NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

Statement

Of

The National Association of Chain Drug Stores

For

United States House Energy and Commerce
Subcommittee on Health

On

"Combatting an Epidemic:
Legislation to Help Patients with Substance Use Disorders"

March 3, 2020
10:00 a.m.

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I. Introduction

The National Association of Chain Drug Stores (NACDS) commends Chairwoman Eshoo, Ranking Member Burgess, and the members of the Subcommittee on Health for their ongoing work to address the epidemic of opioid abuse in the United States. The chain pharmacy community remains committed to working with members of Congress, policymakers and other stakeholders to find workable solutions that will curb opioid abuse, and we welcome the opportunity to partner together for this purpose. As healthcare providers on the frontlines of patient care who serve a critical role in helping our Nation's patients take their medications safely and effectively, the chain pharmacy community is keenly aware of the complexities associated with the opioid epidemic. Every day, pharmacists face a moment of truth when presented with an opioid prescription, making decisions as a provider of patient care and as part of the solution to the opioid-abuse epidemic. Based on this first-hand experience and our commitment to the patients and communities we serve, NACDS and our members are steadfast in our pursuit of policies that ensure legitimate patient access to controlled substance medications while also preventing drug abuse and diversion of prescription opioid medications.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

We understand that the purpose of today's hearing is to consider policies for helping individuals struggling with addiction and to evaluate the implementation of already enacted legislation meant to address the ongoing opioid and drug abuse crisis impacting communities throughout the nation. To that end, NACDS is pleased to offer chain pharmacy's recommendations for:

1. Ways to increase provider capacity and access to Substance Use Disorder (SUD) treatment services; and
2. Addressing an implementation issue with provisions in the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* (SUPPORT Act) requirements that warrant further action by the Centers for Medicare and Medicaid Services (CMS).

We appreciate lawmakers considering our views on these matters.

II. Increasing Provider Capacity and Access to Treatment for Substance Use Disorders

The SUPPORT Act included grant funding for states and policy changes aimed at increasing provider capacity and improving access to treatment for individuals with a SUD. Currently, work is ongoing at the Centers for Disease Control and Prevention (CDC), CMS, and other supporting agencies to implement the funding provisions and associated policy changes related to this, including working to implement programs that expand access to SUD services. ***NACDS***

encourages lawmakers to urge policymakers both in federal agencies and in their home states to include community pharmacy providers of SUD treatment services in these programs.

A. Pharmacists' Critical Role

Pharmacists can serve a critical role in the prevention of prescription opioid misuse and abuse and providing individuals struggling with SUDs with convenient options for receiving Medication Assisted Treatment (MAT) services. As the face of neighborhood healthcare, community pharmacists are trusted healthcare professionals who regularly interact with patients to provide expert advice on proper medication use and deliver a growing number of important healthcare services to the public. Pharmacists' expertise on proper medication use and extensive education and training makes them uniquely suited to provide care to patients with SUDs.

NACDS members are already involved in numerous activities to help patients with SUDs. These activities include educating patients on safe opioid use, the importance of proper and safe storage and disposal of opioid products, alternatives to opioids, and dangers of mixing opioids with other medications like benzodiazepines; providing increased access to naloxone as well as naloxone administration; needle exchange programs; and engagement in opioid awareness, management, and prevention programs. While these services cover a wide range of areas, there are still many more services that pharmacists can – and in some states do – provide to further the advancement of SUD treatment and MAT in the Medicaid and Medicare programs.

We urge members of Congress to support policies that would utilize community pharmacists in assisting physicians with opioid treatment programs providing MAT for patients diagnosed with SUD.

B. The Value of Pharmacist Services

A recent study on the *Role of Pharmacists in the Opioid Use Disorder (OUD) crisis* noted that by allowing community pharmacists to be more involved in direct patient care, community pharmacists can help to eliminate gaps and barriers in treatment and increase access to naloxone and other MAT drugs as well as play a critical role in implementing strategies to help reduce population opioid use disorder (OUD) risk.[1] For example, pharmacists can contribute to reducing OUD population prevalence by using Screening, Brief Intervention, and Referral to Treatment (SBIRT) which has been developed, tested, and implemented in numerous healthcare settings to identify persons who are misusing alcohol and other drugs, and has just begun to be used by pharmacists. Through a screening process, pharmacists identify those at risk of OUD and provide brief counseling and motivational interviewing, as well as linkage to care. Allowing community pharmacists to be more involved in direct patient care helps increase provider capacity while also eliminating gaps and barriers in treatment and increasing access to naloxone and other MAT drugs.

[1] Pringle JL, Aruru M, Cochran J, Role of Pharmacists in the Opioid Use Disorder (OUD) crisis, *Research in Social & Administrative Pharmacy* (2018), doi: https://doi.org/10.1016/j.sapharm.2018.11.005.

Currently, pharmacy-based SBIRT services are being rolled out in Pennsylvania, Virginia, and Ohio. In Virginia, pharmacist-provided SBIRT services are reimbursed by Medicaid. While the expansion of pharmacist-provided SBIRT under Medicaid in Virginia is a positive step, further expansion in other states would improve access to SUD care. ***We urge members of Congress to advance policies that would implement these types of programs in Medicaid so that Medicaid beneficiaries can access this important pharmacist-provided service across the country.***

There are several other notable state programs that are actively leveraging community pharmacies and pharmacists to improve access to SUD treatment medications. In Rhode Island, a $1.6 million NIDA grant funding a pilot conducted at the Rhode Island Hospital is collaborating with six pharmacies working with 125 patients to manage their MAT.[2] In the pilot, patients receive their initial MAT prescription from a physician at CODAC, a large addiction-treatment program with seven locations in Rhode Island. After the physician determines a patient is stable on their medication, a pharmacist working under a collaborative practice agreement takes over the patient's care. Visiting the pharmacy once or twice a week, patients meet in a private room with their pharmacist. The pharmacist places a swab under the patient's tongue for several minutes that is sent to a lab for analysis to reveal whether that patient has taken the full dose of their prescribed medication or used any illicit substances. With that information, pharmacists counsel patients about recovery goals, struggles, and successes. They also employ motivational interviewing, a counseling technique that helps patients overcome ambivalence and make behavioral changes. Most patients enrolled in the pilot are expected to take buprenorphine, but patients also have the option of Vivitrol, a once-a-month injection of naltrexone which blocks the effects of opioids. (Methadone is not available as it can only be obtained at federally regulated clinics.)

Currently, Rhode Island is the only state to adopt a pharmacy-based addiction treatment project of this scope. However, there are other similar and notable pilot programs in Kentucky and Maryland. The Kentucky project allows pharmacists to manage patients with SUD on Vivitrol[3] and the Maryland program offers buprenorphine through a single pharmacy connected to the Health Department.[4]

Additionally, some state Medicaid programs are utilizing community pharmacies and pharmacists to provide treatment services to patients with SUDs. Recently, Colorado and Texas pursued program changes that enhance SUD treatment options for patients at the pharmacy level. In Colorado, legislation was enacted in 2018 that permits pharmacists acting under a collaborative practice agreement to administer injectable MAT for SUDs and receive an enhanced dispensing fee for the administration under the Colorado medical assistance program.[5] Similarly in Texas, the state submitted a State Plan Amendment in recent months that will expand the pharmacy benefit to reimburse pharmacists for administering Vivitrol to beneficiaries

[2] https://www.bostonglobe.com/metro/2019/03/12/getting-addiction-care-pharmacy/m1mcceVlLRXX1W9X3WdeOP/story.html
[3] https://www.pharmacytoday.org/article/S1042-0991(17)31120-9/fulltext
[4] https://www.bostonglobe.com/metro/2019/03/12/getting-addiction-care-pharmacy/m1mcceVlLRXX1W9X3WdeOP/story.html
[5] https://leg.colorado.gov/bills/hb18-1007

covered under Medicaid fee-for-service and Medicaid managed care.[6] ***We strongly urge Congress to support policies that will encourage other states to utilize and reimburse pharmacy providers for providing these types of services to Medicaid and Medicare beneficiaries.***

As alluded above, methadone is available only at federally regulated clinics, which severely limits its availability for treating patients that suffer from opioid use disorder (OUD), especially in rural areas where community pharmacies could serve as a viable resource. Lawmakers should also pursue policy changes to expand capacity and access, including allow methadone clinics and other facilities to partner with community pharmacies to monitor and provide continued care after a patient is initially stabilized on methadone in the clinic. Moreover, so that pharmacies can partner in this way, ***we strongly encourage members of Congress to enact policies that ensure accurate and fair reimbursement for pharmacies that provide SUD treatment services in the Medicare and Medicaid programs.***

To assist with overcoming the existing statutory and regulatory barriers, ***we encourage Congress to work with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Enforcement Administration (DEA) to address the policies that prevent community pharmacies from offering methadone treatment for OUD.*** Specifically, individuals prescribed methadone for maintenance and detoxification treatment may only obtain this medication from a narcotic treatment program that has been certified by the Center for Substance Abuse Treatment under SAMSHA. However, SAMSHA does not certify community pharmacies as narcotic treatment programs. Further, a separate DEA registration issued to narcotic treatment programs is required in order to dispense for this purpose. Altogether, these requirements exclude community pharmacies from serving as methadone treatment providers. Given the accessibility of pharmacies in communities across the country, updating these policies to enable pharmacies to provide methadone to treat OUD would serve to improve access for patients requiring this medication to meet their recovery goals – particularly in communities that otherwise lack access to methadone clinics and individuals in rural communities.

III. Timely Implementation of the EPCS Act (in the SUPPORT Act) Is Critical to Maintain Momentum of Past Work to Address the Opioid Crisis

When Congress enacted and the President signed into law the bipartisan *SUPPORT Act* in 2018, NACDS supported this important legislative achievement that encompassed numerous critical policies designed to address opioid abuse. Included in this historic law was the bipartisan *Every Prescription Conveyed Securely Act (EPCS Act)* that will require controlled substances prescriptions covered under Medicare Part D to be electronically transmitted starting in 2021. Chain pharmacy continues to strongly support policies like the *EPCS Act* that promote the use of e-prescribing to transmit prescription information between prescribers and pharmacists.

Use of electronic prescribing technology substantially improves safety and security in the prescribing process. For controlled substance prescriptions in particular, electronic prescribing adds new dimensions of safety and security. Electronic controlled substance prescriptions cannot

[6] https://www.sos.state.tx.us/texreg/archive/May242019/In%20Addition/In%20Addition.html#99

be altered, cannot be copied, and are electronically trackable. Furthermore, the DEA rules for electronic controlled substances prescriptions establish strict security measures, such as two-factor authentication, which reduces the likelihood of fraudulent prescribing. Notably, the state of New York saw a 70% reduction in the rate of lost or stolen prescription forms after implementing its state mandatory e-prescribing law.[7]

Notably, the electronic prescribing requirements in the *EPCS Act* have inspired a number of states to enact similar mandates that align with the new federal Medicare requirement. So far, 25 states have taken action to require the use of e-prescribing practices.[8] Although there continues to be significant growth in the adoption and utilization of e-prescribing across the nation, considerable opportunity remains for additional uptake in the adoption of e-prescribing of controlled substances. According to the most recent data available, 1.91 billion prescriptions were issued electronically in the United States in 2018, of which 115 million were for controlled substances.[9] While 85% of *all prescriptions* were issued electronically, only 31% *of controlled substance prescriptions* were issued electronically.[10] Timely implementation of the *EPCS Act* is critical to maintaining momentum towards increased use of electronic prescribing technology for controlled substance prescriptions.

Before the electronic prescribing requirements of the *EPCS Act* take effect in 2021, implementing regulations from CMS, required under the law, are needed to facilitate program changes related to the new requirement. Considering the typical timelines required to complete rulemaking, the inaction of CMS is concerning and may lead to implementation delays. ***To prevent such delays, we urge lawmakers to reach out to leadership at CMS to ensure that the agency acts expeditiously to achieve full implementation of the law by the beginning of next year, especially given the numerous, tangible benefits that e-prescribing technologies have for patients, providers, and for the healthcare system.***

We further welcome the support of members of Congress to support state efforts to extend e-prescribing mandates consistent with the Medicare e-prescribing mandate to all prescriptions – not just those covered by Medicare – in all 50 states and the District of Columbia.

IV. Conclusion

NACDS thanks the members of the Subcommittee on Health for consideration of our comments. We look forward to working with lawmakers and other stakeholders to advance policy solutions to help address the opioid abuse crisis.

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1. [7] Remarks of Anita Murray, Deputy Director, New York State Department of Health at the Harold Rogers Prescription Drug Monitoring Program National Meeting (September 6, 2017)
2. [8] Laws Requiring the E-Prescribing of Opioids Have Gained Momentum, but Prescriber Adoption is Playing Catch Up, Jan. 2, 2019. Available here: https://surescripts.com/news-center/intelligence-in-action/opioids/laws-requiring-the-e-prescribing-of-opioids-have-gained-momentum-but-prescriber-adoption-is-playing-catch-up/
3. [9] The Surescripts *2018 National Progress Report* is available here: https://surescripts.com/news-center/national-progress-report-2018/
4. [10] Ibid.