



November 1, 2019

The Honorable Greg Walden
Ranking Member
House Committee on Energy and Commerce

The Honorable Michael C. Burgess, M.D.
Ranking Member
House Committee on Energy and Commerce Subcommittee on Health

The Honorable Brett Guthrie
Ranking Member
House Committee on Energy and Commerce Subcommittee on Oversight and Investigations

RE: Substance Use Disorder Treatment Request for Information

Dear Representatives Walden, Burgess and RGuthrie:

APhA appreciates your efforts to prevent patients with substance use disorder (SUD) from receiving harmful treatment and to identify effective care models. Building on findings from last Congress regarding “patient brokers,”¹ the Request for Information on Substance Use Disorder Treatment (“RFI”)² describes the next phase of Oversight and Investigations Subcommittee’s work to learn more about challenges, fraud and abuse, and best practices within the substance use disorder treatment industry to improve the quality of care.

APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 60,000 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 offers the following recommendations and suggestions in response to the RFI.

I. Align Coverage Policies with Best Practices

Like you, APhA is aware of significant gaps in SUD treatment, particularly as coverage policies may not align with best practices. For example, pharmacists are noted in guidelines among the clinicians who may be involved in the care of patients taking medications for opioid use disorder (e.g., naltrexone, methadone, buprenorphine)^{3,4} yet payers, including Medicare, often do not cover pharmacist-provided patient care services. Lack of coverage of such services limits the financial sustainability of pharmacists in different care settings seeking to adopt best practices and is a barrier to access to care. Therefore,

¹ Hearing before the Subcomm. On Oversight & Investigations, H. Comm. On Energy & Commerce, (Dec. 12, 2017). *Examining Concerns of Patient Brokering and Addiction Treatment Fraud*, available at: <https://energycommerce.house.gov/committee-activity/hearings/hearing-on-examining-concerns-of-patient-brokering-and-addiction>, last accessed: October 30, 2019.

² House of Representatives Committee on Energy and Commerce, (Oct. 1, 2019). *Substance Use Disorder Treatment Request for Information*, available at: <https://republicans-energycommerce.house.gov/wp-content/uploads/2019/10/100119-RFI-on-SUD-treatment.pdf>, last accessed: October 30, 2019.

³ Substance Abuse and Mental Health Services Administration, Tip 63: Medications for Opioid Use Disorder, available at: https://store.samhsa.gov/system/files/tip63_fulldoc_052919_508.pdf, last accessed: October 27, 2019.

⁴ U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy (November 2015). Review of Medication-Assisted Treatment Guidelines and Measures for Opioid and Alcohol Use, available at: <https://aspe.hhs.gov/system/files/pdf/205171/MATguidelines.pdf>, last accessed: October 27, 2019.

APhA recommends ensuring payers, including Medicare, provide patients with coverage that aligns with best practices.

II. Utilize Pharmacists and other Health Care Providers to Address Medication-Related Issues

The RFI also notes several medication-related issues in facilities, including an inadequately trained employee dispensing the wrong medication to a patient, leading the patient to become ill. The RFI also highlights other circumstances where patients died of drug overdoses while in the care of a treatment facility or recovery home. While Federal opioid treatment program regulations recognize the need for health care practitioners⁵, including pharmacists⁶, involvement in medication administration, dispensing and use,⁵ the evidence noted in the RFI suggests that other settings (e.g., outpatient and residential treatment facilities) could benefit from more careful consideration of optimal staffing structures, including the use of pharmacists to address medication-related issues.

III. Remove Barriers to Medication for Opioid Use Disorder

Pharmacists are medication experts and are the most accessible health care practitioners, with 90% of Americans living within 5 miles of a community pharmacy and pharmacists practicing in a variety of health care settings.⁶ As noted in a recent *Viewpoint* in the *Journal of the American Medical Association*, “Confining treatment [buprenorphine] to the offices and business hours of the medical community limits the ability of patients to receive needed treatment” and pharmacist-furnished buprenorphine could help resolve many of the access issues patients face.⁷ However, utilizing pharmacists in this capacity is limited, in part, by Drug Addiction and Treatment Act of 2000 waiver requirements that exclude pharmacists.⁸ APhA supports advancing policies, such as including pharmacists (as authorized under state scope of practice) among the practitioners who may obtain a DATA waiver, that removes barriers to enable broader patient access to medications for opioid use disorder (e.g., buprenorphine).^{9,10}

As you move forward, please do not hesitate to use APhA as resource. If you have any questions or require additional information, please contact Alicia Kerry Mica, Senior Lobbyist, at amica@aphanet.org or by phone at (202) 429-7507.

Sincerely,



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

⁵ 42 CFR 8.12(h)

⁶ National Association of Chain Drug Stores, Face-to-Face with Community Pharmacies, available at: <https://www.nacds.org/pdfs/about/rximpact-leavebehind.pdf>, last accessed: October 23, 2019.

⁷ Roy, P. J. & Stein, M.D. (2019). Offering Emergency Buprenorphine Without a Prescription, *Journal of the American Medical Association*, 322(6), 501-502.

⁸ 21 U.S.C. 823(g)

⁹ See Letter from the American Pharmacists Association to Representative Tonko and Senator Hassan in Support of the Mainstreaming Addiction Treatment Act of 2019, available at:

<https://www.pharmacist.com/sites/default/files/audience/Mainstreaming%20Addiction%20-%20Letter%20of%20Support%20FINAL.pdf>, last accessed: October 30, 2019.

¹⁰ See also, H.R. 3991 – Expanded Access to Opioid Abuse Treatment Act of 2017 (115th Congress), available at: <https://www.congress.gov/bill/115th-congress/house-bill/3991?q=%7B%22search%22%3A%5B%22lujan+grisham+pharmacist%22%5D%7D&s=5&r=1>, last accessed: October 30, 2019.