

February 15, 2018

The Honorable Orrin Hatch  
Chairman  
U.S. Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510-6200

The Honorable Ron Wyden  
Ranking Member  
U.S. Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

Our organization writes in response to your request for feedback to inform the Committee's deliberations in regards to the opioid epidemic. The National Community Pharmacists Association (NCPA) appreciates the opportunity to offer recommendations that should be considered to respond to the nation's opioid crisis.

NCPA represents America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together, they represent an \$81.5 billion health care marketplace and employ more than 250,000 individuals on a full or part-time basis. By volume, 52% of the total prescriptions our members fill is covered by Medicaid or Medicare Part D.

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.

Attached to this letter are examples of local independent pharmacists responding to the opioid epidemic.

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. We believe there are efforts in the marketplace that are currently making a difference in the battle against opioid abuse and are scalable and can be applied to Medicare and Medicaid beneficiaries. Among our recommendations for solutions that are within your jurisdiction:

**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. This is best accomplished by CMS creating a consistent policy and appropriate exemptions.

**Expand Electronic Prescribing of Controlled Substances:** NCPA supports expanding electronic prescribing of controlled substances via requiring prescriptions for controlled substances to be electronically prescribed where feasible. This is best accomplished by CMS creating a consistent policy and appropriate exemptions.

**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. In relation to the opioid epidemic, with provider status, pharmacists will be able to offer a higher level of attention to the treatments best tailored to those taking opioid medications. Pharmacists are currently involved in pain management programs, mainly working under collaborative practice agreements initiating, monitoring, modifying, and discontinuing medication therapy as well as ordering and interpreting laboratory tests. These services can be expanded if H.R. 592/S. 109 were to become law.

**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 physicians’ burden. Thus, pharmacists have both the knowledge and experience to provide MAT but treatment is limited because of regulatory barriers. NCPA 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.

**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.

**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.

Sincerely,



Karry K. La Violette  
Vice President, Government Affairs and Advocacy



Ronna B. Hauser, Pharm.D.  
Vice President, Pharmacy Affairs