

The Honorable Representative Paul Seaton
Chair, House Health & Social Services Committee

Tuesday, March 1, 2016

RE: HB 344 – Prescription Monitoring Program (“PMP”)

Chair Seaton, Vice Chair Rep. Liz Vazquez and members of the Committee:

CVS Health appreciates the opportunity to testify on HB 344. We are in support of the delegation of an agent or employee of the pharmacist to be permitted to access the PMP database. However, as currently written, this bill is burdensome and can cause delay in therapy for a patient with a legitimate controlled substance prescription. Here are our suggested changes to the bill:

- **Submission to the “database at near real time to when the prescription is dispensed” as drafted in AS 17.30.200(b) is not ideal. Submission of batch file reporting data by the next business day from the date sold, not dispensed, is a common, achievable and preferred reporting timeline.**
 - Language amendment suggested “database batch file reporting by the next business day when the prescription is sold” as an alternative for AS 17.30.200(b)
- **AS 17.30.200 (k) currently requires the pharmacist and practitioner or delegate to access the database before dispensing a controlled substance and enter the prescription into the database at near real time to when a controlled substance is dispensed under (b) of this section.**
 - Pharmacist or delegate should only have to access the PMP database when in their professional judgement, red flags are identified and further review is needed prior to dispensing
 - Limit to opioid as seen in other states (this currently includes all controlled substances)
 - CVS Health offers the same comment as above for the real time submission at time of dispensing.
- **There is no provision for mandatory review of the database by the prescriber prior to prescribing a controlled substance.**

- We would suggest adding or alternate language that the prescriber shall access the database for review of the patient initially upon prescribing and annually thereafter.
 - Prevents the prescription from being written by the practitioner
- **Add language to provide an exception to when the PMP, internet or pharmacy system has lost connectivity and the PMP cannot be accessed**
- **Add exception language for patients who are institutionalized, which includes those in a nursing home or assisted living facility.**
- **Also request an amendment to AS 17.30.200(b)(8). This requires the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information to be reported to the database. CVS Health seeks removal of the words “and other appropriate identifying information” as this has been determined to be the license number of the pharmacist and the NPI (National Provider Identification), if the Pharmacist has one, which is not a requirement in other states. Or, alternatively we would minimally seek an exemption be added for nonresident pharmacies, as the pharmacists are not required to be licensed in Alaska and are simply reporting their resident state license number.**

We thank you for your consideration of our comments.

Respectfully,



Eric P. Douglas