



**American Pharmacists Association**<sup>®</sup>  
Improving medication use. Advancing patient care.

October 18, 2017

The Honorable Elinore F. McCance-Katz, M.D., Ph.D.  
Office of the Assistant Secretary for Mental Health and Substance Abuse  
5600 Fishers Lane  
Rockville, MD 20857

**RE: Pharmacist Provision of Medication Assisted Treatment for Opioid Use Disorders**

Dear Assistant Secretary McCance-Katz:

Congratulations on your confirmation as the Assistant Secretary for Mental Health and Substance Abuse for the Substance Abuse and Mental Health Services Administration (SAMHSA). The American Pharmacists Association (APhA) looks forward hearing your testimony at the House Energy and Commerce Committee Hearing, Federal Efforts to Combat the Opioid Crisis: A Status Update on CARA and Other Initiatives. APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 64,000 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 office practices, managed care organizations, hospice settings, and the uniformed services.

APhA views medication-assisted treatment (MAT) as an important component of a multipronged approach to addressing opioid abuse and improving treatment. APhA applauds efforts to expand access to MAT, such as increasing Drug Addiction Treatment Act (DATA)-waivered physician's prescribing caps and allowing nurse practitioners (NPs) and physician assistants (PAs) to obtain a DATA waiver. To further expand access to MAT, APhA recommends SAMHSA use its authority granted in the Comprehensive Addiction and Recovery Act (CARA) (P.L. 114-198) to revise the "qualifying other practitioner"<sup>1</sup> requirements by including pharmacists alongside NPs and PAs. Alternatively, we encourage a legislative change, as described in H.R. 3991 *Expanded Access to Opioid Abuse Treatment Act of 2017*, which would enable pharmacists to obtain a DATA waiver, likely PAs and NPs.

Pharmacist involvement in MAT for opioid use disorders helps improve access and outcomes, while reducing the risk of relapse.<sup>2,3</sup> Currently, 48 states and the District of Columbia allow

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<sup>1</sup> P.L. 114-198, Sec. 303, stating in regards to the definition "qualifying other practitioner" the law states "The Secretary may, by regulation, revise the requirements for being a qualifying other practitioner under this clause." and "the term 'qualifying other practitioner' means a nurse practitioner or physician assistant who satisfies each of the following..."

<sup>2</sup> DiPaula, B.A. & Menachery, E. (Mar/Apr 2015). Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients, *Journal of the American Pharmacists Association*, 55(2), 187-192.

<sup>3</sup> Raisch, W. (2002). Opioid Dependence Treatment, Including Buprenorphine/Naloxone, *Pharmacology & Pharmacy*, 36(2), 312-321.

pharmacists to enter into collaborative practice agreements<sup>4</sup> with physicians and other prescribers to provide advanced care to patients, which may include components of MAT. In addition, according to the Drug Enforcement Agency, pharmacists are mid-level practitioners like PAs and NPs, and six states<sup>5</sup> allow pharmacists to prescribe Schedule II-V controlled substances under a collaborative practice agreement.<sup>6</sup> Consequently, under certain states' scope of practice laws, pharmacists are eligible to prescribe Schedule III controlled substances but are unable to prescribe certain Schedule III medications, such as buprenorphine, because they are not eligible for a DATA waiver.

When pharmacists partner with physicians and other health care professionals to provide MAT, they streamline and improve care. Pharmacists' responsibilities may include treatment plan development, dispensing, patient communication, care coordination, and adherence monitoring and improvement activities, among others. Allowing pharmacists to obtain a DATA-waiver will increase patients' access to MAT and address treatment gaps.

APhA reiterates that pharmacists are often an underutilized health care resource despite their medication expertise and accessibility. Pharmacists today graduate with a Doctorate of Pharmacy degree, which requires six to eight years of higher education to complete, and have more medication-related training than any other health care professional. Thank you for the opportunity to provide our recommendation regarding an important opportunity to increase patients' access to substance use treatment programs by utilizing pharmacists. If you have any questions or require additional information, please contact Jenna Ventresca, Director, Health Policy, at [jventresca@aphanet.org](mailto:jventresca@aphanet.org) or by phone at (202) 558-2727.

Sincerely,



Thomas E. Menighan, BSP Pharm, MBA, ScD (Hon), FAPhA  
Executive Vice President and CEO

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

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<sup>4</sup> See Centers for Disease Control and Prevention (2017), *Advancing Team-Based Care Through Collaborative Practice Agreements*, available at: <https://www.cdc.gov/dhdsdp/pubs/docs/CPA-Team-Based-Care.pdf> (last accessed: August 14, 2017).

<sup>5</sup> States that allow pharmacists to prescribe controlled substances when working under a collaborative practice agreement: California, Massachusetts (hospital only), Montana, New Mexico, North Carolina, Ohio, and Washington.

<sup>6</sup> See Drug Enforcement Agency, *Mid-Level Practitioners Authorization by State*, available at: [https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp\\_by\\_state.pdf](https://www.deadiversion.usdoj.gov/drugreg/practioners/mlp_by_state.pdf), last accessed: October 18, 2017.