



February 14, 2018

Senator Orrin Hatch  
104 Hart Office Building  
Washington, DC 20510

Senator Ron Wyden  
221 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senator Hatch and Senator Wyden:

Thank you for seeking feedback to inform the Senate Finance Committee's response to the opioid epidemic. On behalf of the American Pharmacists Association (APhA) and our members, we agree more needs to be done to help the individuals and communities you serve who suffer as a result of the widespread misuse and abuse of prescription opioid pain relievers. APhA, founded in 1852 as the American Pharmaceutical Association, represents 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, physicians' offices, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

As the most accessible health care practitioner, pharmacists are uniquely aware of the harm caused to individuals and communities by the opioid epidemic. APhA supports the efforts by the Committee and other stakeholders to identify and implement mechanisms to address this serious issue. However, any approach to address prescription drug abuse must balance the legitimate needs of patients suffering from pain and those in need of treatment with efforts to curb abuse and misuse. APhA offers the following recommendations in response to your questions regarding changes to Medicare and substance use disorder treatment that will enhance efforts to address the opioid epidemic.

**A. Pass H.R. 592/ S. 109 – Pharmacy and Medically Underserved Areas Enhancement Act**

The *Pharmacy and Medically Underserved Areas Enhancement Act* (H.R. 592/S.109) increases medically underserved Medicare Part B beneficiaries' access to health care through pharmacists' services. Many patients do not have adequate access to practitioners who can optimize their care and outcomes. Pharmacists are the most accessible health care practitioner and eager to fill these treatment gaps, but barriers in Medicare unnecessarily restrict patients from accessing these health care providers.

In response to the opioid epidemic, pharmacists, the medication experts on the patient's health care team, have enhanced their efforts and expanded their services to fill gaps in care. However, without being recognized by Medicare, pharmacists' services are not accessible to beneficiaries, despite being qualified. Although there are several root problems associated with the opioid epidemic, it is clear that more attention needs to be paid to the treatments patients are prescribed, how they take their medications, and what happens when they no longer need the prescription.

Pharmacists are involved in pain management programs that include medication tapering services, work in medication assisted treatment programs, and furnish naloxone where authorized. Depending on state authority, pharmacists working under collaborative practice agreements can initiate, monitor, modify, and discontinue medication therapy, including opioids, and order and interpret laboratory tests in collaboration with other members of the health care team. Patients living with chronic conditions often have medications, including opioids, from multiple providers. Pharmacists are often the only practitioner who sees the patient's complete medication profile and can help bridge the communication gap between health care providers by coordinating care and providing medication-related services. In addition, they are highly accessible as 89% of Americans live within five miles of a community pharmacy. However, because Medicare and other payers do not cover pharmacist services, patients are unable to benefit from their expertise and care. To better utilize pharmacists in addressing the opioid epidemic, APhA urges Congress to pass legislation that will improve patient outcomes and care by enabling patients to access the care and services from pharmacists — the health care practitioner with the most medication-related education and training.

APhA also notes the broad Congressional support for the *Pharmacy and Medically Underserved Areas Enhancement Act* which currently has 50 cosponsors in the Senate and 247 in the House of Representatives. Again, we urge Senators Hatch and Wyden to advance this legislation.

## **B. Support Including Pharmacists as Practitioners Eligible for a DATA waiver**

In 2016, the Comprehensive Addiction and Recovery Act made physician assistants (PAs) and nurse practitioners (NPs) eligible to obtain a Drug Addiction and Treatment Act of 2000 (DATA) waiver. By doing so, PAs and NPs became eligible to provide schedule III medications without having to register as an opioid treatment program. This is a significant step that improves patient access to medication-assisted treatment (MAT).

Like PAs and NPs, pharmacists are considered mid-level practitioners by the Drug Enforcement Agency and they also practice in settings providing MAT. When pharmacists partner with physicians and other health care professionals to provide MAT, they can increase access by streamlining 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 recommends Senators

Hatch and Wyden advance the *Expanded Access to Opioids Abuse Treatment Act of 2017* (H.R. 3991) or modify the *Addiction Treatment Access Improvement Act of 2017* (H.R. 3692/S.2317) such that pharmacists can increase patients' access to MAT by obtaining a DATA-waiver.

APhA welcomes a meeting with you to discuss ways pharmacists can improve patient care and the health care system generally, including ways to combat the opioid epidemic. Until then, APhA and our members will continue to collaborate with stakeholders to address the opioid epidemic. Thank you for continuing to prioritize patients and communities in your policymaking and efforts. If you have any questions or require additional information, please contact Alicia Kerry J. Mica, Senior Lobbyist, at [AMica@aphanet.org](mailto:AMica@aphanet.org) or by phone to (202) 429-7507.

Sincerely,

A handwritten signature in black ink that reads "Thomas E. Menighan". The signature is written in a cursive, flowing style.

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