

## TESTIMONY

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### **SUPPORT - HB 1219 - Pharmacists - Status as Health Care Providers and Reimbursement/SB 661- Reimbursement of Pharmacist for Services Rendered**

- I provide direct medication management services for Baltimore City, indigent and underserved patients diagnosed with opioid use disorder (OUD) and other comorbid psychiatric or substance use disorders (SUD). I have worked in various clinic settings (federally qualified health center-FQHC, health department, primary care practice) for over 15 years and have trained numerous residents.
- Pharmacists can and should be part of the solution to the healthcare provider shortage. Payment for services will allow Maryland to leverage this important and underutilized resource.
- Without a mechanism to bill, I cannot expand my services or hire additional pharmacists, such as the residents that we routinely train.
- SUD, particularly OUD, are a national emergency that require additional resources to address. Over 20 million Americans ages 12 or older have a SUD (14.8 million with alcohol use disorder, and 8.1 million with illicit drug use disorder, which includes 2.1 million with OUD).<sup>i</sup> The Centers for Disease Prevention and Control reported that drug-related overdose deaths increased by 29.4% in 2020. As of December 2020, the Health Alert Network issued an advisory that overdose-related deaths had soared to the highest numbers ever recorded in a 12-month period.<sup>ii</sup> Almost twenty-two million people required treatment for SUD in 2019 and yet only 4.2 million received treatment.
- Medications, such as methadone, buprenorphine/naloxone and naltrexone, are evidence-based treatments for managing OUD and have been shown to decrease morbidity and mortality and increase treatment retention but are underused.
- There is an ongoing healthcare provider shortage for managing patients with SUD, OUD, and other psychiatric disorders. Inadequate access to OUD medications contributes to undertreatment and has clearly been exacerbated by the COVID pandemic.
- Pharmacists are one of the most trusted and accessible healthcare professions. Several recent studies have supported the expanded role that pharmacists can play in optimizing care for patients with SUD.<sup>iii,iv</sup>

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<sup>i</sup> Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD. Retrieved from <https://www.samhsa.gov/data/>. Accessed 2/11/20.

<sup>ii</sup> Health Alert Network. Increase in Fatal Drug Overdoses Across the United State Driven by Synthetic Opioids Before and During the COVID-19 Pandemic. Published December 17, 2020. [emergency.cdc.gov/han/2020/han00438.asp](https://emergency.cdc.gov/han/2020/han00438.asp). Accessed 2/18/22.

<sup>iii</sup> DiPaula, BA, Menarchery Em. Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients. *JAPhA*. 2015;55(2):187-192.

<sup>iv</sup> Wu Li-Tzy, et al. Buprenorphine physician-pharmacist collaboration in the management of patients with opioid use disorder: results from a multisite study of the National Drug Abuse Treatment Clinical Trials Network. *Addiction*. 2021;116:1805-1816.