March 23, 2016

Representative Paul Seaton
Alaska State Capital Building
Capitol Room 102
Juneau, AK 99801
Rep.Paul.Seaton@akleg.gov

Dear Representative Seaton:

I am writing to thank you for engaging in the crucial discussion concerning the Alaska Prescription Drug Monitoring Program in HB344 . Although there are interesting topics discussed in HB344, as a licensed pharmacist in Alaska, I have significant areas of concern, including:

1. **Absolute disciplinary action** for failure to verify the PDMP prior to prescribing or dispensing a control substance. No program and no person is ever 100% accurate or effective. In a busy pharmacy and practitioner's office there is no question that there will be a prescription that is written or dispensed without verifying the PDMP; it's going to happen, even if unintentional. Should a prescriber or pharmacist face disciplinary action for not checking the PDMP for a prescription for 1 tablet of an anti-anxiety medication for the patient to take before an MRI or going to a dentist? I don't feel absolute disciplinary action is the route to take in this legislation. The PDMP is **a tool** in reviewing control substance usage; it's not the only tool and should be used with professional judgment amongst the other tools being used to make a decision.

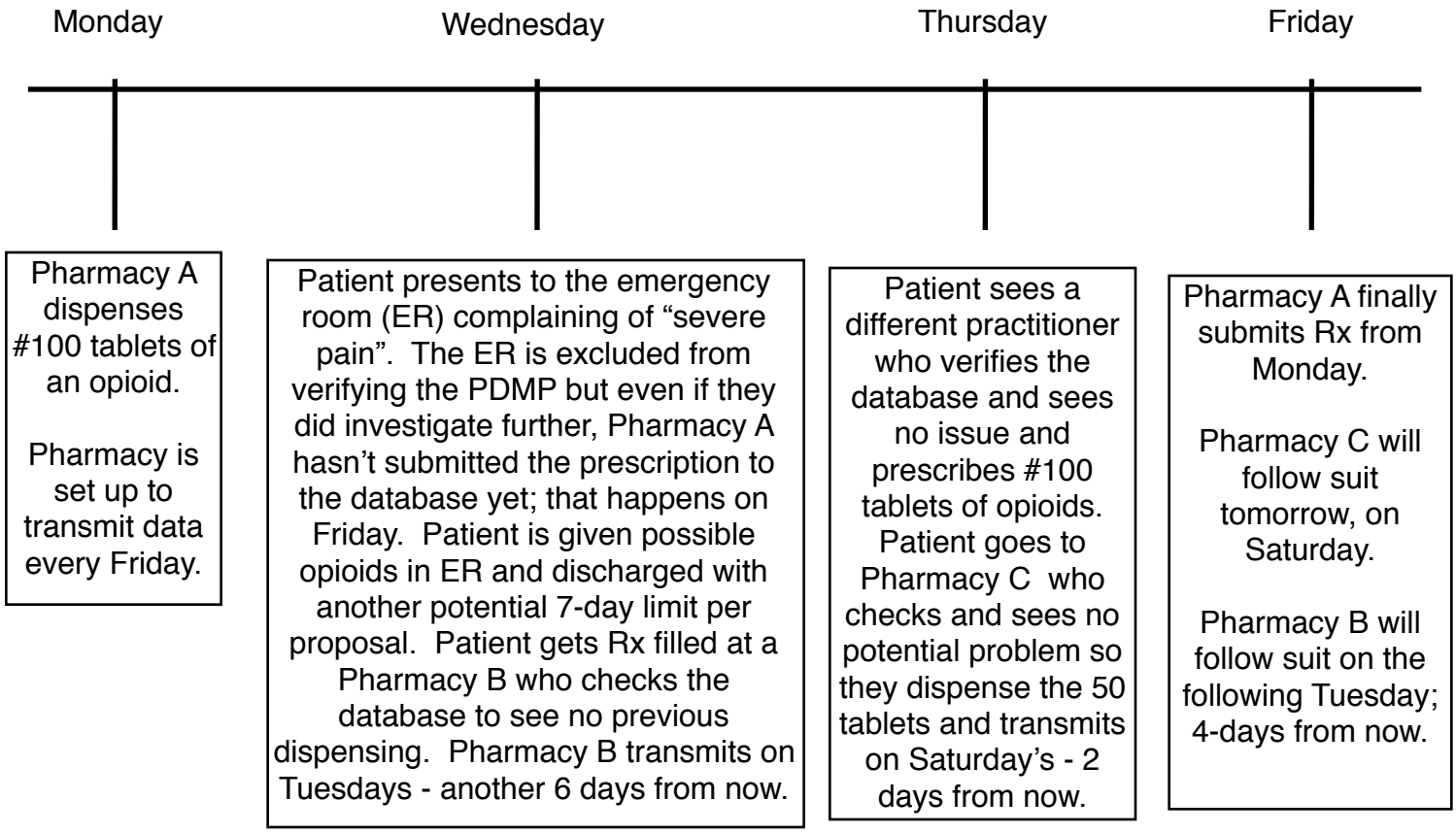
2. **Mandatory, dual, PDMP verification** by the prescriber and pharmacist. This is repetitive in nature and therefore serves no justifiable purpose. The ideal initiation point would be using professional judgment at the time of evaluating the patient and prescribing the medication, not after the fact.

3. **Mandatory review of the PDMP** prior to dispensing or prescribing. Again, if we go back to visit the 1 tablet of anti-anxiety medication to take 1-hr prior to an MRI or dentist visit to calm a patient, should that really mandate a review of the PDMP? What about a patient with a fear of flying who needs a couple of anti-anxiety tablets to help with the flight? These quantities and types of medical situations do not and should not require a professional to validate a PDMP for potential abuse.

4. **Allowing an "agent" to access the PDMP.** I am in full support of this, however, I do not read any requirement for that "agent" to register. Why isn't this "agent" required to register in Section 17 of the working draft along with other persons accessing the database? How will they then gain access if they are not personally registering and how will the board monitor their activity within the PDMP for security purposes?

5. At least weekly submission of data into the PDMP. This is certainly an improvement over the current monthly requirement but still leaves significant opportunities for abuse; see timeline example below.

The proposal states "once weekly" submission to database...it doesn't say which day. Therefore, pharmacies may be submitting on various days throughout the week and you may encounter the following



If we follow the proposal, every practitioner (except the Emergency Room) and every pharmacist would have verified the prescription monitoring database. However, because of once weekly transmissions to the database, with no definition of when during the week that happens, you will have different pharmacies transmitting on different days. This clearly still allows for a significant gap being missed and potential unnecessary opioids being dispensed. This didn't solve the potential problem.

6. The development of "an alert system that automatically sends an electronic notification to a pharmacist and practitioner at the time the pharmacist or practitioner

enters a prescription into the database....” From just the simple example above you can see how this “auto alert” does not function in reality. If data is submitted once weekly what good does the alert serve for that prescription when they have already received the medication and left. Submission into the database is **not** real time. Similarly, where is this “electronic notification” sent? Is it sent to the email address the applicant enrolled with? Is that a HIPAA protected email address or is it a personal email address? In pharmacies, it’s not unusual to have significant firewalls that prevent external emails from entering your work environment and so these messages don’t get delivered. Therefore, I would say it’s not unusual that a pharmacist has used a personal email address when applying for PDMP access never thinking they could in the future receive private patient details auto-sent back to that email address.

I thank you for your engagement on the PDMP discussion and the importance this **tool** serves our healthcare community. However, I believe there are several flaws within proposition HB344 that need to be addressed before finalization with the realization that the PDMP is just a tool in making a professional decision; it is not our only tool. Thank you for taking the time to read and understand my concerns. Should there be anything that I can do to help improve upon this legislation, please let me know.

Sincerely,

Richard Holt, BS Pharm, PharmD, MBA
Alaska licensed pharmacist