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August 23, 2019

To: Joint Senate Task Force on Opioids, Addiction & Overdose Prevention
Senator Andrea Stewart-Cousins, Senate Majority Leader
Senator David Carlucci, Chair Mental Health Committee
Senator Peter Harckham, Chair Alcohol and Substance Abuse
Senator Gustavo Rivera, Chair Health Committee

Re.: Written Testimony Concerning Pharmacists and Medication-Assisted Therapy

Dear Task Force Members,

All who are gravely concerned and sincerely wishing to help gratefully appreciate your continuing work on this difficult public health issue. More than a time for innovative engagement of resources, bold responses are called for. Please accept this testimony as a proposal for the legislative change necessary to permit pharmacists to dispense first doses of medication-assisted therapy (“MAT”, e.g., buprenorphine) under a non-patient-specific order (“NPSO”), and to provide counseling and direction to an organized treatment program. Pharmacists are well-trained, and due to the Expanded Syringe Access Program (“ESAP”), well-positioned for significant impact. This would not conflict with federal law around MAT.

Permitting limited non-prescription sale of syringes and needles, the ESAP (Pub Health Law §3381(5)) has been a great asset in reducing HIV transmission among injecting drug users (including, but limited to, heroin). Quite often, ESAP dispensing makes the pharmacist the last point-of-contact prior to drug injection. This is an ideal moment to offer MAT buprenorphine as an alternative to risking one’s life. Also, the pharmacist would influence introduction of the patient into care of a full treatment program.

A note of perspective: not every pharmacist would be able to participate. From a business perspective, engaging in this practice would offer a limited return on investment – for likely eliminating pharmacists practicing in corporate settings (e.g., CVS and other retail chains). More likely, it will be the 340B pharmacies and independent 340B-contract pharmacies that will have the wherewithal and urgency to engage.

Legislative change is required. It is not complicated. For example, the Post-Exposure Prophylaxis law (“PEP”, Education Law §6801(5)), is an excellent model for the necessary collaborative relationship and non-patient specific order (or, “protocol”). Since the medication is provided under the objective criteria of the protocol, the pharmacist is acting as agent in the transaction and not prescribing (like every other NPSO in §6801). Therefore, it does not conflict with federal prerogatives associated with MAT. Alternatively, the necessary supporting legislation could come through the Public Health

Law in section 3333 and/or 3337. Either way, I would welcome the opportunity to help draft the necessary legislation.

It is crucial to emphasize that the pharmacist's role is not a substitute for the follow-up care in an organized treatment program; more a choice to live today, and hopefully, get healthy tomorrow.

As pharmacists we have an ethical obligation – a moral imperative – to be part of the solution. We respectfully request that you adopt one of these very narrow amendments to the law to help address this profoundly difficult problem. The pharmacy community will respond.

Sincerely,

A handwritten signature in blue ink that reads "Karl G. Williams". The signature is written in a cursive style with a long horizontal stroke at the end.

Karl G Williams

8/26/2019