



December 1, 2016

Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

ATTN: Mr. Chad Buskirk

As the voice of more than 72,000 clinical nurse specialists (CNS), the National Association of Clinical Nurse Specialists (NACNS) is pleased to provide to the Centers for Medicare & Medicaid Services (CMS) comments on the implementation of Section 704 of the **Comprehensive Addiction and Recovery Act of 2016** (CARA, P.L. 114-198) (81 FR 74388). Section 704 authorizes a program to prevent prescription drug abuse in Medicare Parts C and D. Specifically, this section allows for a drug management program for at-risk beneficiaries for prescription drug abuse. NACNS earnestly advocates that the rulemaking to implement this drug management program allows access to CNSs by the proposed beneficiaries.

CNSs are one of the four advanced practice registered nurse roles (APRN). APRNs are licensed registered nurses who must have specified graduate preparation (master's or doctorate). Since the passage of the **Balanced Budget Act of 1997** (P.L. 105-33), CNSs have been allowed to directly bill their services, under Part B participation in Medicare, including the services of prescribing and managing medication-assisted treatment (MAT) to beneficiaries. Prescriptive authority, with lawful prescriptive authority for controlled substances, is within the scope of practice of CNSs. Currently CNSs have the state-level authority to prescribe pharmacotherapeutics in 39 states.

While there is a devastating lack of capacity to treat those seeking help, CARA expands access to MAT by permitting physician assistants plus only one APRN group, i.e., nurse practitioners, to prescribe MAT to treat an opioid use disorder. (See CARA, Title III, and Section 303, which amends Section 303 of the **Controlled Substances Act** by adding to the criteria of a "qualifying practitioner".) NACNS argues that as many qualified prescribers as possible are necessary to treat patients who are struggling in this nationwide epidemic. Many CNSs already work in pain management clinics – a primary point of contact to identify and prevent this problem – and have taken extensive training in addiction treatment. It is indefensible to continue to deny these clinicians prescribing authority while patients suffer and die from a treatable disease. **NACNS urges CMS to prioritize allowing at-risk beneficiaries, for prescription drug abuse, access to clinical nurse specialists who are lawful prescribers of MAT.**

If you have any questions or require additional information about our position, please feel free to contact Melinda Mercer Ray, MSN, RN, NACNS Executive Director, at 703-929-8995 or via email at mray@nacns.org.

Sincerely yours,

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President