



Association for Multidisciplinary
Education and Research in
Substance use and Addiction

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RE: Review of 201 KAR 9:270 (i.e., Kentucky's buprenorphine regulation)

To Whom It May Concern:

AMERSA, Inc. (Association for Multidisciplinary Education and Research in Substance Use and Addiction) is a non-profit professional organization founded in 1976 with a mission to improve health and well-being through leadership and advocacy in substance use education, research, clinical care, and policy. As an organization, we believe in equitable access to healthcare and evidence-based substance use disorder treatment for all who desire it. Furthermore, we believe that this care should be made easily accessible without unnecessary restrictions and free from stigma.

We strongly urge the Kentucky Board of Medical Licensure (KBML) to halt its current efforts to finalize revisions to 201 KAR 9:270, which governs the prescribing of buprenorphine for treating opioid use disorder (OUD). While we agree that Kentucky's buprenorphine regulations require review, we believe the proposed changes would establish or reinforce barriers to treatment that contradict current scientific evidence on buprenorphine. Our stance supports a regulatory and policy framework that enables clinicians to provide optimal medical care for buprenorphine patients. However, KBML's current proposal would have the opposite effect.

Buprenorphine is considered essential for treating opioid use disorder (OUD) due to its proven ability to reduce mortality and alleviate various symptoms associated with OUD, such as illicit

opioid use, misuse of pharmaceutical opioids, infectious diseases from injection, and frequent hospitalizations and emergency room visits. It is also a cost-effective treatment option. Despite these benefits, fewer than 20% of individuals with OUD receive medication for their condition, a disparity not seen in effective treatments for other chronic medical diseases. Kentucky, a state deeply affected by the opioid crisis with rates of opioid-involved overdoses and hospitalizations exceeding the national average, maintains regulations on buprenorphine that are stricter than federal standards, placing it in the minority of states with such stringent regulations.

In addition, Kentucky is a reduced practice state in which nurse practitioners and nurse midwives are required to collaborate with a physician to prescribe medications. As federal restrictions have been lifted to allow advanced practice nurses and physician assistants to prescribe buprenorphine for treating persons with opioid use disorder, removing practice barriers at the state level could significantly improve access to buprenorphine treatment particularly in rural areas.

In collaboration with our colleagues nationwide, we strongly urge the KBML to halt its current proceedings. We advocate for the removal of existing buprenorphine regulations in Kentucky, citing their inconsistency with scientific evidence, as well as recommendations from the Substance Abuse and Mental Health Services Administration (SAMHSA), the American Society of Addiction Medicine (ASAM), and the American Academy of Addiction Psychiatry (AAAP). These regulations also diverge from the standards observed in many other states. If outright removal is not feasible, we recommend reopening the proposed changes to a new work group comprised of experts in OUD treatment to ensure alignment with current scientific evidence and federal regulations.

Sincerely,

A handwritten signature in cursive script that reads "Deborah S. Finnell".

Deborah S. Finnell, PhD, RN, CARN-AP, FAAN
AMERSA Board President