



October 27, 2017

Representative Dave Heaton
Co-Chair
Opioid Epidemic Evaluation Study
Committee
510 E. Washington St.
Mount Pleasant, IA 52641

Senator Dan Dawson
Co-Chair
Opioid Epidemic Evaluation Study
Committee
213 Upland Dr.
Council Bluffs, IA 51503

Dear Senator Dawson, Representative Heaton and distinguished members of the Study Committee:

The Iowa Pharmacy Association (IPA) was established in 1885 and represents over 2,500 pharmacists, pharmacy technicians, student pharmacists, and pharmacy owners. The mission of IPA is to empower the profession of pharmacy to improve health outcomes. Across the state, pharmacists and pharmacies are located in all of Iowa's 99 counties. The issue of opioid misuse and abuse has been a top priority for IPA members for several years; and in 2017 IPA hosted 9 meetings across the state with input from over 500 attendees "*IPA Goes Local: A Community Discussion on the Opioid Epidemic.*" After attending the recent hearings of the study committee, IPA wishes to provide recommendations to help slow and reverse this growing epidemic. Supported by pharmacists in Iowa, we submit the following recommendations for consideration by the Study Committee.

Prescription Monitoring Program

Iowa's Prescription Monitoring Program (PMP) has the potential to be an even more valuable tool in the fight against the opioid epidemic. To increase the effectiveness of the PMP, IPA supports three changes to improve how the system is used: requiring daily reporting, allowing interns access to the PMP system, and removing the prohibition of unsolicited reports (proactive notifications).

1. Reporting to Iowa's PMP occurs weekly. This results in a delay of information appearing in the PMP, limiting the effectiveness of this healthcare tool. Currently, there are only fourteen other states who have a reporting time period of a week or longer. Most states have either daily reporting or PMP systems that operate in real-time.

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Website: www.iarx.org • E-mail: IPA@iarx.org

2. Student pharmacist interns serve an important role in Iowa's pharmacies and hospitals. Authorizing them to access the PMP through their intern license would provide exposure to and training with this tool at an early stage in their career. Furthermore, as interns rotate through experiential sites, each site as to apply to the Board of Pharmacy for 'delegate authority' for each intern, leading to delays and administrative burdens. Authorizing student pharmacist interns to expressly access the PMP would eliminate this obstacle. Lastly, interns with PMP experience may provide education to sites that are not yet utilizing the PMP, potentially increasing registered users.

3. Iowa's PMP has the data to identify individuals with multiple provider episodes (MPEs; also referred to as doctor/pharmacy shopping), as well as cumulative doses above expected standards of care, and other indicators of misuse or drug abuse. Allowing the Board of Pharmacy to share this data with healthcare providers and send proactive notifications has been shown to reduce risk measures in patients' prescription histories, leading to improved health outcomes for patients receiving opioid analgesics from multiple providers.

Electronic Prescribing of Controlled Substances (EPCS)

IPA supports a legislative requirement for electronic prescribing of controlled substances. Electronic prescribing helps to reduce fraud and abuse related to controlled substance prescription. Reports show 3-9% of controlled substance prescriptions may be forged, and moving from paper-based prescribing enables providers to make use of enhanced security features that technology affords. Prescribers can be authenticated before prescribing a controlled substance and prescriptions may be transmitted to pharmacies securely without risk of alteration or diversion. To date, six states have legislated EPCS requirements, including Maine, New York, Massachusetts, Connecticut, Virginia, and North Carolina. In Iowa, 92 % of pharmacies have the technology to receive EPCS.

Medication Assisted Treatment

Finally, IPA supports increased access to and coverage for medication assisted treatment (MAT) and medications such as methadone, buprenorphine and naltrexone. MAT, which includes these medications and behavioral therapy, has been demonstrated to be an effective treatment for opioid addiction. However, substantial barriers exist in Iowa between opioid users seeking help and these treatments.

Pharmacists can play a greater role in the management of opioid use disorder by expanding their role in MAT. More than 90% of Americans live within 5 miles of a community pharmacy. A pilot study conducted in Maryland investigated a collaborative practice agreement between physicians and pharmacists for the treatment of opioid-dependent patients. The goal of the pilot program was to increase access to buprenorphine. Results of the study showed high program retention rates and increased adherence to buprenorphine. Pharmacists were in charge of the intake and follow-up of the patients. Additionally, they provided medication adherence education, monitored medication outcomes, and assisted in diversion prevention. The program had a 91% attendance rate, 100% 6-month retention rate, and a 73% 12-month retention rate. A total of 12 patients completed full intakes with 135 follow-up appointments which equated to an estimated cost savings of \$22,000. Due to these

successful results, this led to the establishment of a permanent program and first-state approved collaborative practice agreement in MD related to addiction medicine.

Additionally, the Substance Abuse and Mental Health Services Administration's guidelines for opioid treatment programs outline the establishment of medication units for methadone dispensing which can be located within hospitals or community pharmacies. Expanding this role for hospital and community pharmacies is another method for increased access.

In conclusion, IPA would like to thank the members of the committee for dedicating their time and effort in seeking solutions to end this devastating epidemic. IPA is committed to helping engage the pharmacists of Iowa to help in this fight, and we look forward to working with the committee members and the Iowa Legislature in the future.

Sincerely,

A handwritten signature in green ink that reads "Kate Gainer". The script is fluid and cursive.

Kate Gainer, PharmD
Executive Vice President & CEO

A handwritten signature in green ink that reads "Casey Ficek". The script is fluid and cursive.

Casey Ficek, JD
Director, Public Affairs