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**Report to  
The Vermont Legislature**

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**Pharmacist role and reimbursement for the prevention of opioid misuse, abuse and  
diversion  
2017 Report to the Legislature**

**In Accordance with Act 173 (2016) Section 8,  
*An act relating to combating opioid abuse in Vermont***

**Submitted to:** House Committee on Health Care and Committee on Human Services  
Senate Committee on Health and Welfare

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# Pharmacist role and reimbursement for the prevention of opioid misuse, abuse and diversion

## Introduction

The Vermont Department of Health was directed by Section 8 of Act 173 (2016) to produce a report on the role of pharmacists in preventing opioid misuse, abuse, and diversion, including the consideration of whether, under what circumstances, and in what amount pharmacists should be reimbursed for those services.

Act 173 (2016) expanded the role of pharmacists to include patient services. This allows pharmacists to work with providers and payers to arrive at agreed upon services and payment amounts for appropriate clinical services.

The Health Department joined with the Department of Vermont Health Access to convene a meeting with stakeholders to discuss potential recommendations. The initial recommendations resulting from that meeting are outlined below.

The Health Department does not have any direct regulatory authority governing pharmacists and does not reimburse pharmacists for services. There is very little public health evidence surrounding pharmacist's role in preventing opioid misuse, abuse, and diversion beyond current practice. Moreover, pharmacists and payers have the ability to negotiate services and reimbursement among themselves.

## Initial Findings

- **Pharmacists were given provider status under Act 173 (2016)**
  - Vermont pharmacists have authority to provide clinical services, such as medication therapy management which has proven positive financial and health outcomes.
  - Given this new status, the specific details of which services are needed and how they will be reimbursed will most likely be best determined through negotiations between pharmacists, providers and payers.
- **Potential Services**
  - Conducting random pill counts for patients on opioids or medication-assisted treatment.
  - Review of medications when a patient refills their opioid early a predetermined number of times in a row (e.g. two days early every month for six months).
  - Find a way to include the pharmacists as a team member in pain management and addiction treatment.
  - Explore the option of using Risk Evaluation and Mitigation Strategies for opioid prescribing.
- **Concerns and Resource Impacts**
  - Any of the above-listed services would require significant time and coordination between pharmacists, pharmacies and physicians and physician practices.

- There is no universal payment system for pharmacy services.
- Novel administrative and technical systems would have to be designed, built and implemented to coordinate these services.
- It is unclear whether services would improve patient care and health outcomes
  - Due to the panoply of efforts and modalities involved in providing treatment, it is unclear how the success of any improvements would, or could, be measured.
- It is unclear if these services are needed or needed to be provided by a pharmacist

## Unknowns

- What is the need for any of these services?
- How much would pharmacists need to be reimbursed in order to provide these services?
  - Can payers pay that amount?
- Would these services improve patient care and health outcomes?
- How would these services be implemented and tested?
  - A pilot program was mentioned as a potential avenue, but that would require payers, providers and patients to all agree on a pilot for just one area? Or just one payer? Or just one provider?

## Recommendations

Given the lack of evidence and the limited number of pharmacists and providers in attendance, the group decided that in order to develop strong recommendations further work would be needed.

*The following is a list of steps that would lead to a productive discussions:*

- Future meetings must be between pharmacists, providers and payers.
- Clarification around whether to focus on only medication assisted treatment or all opioids.
- Identification of specific services needed.

## Act 173 (2016)

### *Sec. 8. ROLE OF PHARMACIES IN PREVENTING OPIOID ABUSE; REPORT*

*(a) The Department of Health, in consultation with the Board of Pharmacy, pharmacists, prescribing health care practitioners, health insurers, pharmacy benefit managers, and other interested stakeholders shall consider the role of pharmacies in preventing opioid misuse, abuse, and diversion. The Department's evaluation shall include a consideration of whether, under what circumstances, and in what amount pharmacists should be reimbursed for counting or otherwise evaluating the quantity of pills, films, patches, and solutions of opioid controlled substances prescribed by a health care provider to his or her patients.*

*(b) On or before January 15, 2017, the Department shall report to the House Committees on Health Care and on Human Services and the Senate Committee on Health and*

*Welfare its findings and recommendations with respect to the appropriate role of pharmacies in preventing opioid misuse, abuse, and diversion.*