



March 3, 2016

Representative Paul Seaton
State Capitol, Room 102
Juneau, AK 99801

Dear Representative Seaton,

The Alaska State Hospital and Nursing Home Association (ASHNHA) appreciates the work of the House Health and Social Services Committee on HB 344, addressing the controlled substances prescription drug database. We would like to provide some written comments on this legislation.

We fully support the enhanced use of the prescription drug database and the integration of the recommendations from the Controlled Substances Advisory Committee. We support efforts to increase participation in the program and believe that most aspects of the legislation will help further efforts to reduce abuse of controlled substances. However, we want to make sure the legislation does not inadvertently impact the ability of hospitals to meet the needs of patients.

We support Dr. Jay Butler's comments on the need to strike a balance between maintaining access to care and preventing abuse of controlled substances. We are concerned that in some hospital-based contexts, it is not always possible for physicians, pharmacists or their agents to check the patient's prescription record before dispensing, prescribing or administering a controlled substance. Dr. Butler has recommended that some limits be put on the requirement to check the database before dispensing medications. The four areas he recommended to exclude include:

1. Hospital inpatient care,
2. Surgery,
3. Emergency care (EMS, air ambulance and hospital ER) and
4. Hospice care.

We believe these exclusions are important to allow high quality patient care. For example, it may not be feasible for an ER doctor to check the database before providing medication to a trauma patient nor would it be feasible to check the database when providing medication to control pain following surgery. Senate Finance adopted an amendment to SB74 to add exemptions to the reporting requirements based on Dr. Butler's recommendations.

We recognize the need to have more timely data available in the database than the monthly reporting currently in place, but are concerned about whether a "near real-time" requirement

will be feasible immediately. Washington State has a similarly structured Prescription Drug Monitoring program in operation since 2011 that requires reporting weekly. We would support a requirement to report data "at least weekly" as a way to move the program forward with a future goal of real-time entry.

We appreciate the language that allows "an agent or employee" of the pharmacist or practitioner to submit to the database. This language will make compliance more practical. Although concerns have been expressed about allowing non-licensed people (such as pharmacy techs) access to the database, the HIPAA patient privacy protection laws would be in effect and help ensure patient data is not misused. HIPAA applies to all health care workers whether or not they are licensed.

We also appreciate allowing 180 days from the effective date for pharmacists and practitioners to get registered with the database. This seems to be a realistic timeframe.

Finally, the fiscal note recognizes the work involved in getting pharmacists and practitioners registered and in modifying the technology to allow more timely entry and reporting. We hope having a staff devoted to the database will ease the pressure on the Boards with the implementation. Expecting these changes to occur without adequate staffing would not be realistic. We hope the fiscal note adequately accounts for the costs of changing to a system with more frequent reporting.

Please let us know if there is anything we can do to support integrating Dr. Butler's recommendations into the bill and to keep this legislation moving forward.

Sincerely,



Becky Hultberg
President/CEO