

February 23rd, 2026
Assembly Health Committee

Dear Chair Bagnall, Vice Chair Cullison, and all distinguished members of the Assembly Health Committee:

I appreciate the opportunity to comment on HB 838, which concerns the prescriber-pharmacist agreements in the treatment of opioid use disorder. I am an assistant professor and director for the Knee Regulatory Research Center at West Virginia University where my research specializes in analyzing safety, efficacy, access, and cost of healthcare under different practice arrangements for non-physician providers. This comment is not submitted on behalf of any party or interest group.

Pharmacists are at the front line of treatment for opioid use disorder. Many treatment facilities have these providers on-staff and ready to get necessary medications to patients requiring pharmacological interventions in their recovery journey. This adjustment, while small, allows for more flexibility and faster response to patient recovery needs.

Our team of researchers published a peer-review study on the effectiveness of pharmacists in their ability to prescribe medications for a range of conditions in other states.¹ Focusing on patients with diabetes or asthma, this change allowed individuals to obtain insulin pen needles and rescue inhalers without having to seek out emergency room treatment or waiting days, or weeks, for scheduled visits with a specialist.² This has increased access to medication that helps prevent potentially life-threatening health emergencies if individuals do not receive timely preventative medicines. We expect similar access increases with the relaxation of filed agreements for pharmacists assisting in the treatment of opioid use disorder. Every step towards letting pharmacists work to the top of their training and expertise removes a time-sensitive barrier from patient care.

Best,



Alicia Plemmons, PhD
Director, Knee Regulatory Research Center

¹ <https://doi.org/10.1111/coep.12647>