



ALABAMA PHARMACY
ASSOCIATION
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August 22, 2023

[submitted electronically via: 1115publiccomments.medicaid.gov]

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244-8016

RE: Alabama Section 1115 Demonstration Waiver Proposal for Substance Use Disorder Treatment

Dear Administrator Brooks-LaSure,

The Alabama Pharmacy Association (APA) and the American Pharmacists Association (APhA) are pleased to submit comments on Alabama's Section 1115 Demonstration Waiver Proposal for Substance Use Disorder Treatment.¹

Founded in 1881, APA is the state's oldest professional organization for pharmacy. The 15 original founders recognized the absolute necessity of joining with their colleagues to accomplish their goals. That necessity is no less today. APA continues to promote, defend, and expand the profession of pharmacy.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Alabama, with 5,650 licensed pharmacists and 7,980 pharmacy technicians, APhA represents the pharmacists, student pharmacists, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

As one of the most accessible and trusted health care providers in their communities,² pharmacists have a significant role in providing opioid use disorder (OUD) and substance use disorder (SUD) services. This high level of accessibility allows pharmacists to serve a unique role in providing medications for OUD (MOUD) and various harm reduction measures, such as, but not limited to, opioid antagonists, clean

¹ <https://www.medicaid.gov/sites/default/files/2023-08/al-sud-demo-pa.pdf>

² Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, Journal of the American Pharmacists Association (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

syringes, and drug testing kits. Pharmacist-provided naloxone is available in every state³ and is a key recommendation by the U.S. Surgeon General to increase access to the lifesaving medication.⁴

As mentioned in the Alabama Medicaid Agency *Substance Use Disorder Demonstration Waiver Application*, Alabama has taken steps to improve access to opioid antagonists. One of the notable steps that Alabama took in 2016 is the passage of HB 379.⁵ This legislation expands pharmacists' authority to prescribe and dispense naloxone through a standing order written by the State Health Officer. Despite naloxone being covered under Alabama Medicaid beneficiaries' pharmacy benefit, there remains a major barrier that is limiting patients' access to pharmacist-provided naloxone. Pharmacists and their services are not currently recognized in Alabama Medicaid under the medical benefit. Lack of payment to cover the pharmacist's time to deliver professional services is a significant barrier that must be addressed to fully utilize pharmacists as medication experts.

Despite pharmacists providing comparable services to other Alabama Medicaid providers when prescribing naloxone to their patients, there is no pathway for pharmacists to be paid for their services under Alabama Medicaid's medical benefit.

In other state's Medicaid programs, there are numerous examples of pharmacists' patient care services being covered under the state's medical assistance program. APhA has identified over 40 state plan amendments (SPAs) that expand coverage of pharmacists' services and we are aware of programs in 28 states where a pharmacist's service is covered by Medicaid fee-for-service. Services are being reimbursed under the medical benefit using Healthcare Common Procedure Coding System (HCPCS) Level I and Level II codes, similar to those used by other health care professionals (physicians, advanced practice registered nurses, physician assistants, etc.), providing outpatient services, in settings such as pharmacies, offices, homes, walk-in retail health clinics, federally qualified health centers, rural health clinics, skilled nursing facilities, assisted living facilities, or other places of service.

The scope of reimbursable services under Medicaid is variable from state-to-state. Services include, but are not limited to, acute disease state management, chronic disease state management, diabetes self-management training services, hormonal contraceptive services, medication management services, services related to dispensing and education on opioid antagonists, test and treat for minor ailment services (influenza, Group A Streptococcus Pharyngitis, COVID-19, etc), tobacco cessation services, transitions of care services, and travel medication services.

In order to implement these programs, state medical assistance programs are applying to the United States Department of Health and Human Services for amendments to their state Medicaid plan and requesting necessary Medicaid waivers to implement programs to reimburse pharmacists for their services. For example, state Medicaid programs can submit a state plan amendment (SPA) to add pharmacists as "Other Licensed Practitioners," allowing for the coverage of pharmacists' services under their state scope of practice in accordance with state law. In Alabama, this amendment would take place on page 3.6a of Attachment 3.1-A of the state plan.⁶

³ <https://naspa.us/resource/naloxone-access-community-pharmacies/>

⁴ <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-naloxone/index.html>

⁵ <https://www.alabamapublichealth.gov/pharmacy/assets/hb379.PDF>

⁶ [https://medicaid.alabama.gov/documents/9.0 Resources/9.8 State Plan/9.8 3.1-A Amount Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy 4-26-23.pdf](https://medicaid.alabama.gov/documents/9.0%20Resources/9.8%20State%20Plan/9.8%203.1-A%20Amount%20Duration%20and%20Scope%20of%20Medical%20and%20Remedial%20Care%20and%20Services%20Provided%20to%20the%20Categorically%20Needy%204-26-23.pdf)

It is important to note that the transition from naloxone to an over-the-counter (OTC) medication will not alleviate these access issues. With the transition of naloxone to an OTC, there is concern that many patients, especially Medicaid beneficiaries will not be able to afford naloxone by paying out of pocket. Given the high accessibility of pharmacists, many Alabama Medicaid beneficiaries may request their pharmacist prescribe naloxone for them so it will be covered under Alabama Medicaid's pharmacy benefit. However, the lack of coverage of pharmacists' services for beneficiaries under Alabama Medicaid's medical benefit remains a key barrier that is limiting patients' access to pharmacist-provided naloxone.

For these reasons, we recommend the Alabama Medicaid Agency *Substance Use Disorder Demonstration Waiver Application* be expanded to include coverage of pharmacists' services in prescribing naloxone. Additionally, during the demonstration period, we recommend the Alabama Medicaid Agency request any necessary Medicaid waivers and amendments to their state plan to add pharmacists as "Other Licensed Practitioners," allowing for the coverage of pharmacists' services under their state scope of practice in accordance with state law.

Please contact APA at ljones@aparx.org and APhA at mmurphy@aphanet.org if you have any questions, require additional information, or would like to meet to discuss how Alabama's pharmacists and pharmacies could be utilized to increase patients' access to harm reduction services for OUD and SUD.

Sincerely,

Louise Jones
Chief Executive Officer
Alabama Pharmacy Association

Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

cc: Alabama Medicaid Commissioner Stephanie M. Azar