



PAs as Responsible Prescribers: Background and Facts

PAs are authorized to prescribe controlled medications in every state and D.C. with the exception of Kentucky. The first states to allow controlled prescribing by PAs were Arizona and Washington, in 1978. Other states began to follow, and today, forty-four states and D.C. allow PAs to prescribe Schedule II opioid medications in at least some settings. Two additional states allow PAs to prescribe Schedule II hydrocodone combination products.

States are also increasingly eliminating restrictions on controlled prescribing by PAs. While some initial state laws required PAs to have a certain amount of practice experience or undergo additional supervision or chart review prior to or as a condition of controlled prescribing nearly all of these provisions have been repealed. Today, only six states still have such requirements in their laws and/or regulations.

The following research provides evidence that PAs have historically been responsible prescribers of controlled medications, including opioids:

- A survey of prescribing habits of practitioners in Tennessee between 2007-2011 found that M.D.s wrote approximately 56% of opioid prescriptions over this time period. Nurse practitioners wrote just over 11%, and the remaining prescriptions were written by PAs, osteopathic physicians, and dentists.

Gwira Baumblatt, J., Wiedeman, C., et al. (2014). High-risk use by patients prescribed opioids for pain and its role in overdose deaths. *Journal of the American Medical Association Internal Medicine*.

- A study by Stanford University researchers which focused on prescriptions for Medicare beneficiaries in 2013 showed that opioid medications are widely prescribed, and the frequency of prescribing opioid medications (by all prescribers) is nearly the same as any other medication.

Chen, J.H., Humphreys, K, Shah, N.H. (2015). Distribution of opioids by different types of Medicare prescribers. *Journal of the American Medical Association Internal Medicine*. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2474400>. Accessed January 9, 2019.

- Stanford University researchers (see above) also found that the specialties representing the largest number of prescriptions for Schedule II opioid medications to Medicare beneficiaries in 2013 were family practice (15.3 million), internal medicine (12.8 million), nurse practitioners (4.1 million), and PAs (3.1 million).

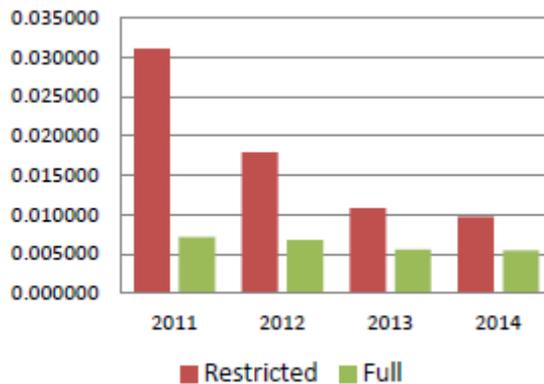
Stanford University Medical Center (2015). Overprescribing of opioids is not limited to a few bad apples. *ScienceDaily*. <https://www.sciencedaily.com/releases/2015/12/151214130530.htm>. Accessed January 9, 2019.

- A survey of the Oregon prescription drug monitoring program’s data between 2011 and 2014 showed that patients who saw a nurse practitioner or naturopathic physician received more “high-risk” prescriptions for opioid medications (12.9% for NPs and 15% for naturopathic physicians) than those who saw an M.D., D.O., or PA (11.1% total). The researchers noted that patients who received an opioid prescription from an NP tended to have been prescribed an opioid by more than one prescriber but posited that this could be due to high-risk patients seeking out NPs.

Fink, P., Deyo, R., Hallvik, S., Hildebran, C. (2017). Brief research report: opioid prescribing patterns and patient outcomes by prescriber type in the Oregon prescription drug monitoring program. *Pain Medicine*. <https://www.oregon.gov/obnm/Pages/OpioidPrescribingPatterns.2017.pdf>. Accessed January 9, 2019.

In Addition:

- According to the National Practitioner Data Bank, states which granted PAs full prescriptive authority had lower PA discipline ratios from 2011-2014 than those which restricted PA prescribing:



- As the total number of PAs has increased, the ratio of PAs disciplined by their state licensing agency has decreased.

American Academy of PAs. PAs: A safe provider & prescriber. <http://kentuckypa.org/resources/documents/legislative/2016-pa-discipline-ratio.pdf>. Published 2016. Accessed January 11, 2019.

- There is no difference in malpractice premiums between states which authorize full prescriptive authority for PAs and those which do not because malpractice premiums are based on previous malpractice awards, the number of practitioners in the insurance pool, and other factors – not state scope of practice laws.
- No state which has authorized full prescriptive authority for PAs has repealed it.

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