

# Pharmacists & Low Barrier Access to Medication for Opioid Use Disorders

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# About LAPPA



501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

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[www.legislativeanalysis.org](http://www.legislativeanalysis.org)

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LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

# MODEL PHARMACIST COLLABORATION FOR MEDICATION FOR OPIOID USE DISORDER ACT

MAY 2024



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# MODEL PHARMACIST COLLABORATION FOR MEDICATION FOR OPIOID USE DISORDER TREATMENT ACT

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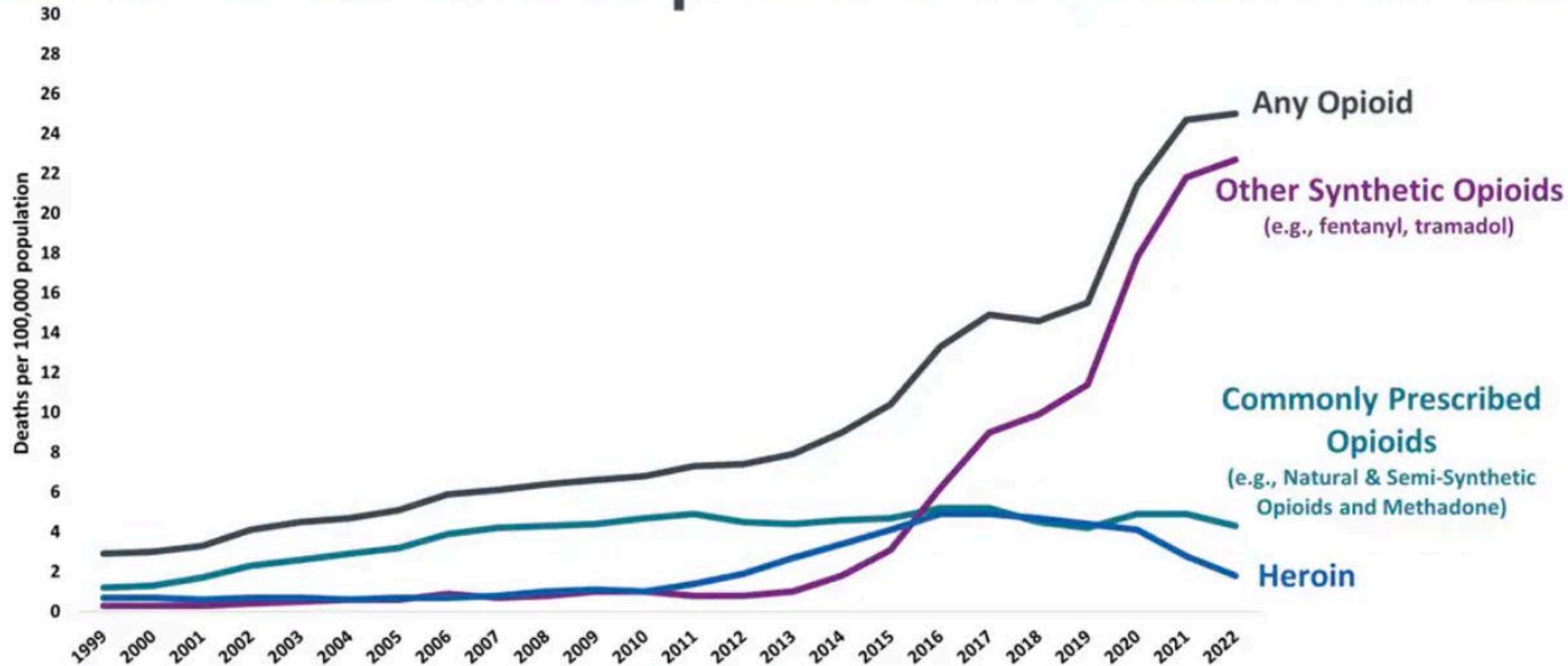
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# Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. <https://wonder.cdc.gov/>.





# U.S. Department of Health and Human Services

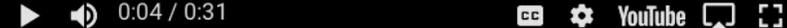
Enhancing the health and well-being of all Americans

## Real Stories

 Brenda's Rx Awareness Story Share



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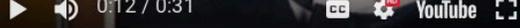


 Teresa's Rx Awareness Story

From a US national health... >



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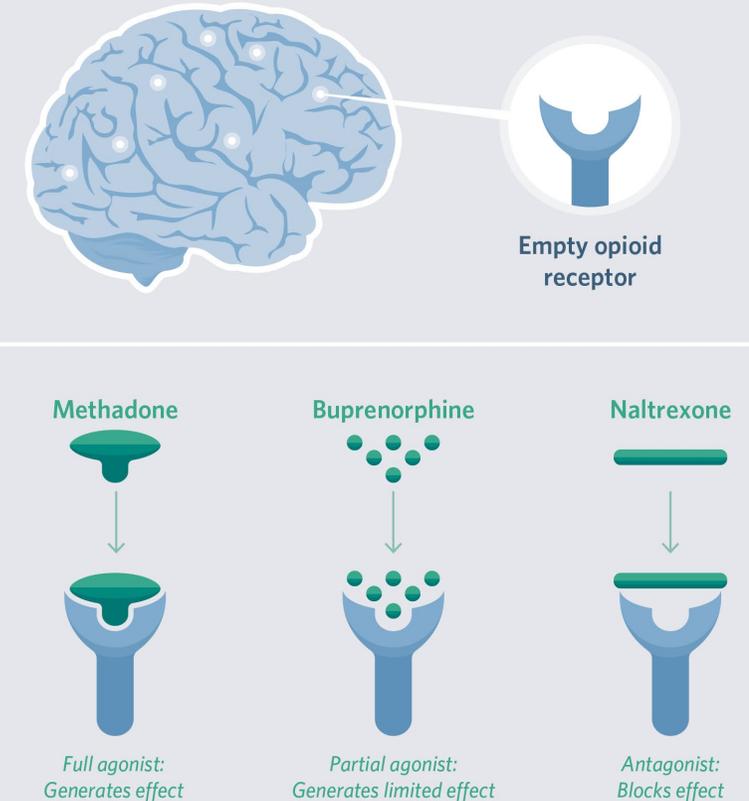
# Medication for opioid use disorder

## GOLD STANDARD for medical care

### Methadone\*, Buprenorphine\*, Naltrexone

- Relieves withdrawal symptoms\*
- Decreases opioid cravings
- Decreases the response to future drug use

Figure 1  
How OUD Medications Work in the Brain



# Stigma: barriers to treatment

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- **Stigma about drug users**
- **Stigma about treatment with medication for opioid use disorder**
- **Stigma in federal drug policy**
  - Law as a political determinant of health

# Law as a political determinant of health

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- Only 1:10 people with opioid use disorder can access medication for treatment
- With X-waiver in place, less than 10% of practitioners prescribed buprenorphine
- Shortage of primary care practitioners everywhere
- Treatment shortages are worse in rural communities

# Federal law changes promise more treatment options

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- **Buprenorphine**
  - Consolidated Appropriations Act of 2023, Pub. L. No. 117-328, § 1262 (“Mainstreaming Addiction Treatment Act”)
  - Removes X-waiver
- **Methadone**
  - [42 CFR Part 8 changes](#)
  - [Take home flexibilities extension](#)
- **Telehealth**

# Evidence of pharmacists as low barrier providers

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- **Rhode Island study (2021-2022)**
  - CPA covering 21 community pharmacists at six pharmacies
  - Offered walk-in and same-day appointments to begin OUD treatment with buprenorphine or naltrexone
  - Pharmacists initiated bupe for more than 50% of patients
  - Almost 90% of patients receiving pharmacy-based care remained in treatment at 30 days compared with only 17 % percent receiving care from a physician or OTP.

Traci C. Green, Rachel Serafinski & Seth A. Clark et al., *Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies*, 388 NEW ENG. J. MED. 185 (2023), <https://www.nejm.org/doi/10.1056/NEJMc2208055>

# Evidence of pharmacists as low barrier providers

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- **North Carolina study**
  - Physician prescribes buprenorphine then transfers care to pharmacist for six months
  - Six physicians, six pharmacists, 71 patients
  - Collaboration kept patients in treatment, saved physician time, and benefited patients

Li-Tzy Wu, William S. John & Udi E Ghitza et al., *Buprenorphine Physician–pharmacist Collaboration in the Management of Patients with Opioid Use Disorder: Results from a Multisite Study of the National Drug Abuse Treatment Clinical Trials Network*, 116 *ADDICTION* 1805 (2021)

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/add.15353>

# Model Act

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- **Section IV** - authorizes a standing order giving pharmacists legal authority to prescribe medications for OUD
  - Order developed by pharmacy board and/or department of health
- **Section V** - authorizes CPAs that allow pharmacist prescribing, administering, and dispensing medications for OUD and initiating, monitoring, and adjusting OUD medications, including tapering and discontinuation
- No time limit for length of treatment

# Model Act

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- Delegates educational requirements to the licensing authority
- Community as well as institution-based pharmacists
- Pharmacist must obtain DEA (and state) registration
- **Section VI** - Medicaid and state-regulated commercial insurers must reimburse for pharmacist's time as well as the medications
- **Section VII** – funding (grants) for educational, community, and pilot programs

# What have states done already?

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- Prescriptive authority w/o CPA
  - **California** - “[advance practice pharmacist](#)”; “provide medication-assisted treatment pursuant to a [state protocol](#)”
  - **Idaho** – [independent authority](#) to prescribe
  - **Missouri** – standing order re [naltrexone](#)
  - **Nevada** – “[prescribing and dispensing a drug for medication-assisted treatment](#)”
  - **Oregon** (limited) – prescribing and dispensing “[early refills](#)”

# What have states done already?

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- Prescriptive authority for CS (or MOUD) under a CPA
  - **Colorado** – [statewide protocol](#) for prescribing MOUD
  - **Massachusetts** – depends on [setting](#)
  - **Montana** – authority to [prescribe CS under a CPPA](#)
  - **New Mexico** – “[pharmacist clinician](#)”
  - **North Carolina** – “[clinical pharmacist practitioner](#)”
  - **Ohio** – [consult agreement](#)
  - **Tennessee** – depends on [setting](#)
  - **Washington** – authority to [prescribe CS under a CDTA](#)

# Building support, finding allies

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- Those with lived experience
- Addiction treatment MDs
- Pharmacists and pharmacies
  - Community pharmacies
  - National chains
  - Specialty pharmacies
- Respectful and respected medication treatment providers

# Questions? Comments?

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