

United States House of Representatives Energy and Commerce Committee

Subcommittee on Health Hearing

“Combating the Opioid Crisis: Helping Communities Balance Enforcement and Patient Safety”

Written Testimony of:

Richard N. Logan, Jr., PharmD, Pharmacist/Owner, Logan + Seiler, Inc.

Drug Diversion Investigator (Retired), Mississippi County Sheriff’s Department, Charleston, Missouri

On Behalf of the National Community Pharmacists Association (NCPA)

February 28, 2018

Chairman Burgess, Ranking Member Green and Members of the Subcommittee:

Thank you for conducting this hearing on the opioid crisis and providing me the opportunity to share my views and personal experiences. My name is Richard Logan and I have been a community practice pharmacist since 1975, owning two pharmacies in Southeast Missouri. Additionally, I am a recently retired drug diversion investigator for the Mississippi County, Missouri Sheriff’s Department. I have taught officers techniques of drug diversion investigation and have strived to raise awareness of prescription drug abuse in Missouri.

I am a member of the National Community Pharmacists Association (NCPA) and have been awarded the NCPA Prescription Drug Safety Award in recognition of my work in educating my community on the benefits of the correct use of prescription drug products and the hazards associated with their misuse.

NCPA represents America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together they represent an \$80 billion health care marketplace and employ more than 250,000 individuals on a full or part-time basis. I am here today as a healthcare provider, small business owner and retired drug diversion investigator to present some of my experiences and viewpoints, focusing on viable solutions to prevent drug abuse and diversion while maintaining legitimate patient access.

In this statement, NCPA would like to present thoughts on important issues surrounding the opioid epidemic and appreciates the opportunity to offer recommendations that should be considered to respond to the nation's opioid crisis. Independent community pharmacies play a critical role in ensuring patients have immediate access to medications. Our members have extensive knowledge and experience in caring for patients with chronic pain as well as those in their communities with substance use disorders.

NCPA is committed to working collaboratively with Members of Congress, the Administration, and other stakeholders in adopting viable solutions to prevent drug abuse and diversion. Pharmacists ensure proper medication use and abide by the rules contained in the Controlled Substances Act. Pharmacists perform their due diligence each time they fill a prescription and have a corresponding duty of care as does the prescriber.

As the final check-point in the system of checks and balances, pharmacists play a vital role in ensuring all medications, including controlled substances, are appropriate for their patients. Community pharmacists play an increasingly important role in monitoring for signs of prescription drug abuse and criminal activity, and must separate prescription drug use, misuse, abuse, and criminal behavior. Most importantly, pharmacists must monitor all their patients and work in collaboration with other health care providers, keeping the best interest of the patient at the center of all decisions.

Professional collaboration is key to ensure controlled substances are being prescribed and dispensed and used correctly. It may be the case where a prescriber is unaware of other controlled substance prescriptions a patient is taking and pharmacists need to communicate any concerns to the prescriber.

NCPA participated several years ago in a coalition of stakeholder organizations representing the medical, pharmacist, and supply chain spectrum highlighting the challenges and “red flag” warning signs related to prescribing and dispensing controlled substance prescriptions. A consensus document was released with the goal of providing health care practitioners with an understanding of their shared responsibility to ensure that all controlled substances are prescribed and dispensed for a legitimate medical purpose, as well as to provide guidance on which red flag warning signs warrant further scrutiny.

The consensus document is a good tool for healthcare providers, but at the end of the day pharmacists are not law enforcement officers. Criminals who engage in drug seeking behavior can be dangerous and it’s important that pharmacists develop a relationship with local law enforcement and alert them when appropriate.

NCPA believes there are efforts in the marketplace that are currently making a difference in the battle against opioid abuse and are scalable. Also, there are promising policies that Congress or the Administration could move forward that would have a positive impact on mitigating or preventing abuse, without compromising legitimate patient access to needed pain medications.

One such policy is included in H.R. 4275, *the Empowering Pharmacists in the Fight Against Opioid Abuse Act*, introduced by Representatives Mark DeSaulnier (D-Calif.) and Buddy Carter (R-Ga.), to provide for development and dissemination of programs and materials for training pharmacists, health care providers, and patients on indicators that a prescription is fraudulent, forged, or otherwise indicative of abuse or diversion.

H.R. 4275 requires the Administrator of the Drug Enforcement Administration (DEA) work in consultation with the Secretary of Health and Human Services (HHS), the Commissioner of Food and Drugs (FDA), the Director of the Centers for Disease Control and Prevention (CDC), and the Assistant Secretary for Mental Health and Substance Use (SAMHSA), to develop and disseminate programs and materials for training pharmacists, health care providers and patients. The training programs and materials would discuss circumstances under which a pharmacist may decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or otherwise indicative of abuse or diversion. In developing the training programs and materials the DEA Administrator must seek input from relevant national, state, and local associations, boards of pharmacy, medical societies, licensing boards, health care practitioners, and patients.

NCPA supports such an effort to bring greater clarity and education to other health care providers and patients regarding a pharmacist declining to fill a controlled substance. Even though pharmacists currently have the right to decline filling any controlled substance as part of their corresponding responsibility per the Controlled Substances Act, it is important to educate patients and entities such as insurance companies and pharmacy benefit managers on such circumstances.

It is also important for the DEA to provide greater clarity and update its regulations and guidance surrounding laws currently in place, such as Section 702 of the Comprehensive Addiction and Recovery Act (CARA), which amended the Controlled Substances Act to enable patients or physicians to request a “partial fill” of any Schedule II medication. However, it is our understanding that to date DEA has provided no clarity, updated regulations or guidance surrounding this provision.

NCPA’s other recommendations for solutions to address the opioid crisis include the following:

Expand Consumer Access to Naloxone: NCPA supports and advocates for pharmacists to participate in wider distribution of naloxone under pathways approved by state regulatory boards. The least restrictive means to increasing access to naloxone is to allow pharmacists to directly prescribe.

Establish Limits on Maximum Day Supply for Certain Controlled Substances: Federal or state based policies to limit initial fills of opioids should be standardized for consistent implementation, taking into consideration certain patient populations, such as hospice patients and those residing in skilled nursing facilities.

Any policy to limit initial fills of opioids should include a list of circumstances in which a prescriber be allowed to deviate from the mandate.

Prohibit Certain Controlled Substances from Being Delivered to Patients via Physician Offices or via Mail:

Prohibiting delivery of controlled substances to patients via physician offices or the mail is another policy that can have a positive impact on mitigating or preventing abuse by offering added assurances against diversion. Utilizing the triad of care between a prescriber, pharmacist and patient is vital with opioid therapies.

Expand Electronic Prescribing of Controlled Substances: NCPA also supports expanding electronic prescribing of controlled substances via requiring prescriptions for controlled substances to be electronically prescribed where feasible.

Enhance Prescription Drug Monitoring Programs: We also support enhancing prescription drug monitoring programs by increasing operability of robust electronic databases to track all prescriptions for controlled substances. National standards to provide timely, reliable information at point of prescribing and dispensing should also be leveraged.

Increase Health Care Provider Education: Increasing health care provider education should be a priority. For any required prescriber education program, a verification infrastructure with minimal administrative burden should be considered.

For example, automatic checks related to prescriber status on completion of educational requirements prior to transmission of impacted prescriptions and mechanisms for pharmacists to be informed about the requirements of the program must be considered. We would offer the Transmucosal Immediate Release Fentanyl (TIRF) REMS program as an example. The pharmacist's role is to provide continuity of education and monitoring.

Increase Use and Access to Medication Assisted Treatment: NCPA supports expanding practitioner eligibility for DATA waivers, including pharmacists. Advancement of the pharmacist's role in MAT for opioid use disorders can help improve access and outcomes, while reducing the risk of relapse. Pharmacists are already partnering with physicians to provide MAT. When such relationships form, pharmacists have taken the lead in developing treatment plans, communicating with patients, improving adherence, monitoring patients, identifying treatment options and performing tasks to alleviate the physician's burden. Thus, pharmacists have both the knowledge and experience to provide MAT but treatment is limited because of regulatory barriers.

Expand the Ability of Pharmacies to Identify Individuals with Substance Use Disorders: Pharmacists should be allowed to participate in SBIRT or Screening, Brief, Intervention and Referral to Treatment activities. For example, Virginia Medicaid's Addiction Recovery Treatment Services (ARTS) is a transformative new benefit being offered for Medicaid patients. The benefit includes coverage for SBIRT provided by pharmacies. The purpose of SBIRT is to identify individuals who may have alcohol and/or other substance use problems. Following screening, a brief intervention is provided to educate individuals about their use, alert them to possible consequences and, if needed, begin to motivate them to take steps to change their behavior.

Conclusion

NCPA greatly appreciates the opportunity to share our recommendations on ways to respond to the nation's opioid crisis. NCPA stands ready to work with all stakeholders to stem the growing tide of opioid abuse and overdose.