American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.

American Pharmacists Association
House of Delegates – March 18-21, 2022

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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Hillary Duvivier
(Name)

14 February 2022
(Date)

United States Public Health Service
(Organization)

Subject: Pharmacists Prescribing Authority and Increasing Access to Medications for Substance Use Disorders

Motion: To adopt the following policy statement listed below:

APhA supports expanding access to medication-assisted treatments (MAT) by permitting pharmacists' prescriptive authority for the management of substance use disorders.

Background:

APhA recognizes the role pharmacists can play in the management of chronic diseases, including substance use disorders. In 2015, the APhA Institute on Substance Use Disorders was developed following the termination of a program after 63 years at the University of Utah. Pharmacists and student pharmacists were able to learn about the recovery process and participate in this Utah School on Alcoholism and Other Drug Dependencies starting in 1983. Pharmacists across the country wanted to continue this phenomenal experience and the movement led to the development of the Institute. The goal was to continue to guide the most accessible community health care providers dealing with drug abuse and more specifically the opioid epidemic every day.

Opioid use disorders have led to significant morbidity and mortality resulting in the national opioid epidemic that has taken over 500,000 American lives between 1999 and 2020. In 2020, 91,799 drug overdose deaths occurred at a rate of 28.3 per 100,000 which was 31% higher than in 2019[1]. Additionally, alcoholism has been a well-documented public health concern that has significant health consequences. Buprenorphine has been proven to be safe and effective in the management of both opioid-use and alcohol-use disorders, which are treatable chronic diseases. Pharmacists are often the most accessible health care providers, making them strategically placed to offer acute and chronic health services throughout the country in this time of crisis. Many are directly involved in management of chronic pain with opioids, participating in state prescription monitoring programs, evaluating and referring patients to substance abuse treatment, and prescribing naloxone to prevent opioid overdose deaths.

Pharmacists have varying levels of prescriptive authority based on state licensure and restrictions based on individual collaborative practice agreements, not national regulations. Certain pharmacists manage chronic pain with opioid prescribing under authority of a DEA license, however, there is no legal avenue to allow these same pharmacists to treat opioid use disorder with buprenorphine. Pharmacists throughout various practice settings that have been on the frontlines of this epidemic spearheading novel approaches to curtail negative impact on their communities and are passionate about obtaining the privilege to help their patients.

Opioid prescribing is subject to not only the Controlled Substances Act, but the Children's Health Act, Drug Addiction Treatment Act (DATA) of 2000, the Comprehensive Addiction and Recovery Act (CARA) of 2016, and most recently the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018. The DATA created the buprenorphine waiver, commonly referred to as the DATA waiver or X-waiver, permitting only physicians to treat opioid use disorder with narcotic medications including buprenorphine. This substantially increased access to opioid use disorder treatment as it removed barriers of the Narcotic Addiction Treatment Act of 1974 that continues to restrict methadone prescribing by certified Opioid Treatment Programs. The CARA Act increased access by relaxing prescriber restrictions from 30 to

100 patients maximum. The SUPPORT Act further increased access to buprenorphine by extended prescriptive privileges to include Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse-Midwifes, but not pharmacists, through 2023. In 2021, buprenorphine restrictions were relaxed further to remove barriers during the COVID-19 pandemic. Currently, patients are not required to be in psychosocial treatment, while prescribers are not required to complete the DATA mandated training if they manage 30 patients or less.[2]

Pharmacists would like to continue to impact patient's lives and desire to have the ability to manage all chronic diseases. Pharmacists support removing stigma surrounding substance abuse, including requiring post-graduate training to fulfill a gap in pharmacy school curriculum currently and historically. Pharmacists support further expansion of access to life-saving medication-assisted treatments and the authority to manage substance use disorders.

Citation:

1) Hedegaard H, Miniño AM, Spencer MR, Warner M. Drug overdose deaths in the United States, 1999–2020. NCHS Data Brief, no 428. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:112340.
2) Buprenorphine. Substance Abuse and Mental Health Services Administration. 2022. DOI: https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine.

Current APhA Policy & Bylaws:

Current policy statements on the pharmacist's prescribing authority are part of several sections (i.e., Dispensing Authority p.27, Drug Product Selection p. 40, Interprofessional Relations p. 71, Pharmacy Practice p.98, 100, Prescribing Authority p. 117, and Prescriptions and Prescription Orders p. 119). We recommend that the new policy statement be added to Section:

PRESCRIBING AUTHORITY

2020

Accountability of Pharmacists

1. APhA affirms pharmacists' professional accountability within their role in all practice settings.
2. APhA advocates that pharmacists be granted and accept authority, autonomy, and accountability for patient-centric actions to improve health and medication outcomes, in coordination with other health professionals, as appropriate.
3. APhA reaffirms 2017 Pharmacists' Role Within Value-based Payment Models and supports continued expansion of interprofessional patient care models that leverage pharmacists as accountable members of the health care team.
4. APhA advocates for sustainable payment and attribution models to support pharmacists as accountable patient care providers.
5. APhA supports continued expansion of resources and health information infrastructures that empower pharmacists as accountable health care providers.
6. APhA supports the enhancement of comprehensive and affordable professional liability insurance coverage that aligns with evolving pharmacist accountability and responsibility.

JAPhA. 60(5):e9; September/October 2020)

2017, 2012

Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

(JAPhA. NS52(4):457; July/August 2012) (Reviewed 2016) (JAPhA. 57(4):441; July/August 2017) (Reviewed 2019) (Reviewed 2021)

2017

Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

(JAPhA. 57(4):441; July/August 2017) (Reviewed 2019) (Reviewed 2020) (Reviewed 2021)

2013, 2009

Independent Practice of Pharmacists

1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to the independent practice of pharmacists when those laws and rules are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations and the creation of payment mechanisms for appropriately trained pharmacists to autonomously provide patient care services, including prescribing, as part of the health care team.

(JAPhA. NS49(4):492; July/August 2009) (Reviewed 2012) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2018)

2013, 1980

Medication Selection by Pharmacists

APhA supports the concept of a team approach to health care in which health care professionals perform those functions for which they are educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a medication selection role for the pharmacist, based on the specific diagnosis of a qualified health care practitioner.

(Am Pharm. NS20(7):62; July 1980) (Reviewed 2003) (Reviewed 2007) (Reviewed 2008) (Reviewed 2009) (Reviewed 2011) (Reviewed 2012) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2018)

2003, 1992

The Pharmacist's Role in Therapeutic Outcomes

1. APhA affirms that achieving optimal therapeutic outcomes for each patient is a shared responsibility of the health care team.
2. APhA recognizes that a primary responsibility of the pharmacist in achieving optimal therapeutic outcomes is to take an active role in the development and implementation of a therapeutic plan and in the appropriate monitoring of each patient.

(Am Pharm. NS32(6):515; June 1992) (JAPhA. NS43(5)(suppl 1):S57; September/October 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010) (Reviewed 2011) (Reviewed 2016) (Reviewed 2016)

2016

Medication-Assisted Treatment

APhA supports expanding access to medication-assisted Treatment (MAT), including but not limited to pharmacist-administered injection services for treatment and maintenance of substance use disorders that are based on a valid prescription.

(JAPhA. 56(4):370; July/August 2016) (Reviewed 2021)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 16, 2022** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.