



Improve Patients' Access to Pharmacist Services To Combat the Opioid Crisis

Millions of Medicare beneficiaries lack adequate access to primary healthcare services, and this is only expected to increase as the number of enrollees grows. At the same time, we will face a shortage of more than 91,000 doctors by 2020 according to the Association of American Medical Colleges. Pharmacists are uniquely positioned to help meet these challenges by providing enhanced services in collaboration with other health care providers.

Pharmacists can serve an important role in helping combat the opioid crisis. Pharmacists have advanced education and training that equip them to provide many services in addition to their role in providing patients with access to and information about their prescription medications. NACDS supports recognizing pharmacists as providers in the Medicare program and utilizing them at the top of their training in identifying and treating those with opioid addiction.

For example, pharmacists could be instrumental in reaching beneficiaries in need of the following services, which would be provided by referral or through a collaborative practice agreement with a referring provider:

- **Opioid antagonist counseling**, such as overdose reversal antidote evaluation and use. A pharmacist would evaluate a patient's risk for overdose and develop a mitigation strategy that would likely include dispensing of naloxone.
- **Opioid risk factor reduction intervention**, in which a pharmacist provides feedback to the patient, tailored to the patient, to reduce the risk of opioid abuse/misuse for patients who are identified as being at risk. For example, a pharmacist would:
 - Screen and assess for risk of misuse and abuse;
 - Patient and medication profiles;
 - Given the indication, appropriateness of the dosage; and
 - Identify co-risk factors (e.g., alcohol, tobacco, other or prior drug use).
 - Provide intervention
 - Educate the patient (e.g., risk of opioid misuse, appropriate storage and disposal);
 - Care coordination – make recommendations (e.g. other risk mitigation services, therapy changes, etc.) to referring physician.

Such policies and legislation would not require Medicare to cover new or different services, but instead focus on currently covered Medicare services which would be provided pursuant to a referral process and subject to existing state scope of practice laws.

Pharmacists would be reimbursed at 85% of the physician fee schedule, which is consistent with the precedent established for nurse practitioners and physician assistants. Members of Congress have demonstrated strong support for pharmacist provider status. H.R. 592/S. 109, the Pharmacy and Medically Underserved Areas Enhancement Act, enjoy wide bipartisan support with more than 280 cosponsors in the House and more than 50 cosponsors in the Senate.

Support policies like H.R. 592 / S. 109 that utilize pharmacists to the top of their profession in the battle against the opioid epidemic.