



AMERICAN PHARMACISTS ASSOCIATION
STATEMENT FOR THE RECORD

BEFORE THE U.S. SENATE COMMITTEE ON FINANCE SUBCOMMITTEE ON HEALTH
CARE

THE COVID-19 PANDEMIC AND BEYOND: IMPROVING MENTAL HEALTH AND
ADDICTION SERVICES IN OUR COMMUNITIES

WEDNESDAY, MAY 12, 2021

Chairwoman Stabenow, Ranking Member Daines, and Members of the Committee, the American Pharmacists Association (APhA) is pleased to submit the following Statement for the Record for the U.S. Senate Finance Subcommittee on Health Care Hearing, “The COVID-19 Pandemic and Beyond: Improving Mental Health and Addiction Services in Our Communities.”

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

APhA thanks the Committee for holding this important hearing on improving mental health and substance use disorder (SUD) and opioid use disorder (OUD) services. Unfortunately, the COVID-19 pandemic has exacerbated the drug overdose crisis. According to the Centers for Disease Control and Prevention (CDC), during the period October 2019 through September 2020, there were more than 87,000 overdose deaths -- a record high.¹ Clearly, additional steps need to be taken to address this crisis.

Pharmacists are important providers on the patient’s health care team and play a critical role in caring for patients with acute and chronic pain and/or OUD) including prescribing medications, as authorized; medication management; administering; dispensing; and educating patients about opioid and non-opioid pain medications, as well as talking to patients about nonpharmacologic therapies. Pharmacists also provide services focused on screening for mental health conditions and work with other members of the patient's team to manage medications used in the treatment of mental health conditions.

Pharmacists have more medication-related education and training than any other health care professional. As medication experts, pharmacists are uniquely qualified to provide opioid stewardship and medication management services including comprehensive medication management, dose optimization, appropriate tapering of opioids and other pain medications, and education on safe storage and disposal methods. In addition, pharmacists aid opioid

¹ CDC National Center for Health Statistics. 12 Month-ending Provisional Number of Drug Overdose Deaths, based on data available for analysis on 4/4/2021, available at: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

overdose reversal efforts by furnishing naloxone and training patients and community members on its use.

In order to increase access to pharmacist-provided patient care services for patients with mental health conditions, SUD, and OUD, APhA urges Congress to pass the following legislation:

S. 1362 / H.R. 2759, the *Pharmacy and Medically Underserved Areas Enhancement Act*

Despite the fact that many states and Medicaid programs are turning to pharmacists to increase access to health care, Medicare Part B does not cover many of the impactful and valuable patient care services pharmacists can provide. While over 90% of Americans live within 5 miles of a community pharmacy², and pharmacists are also present in clinics and physician office practices, many of our nation's seniors are medically underserved. As proven during the COVID-19 pandemic, pharmacists are an underutilized and accessible health care resource who can positively affect beneficiaries' care and the entire Medicare program.

Accordingly, APhA strongly urges the Committee to include S. 1362, the *Pharmacy and Medically Underserved Areas Enhancement Act*, recently introduced by Committee members Charles Grassley (R-IA), Robert Casey (D-PA), and Sherrod Brown (D-OH), in the Committee's legislative package to allow pharmacists to deliver vital patient care services in medically underserved areas to help break down the barriers to achieving health care equity in this country, improve patient care, health outcomes, the impact of medications,³ and consequently, lower health care costs and extend the viability of the Medicare program.

By recognizing pharmacists as providers under Medicare Part B, S. 1362 would enable Medicare patients in medically underserved communities to better access health care – including mental health, SUD, and OUD care -- through state-licensed pharmacists practicing according to their own state's scope of practice. In medically underserved communities, pharmacists are often the closest health care professional and the most accessible outside normal business hours. The ongoing COVID-19 pandemic has further illustrated how difficult it is for patients living in medically underserved communities to access care and achieve optimal medication therapy outcomes. S. 1362 recognizes that pharmacists can play an integral role in addressing these

² NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

³ See, Avalere Health. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 2014, available at: <http://avalere.com/expertise/life-sciences/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment> Also, See, Avalere Health. Developing Trends in Delivery and Reimbursement of Pharmacist Services. October 2015, available at: <http://avalere.com/expertise/managed-care/insights/new-analysis-identifies-factors-that-can-facilitate-broader-reimbursement-o>

longstanding disparities to help meet health equity goals⁴ and ensure that our most vulnerable patients have access to the care they need. Helping patients receive the care they need, when they need it, is a common sense and bipartisan solution that will improve outcomes and reduce overall costs.

S. 445 / H.R. 1384, the *Mainstreaming Addiction Treatment (MAT) Act*

Only 1 in 5 Americans with opioid use disorder receive buprenorphine.⁵ The Department of Health and Human Services' (HHS) recent issuance of *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder*⁶ is a step in the right direction to increase patient access to buprenorphine, which has been proven to cut the risk of overdose death in half.⁷ However, the *Practice Guidelines* exclude pharmacists – the most accessible healthcare providers – because pharmacists are statutorily ineligible to apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a DATA 2000/X waiver⁸ necessary to prescribe buprenorphine as medication-assisted treatment (MAT) for OUD.

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 healthcare providers to provide MAT, they streamline and improve care. Pharmacists' MAT-related services may include treatment plan development, patient communication, care coordination, and adherence monitoring and improvement activities, among others. Allowing pharmacists to prescribe buprenorphine according to their states' scope of practice laws will increase patients' access to MAT and help address treatment gaps.

Accordingly, APhA strongly urges the Committee to include S. 445, the *Mainstreaming Addiction Treatment (MAT) Act*, introduced by Committee member Maggie Hassan (D-NH) and Senator Lisa Murkowski (R-AK), in the Committee's legislative package to further

⁴ The White House. Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. January 20, 2021, available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

⁵ Rebecca Haffajee, Ph.D., J.D., M.P.H. et al., Policy Pathways to Address Provider Workforce Barriers to Buprenorphine Treatment, 54 Am. J. Prev. Med. S230-42 (2019).

⁶ HHS. Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder. 86 FR 22439. April 28, 2021, available at: <https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder>

⁷ National Academy of Sciences, Engineering, and Medicine. Consensus Study Report: Medications for Opioid Use Disorder Save Lives, Nat'l Acad. Press (2019), available at: <https://www.nap.edu/catalog/25310/medications-for-opioid-use-disorder-save-lives>

⁸ 21 U.S.C. § 823(g)(2).



expand the number of practitioners – including pharmacists – who are ready, willing, and able to prescribe buprenorphine to patients in their jurisdictions.

Conclusion

APhA would like to thank the Committee for holding this important hearing and for continuing to work with us by including S. 1362 and S. 445 in your legislative package to increase access to pharmacist-provided patient care services for patients with mental health conditions, substance use disorder, and opioid use disorder. Please contact Alicia Kerry J. Mica, Senior Lobbyist, at AMica@aphanet.org or by phone at (202) 429-7507 as a resource as you consider this legislation. Thank you again for the opportunity to provide comments on this important issue.