



01/23/2024

Dear Legislative Commission and Joint Interim Standing Committee on Health and Human Services,

The Nevada Pharmacy Alliance, representing pharmacy teams throughout our state, is writing to express our strong support for Regulation R059-23 allowing pharmacists to provide medications for addiction treatment to individuals struggling with opioid use disorder. The opioid epidemic has devastated countless individuals and families across our state, and it is imperative that we take steps to address this crisis.

Medication therapy is one of the most effective treatments for opioid use disorder (OUD), can be prescribed by all providers with a DEA number, and yet remains underutilized in our community. In Nevada, opioid-involved overdose deaths increased by 43% from 2019 to 2020, with 536 deaths recorded in 2020 alone.¹ Opioid-related overdose death is the leading cause of death for all Americans 1 to 44 years of age.² Medications such as buprenorphine and naltrexone have been proven to reduce cravings and withdrawal symptoms and help individuals with OUD achieve long-term recovery.³

However, many individuals with OUD face significant barriers to accessing medications for opioid use disorder (MOUD), including a shortage of qualified healthcare providers who can prescribe and manage these medications. Despite removal of federal restrictions allowing all DEA licensed providers to prescribe buprenorphine, in 2022 Nevada prescribing rates for this life-saving medication remained significantly lower than most of the country, ranking 40th in the nation.⁴ Nevada needs all hands-on deck to address this crisis adequately. This is particularly true in rural and underserved areas of our state. Approximately two-thirds of U.S. counties either have low or no patient capacity to provide buprenorphine services to patients in the office setting and Nevada has a substantial number of counties with this low patient capacity.⁵

We have heard that there is opposition for this regulation and want to address concerns regarding:

1. Training: To get a DEA license to prescribe buprenorphine, eight hours of addiction training are required. Pharmacists must complete this training to provide this service, so it does not need to be spelled out in this regulation. The American Society of Health-System Pharmacists (ASHP) offers a 10.5-hour course, and the American Pharmacists Association (APhA) offers an 8-hour course. Pharmacists would also have to adhere to the standard of care according to the guidelines provided by The American Society of Addiction Medicine (ASAM). No other provider type (MD, DO, ARNP, or PA) must

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complete additional training. Historically, non-physician medical professionals were required to complete 24 hours of addiction training, but this was reduced to 8-hours for all prescribers since December 2022 with the passage of the MAT Act.

2. Following the laws in other states such as New Mexico or California, which require collaborative practice agreements: Nevada already allows pharmacists to provide this service under a collaborative practice agreement; however, very few pharmacists are doing so. AB156 is intended to remove barriers and increase access to MOUD treatment through independent prescribing authority by pharmacists.
3. Assessment of patients by pharmacists: Pharmacists are already trained in diagnostic criteria and therapeutic management for most medical conditions within the Doctor of Pharmacy curriculum. Additionally, since 2016, all pharmacy schools provide specific courses that teach the Pharmacists' Patient Care Process, training pharmacists to collect pertinent information, assess patients and medical histories, create a care plan, and follow-up/monitor patients with medical conditions.
4. Pharmacists providing this clinical service is dangerous: Buprenorphine is one of two medications (along with methadone) that reduces overdose/opioid poisoning rates. This is a very safe medication to use for OUD and accounts for less than 2.2% of all opioid-related overdoses. In nearly every case of overdose with buprenorphine, a drug interaction (most often an antidepressant) was identified. Pharmacists are extensively trained and best suited to identify and address potential drug interactions. Current legislation to facilitate increased access to buprenorphine has not led to increased rates of buprenorphine-related overdose.⁶

Allowing pharmacists to provide MOUD would expand access to this critical treatment option. As licensed healthcare professionals with extensive training in medication management and dosing, pharmacists are well-equipped to provide this service. We can monitor for adverse effects, adjust dosages as needed, and provide ongoing support and education to help patients achieve and maintain long-term recovery.

We are committed to ensuring the safe and effective use of these medications, and to working collaboratively with other healthcare providers to provide comprehensive care to individuals with OUD. The Nevada State Board of Pharmacy's sole mission is to protect the health, safety, and welfare of Nevada's patients who use prescription drugs. The NVBOP unanimously voted in favor of this R059-23 in December 2023.

We urge you to support the passage of R059-23 without additional barriers preventing pharmacists from providing this life-saving medication therapy for OUD. This is a critical step in addressing the opioid epidemic in Nevada, increasing access to care, and improving the health and well-being of our communities.

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Thank you for your attention to this important issue.

Sincerely,

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President

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