs of their patients.**
- **Patient care is being delayed.** In instances where the supervising physician has to be out of the office, patients are having to reschedule and sometimes go without their medication, putting them at risk for side effects if the medicine is taken chronically.
- 49 states have focused on the most important factor in this equation...**the patient**...and the necessity of increasing patients' access to quality healthcare. Kentucky has made great strides in improving healthcare for patients over the last several years. You have the opportunity in 2017 to advance healthcare once again by passing Senate Bill 55.