

Monday, February 26, 2024

Testimony before the Joint Committee on Addiction and Community Safety Response

HB 4002-24 Section 6-8 page 16-17

Pharmacist Prescribing and Dispensing of Opioid Use Disorder Medication Refills Co-Chair Lieber; Co-Chair Kropf; Members of the committee,

My name is Michael Millard, Legislative Co-Chair of the Oregon Society of Health-System Pharmacists, representing pharmacists and technicians working in organized health systems in Oregon to advance the practice of pharmacy and assure that Oregon is a model of excellence in health-system pharmacy.

OSHP supports HB 4002-24. Section 6-8 page 16-17 Allowing pharmacists to collaborate and assist in the medication assisted treatment of Opioid Use Disorder is an important part of improving the care and quality of life for both the patient and the community. Access to medication in community and health-system pharmacies throughout the state will undoubtedly assist some patients to continue their treatment in unusual or emergency situations. The provisions addressing prescriptions lockers will be very helpful in the secure after-hours delivery of controlled substances to these patients.

OSHP would like to take this opportunity to limit the expectations of the impact of this very limited bill. The cost to acquire DEA registration to "prescribe" the schedule III drug buprenorphine, is \$888 dollars. In addition, there would be the educational requirements of the DEA and the professional pharmacist to allow them to feel competent to provide the care and meet the assessment needs of the statute. Unless the pharmacist would expect a significant need in his or her community for "early" refills of Medication Assisted Treatment prescriptions, it is unlikely that they would make this expenditure for the unlikely event that an MAT patient would appear for a "early" refill. As the legislature is aware, the reimbursement for the "early" refill would likely be below the acquisition cost of the

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buprenorphine or refused entirely as "too soon" by the PBM or payer. (The WAC for 30 buprenorphine 8mg tabs is about \$50) These factors may limit the number of pharmacists willing to participate in "early refills" to those who are already serving these patients, which may not improve access as much as a larger scoped collaborative practice bill.

The DEA has recently removed the X-waiver requirement which has prevented health care providers, including certain pharmacists, from prescribing buprenorphine for OUD. Currently, 10 states allow pharmacists to prescribe controlled substances. Upon passage of the MAT Act, pharmacists in these states can prescribe buprenorphine to patients with OUD, depending on collaborative practice agreements (CPAs) and the pharmacist's practice setting within their respective state. The American Society of Health-System Pharmacy (ASHP) and the State of California have published example protocols for collaborative Practice Agreements with physicians for the management of referred patients with OUD. (attached) I have attached example legislative language and an article from the American Pharmacist Association in support. The Board of Pharmacy's Public Health and Formulary Committee could be directed to discuss and approve this or a similar protocol for use by Oregon pharmacists.

OSHP supports any and all efforts to support and address the growing Opioid Use Disorder problem in Oregon through collaborative efforts of all members of the health care and social support community. Pharmacists are able to collaborate with prescribers to assist in the management of medications for this disorder. The addition of this collaboration would result in an increase in the number of providers and access to treatment for this patient population. Thank you for your consideration,

Sincerely, on behalf of OSHP,
Michael Millard BPharm MS FOSHP
Legislative Co Chair OSHP Legal and Regulatory Affairs Committee.

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