



September 17, 2018

[Submitted electronically to www.regulations.gov]

Re: Second Meeting of the Pain Management Best Practices Inter-Agency Task Force (HHS-OS-2018-0016-0026)

Dear Members of the Pain Management Best Practices Inter-Agency Task Force:

The American Pharmacists Association (APhA) applauds the efforts of the Pain Management Best Practices Inter-Agency Task Force (“Task Force”) to develop a report to Congress with updates on best practices and recommendations on addressing gaps or inconsistencies for pain management, including chronic and acute pain. Founded in 1852 as the American Pharmaceutical Association, APhA represents 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care.

APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services. Policies that utilize pharmacists and harness their education and training are needed to better address the opioid epidemic while balancing the need to provide care to patients in pain. APhA offers the following recommendation for the Task Force’s consideration which we believe will be most impactful in helping patients in pain and in stemming the opioid epidemic.

Primary Recommendation: To improve pain management and enhance prevention efforts related to opioids, Medicare Part B and other payers should cover pharmacist-provided services

Pharmacists’ services are not broadly covered under Medicare Part B, state Medicaid programs or private payors. Because Medicare often serves as an informal bar for other payers, Medicare coverage of pharmacist-provided services is a crucial first step in helping patients benefit from pharmacist-provided care which fosters safe and effective medication use, among other advantages. However, without such coverage, beneficiaries’ access to the health care practitioner with the most medication-related education and training is limited and restricted mainly to services associated with the dispensing of medications.

As described above, pharmacists provide care in many different care settings and can provide a vast array of services beyond dispensing. For example, over 6,500 pharmacists’ working for the U.S. Department of Veterans Affairs (“VA”) “enjoy a high level of clinical practice that utilizes their training in comprehensive medication management”, and “Clinical

Pharmacy Specialists work under a scope of practice with authority to prescribe and monitor medication therapies...”.¹ Unlike the VA, Medicare’s lack of coverage of pharmacists’ services fails to optimize pharmacists’ education and training and consequently, opportunities to address gaps in care, including increasing beneficiary access, are missed. If Medicare covered pharmacists’ services, pharmacists would be better positioned to address the opioid epidemic and patients’ pain management needs. Specifically, they could screen for and assess beneficiary risk for misuse and abuse (e.g., assess patient and medication profiles, assess appropriate dosage based on the indication, identify co-risk factors) and provide interventions such as patient education (e.g., opioid misuse, appropriate storage, security and disposal), referral and care coordination (e.g., medication changes, tapering). Additionally, if pharmacists are included among other Part B providers whose services are covered, it would be easier for other members of the health care team and patients to work with pharmacists as a part of a coordinated, team-based approach to care.

Although APhA has many different recommendations related pain management and the opioid epidemic, we believe the most impactful change would be for Medicare to cover pharmacist-provided services. Given 89 percent of Americans live within five miles of a community pharmacy and the treatment and prevention necessities of patients in pain, strategies to better utilize pharmacists are essential in bridging gaps in care, preventing abuse and misuse, and improving outcomes. Therefore, APhA urges the Task Force to support the *Pharmacy and Medically Underserved Areas Enhancement Act (S. 109 / H.R. 592)* to advance this commonsense policy.

Thank you for the opportunity to provide comments to the Task Force. We support the Task Force’s ongoing efforts to continue to fight the opioid epidemic. If you have any questions or require additional information, please contact Jenna Ventresca, at jventresca@aphanet.org or by phone at (202) 558-2727.

Sincerely,



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Executive Vice President and CEO

cc: Stacie Maass, BSPHarm, JD, Senior Vice President, Pharmacy Practice and Government Affairs

¹ See U.S. Department of Veterans Affairs, Veterans Health Administration, (2012) *Become a VA Pharmacist*, available at: https://www.pbm.va.gov/PBM/education/residency/generalinfo/Pharmacist_Brochure.pdf, last accessed: September 14, 2018.