

March 1, 2016

The Honorable Paul Seaton Honorable Members of the House Health and Social Services Committee Alaska State House of Representatives Juneau, AK

RE: House Bill 344 – Relating to the Controlled Substance Prescription Database

Chair Seaton and Members of the Committee:

On behalf of the members of the National Association of Chain Drug Stores (NACDS) operating in the State of Alaska, I would like to offer our comments on House Bill 344, which deals with substantive changes to the Controlled Substance Prescription Database.

NACDS Members in Alaska operate 78 pharmacies, employ over 9,000 full and parttime employees, and pay over \$12 million in state taxes.

Our members, based on their comments are very supportive of delegating access to the CS Prescription Database. In many respects this will free pharmacists and prescribers up to focus on other discretionary tasks more pertinent to their scope of practice.

Members concerns stem from the proposed changes in Sections 1 and 5 regarding "near real time" and "access the data base to check a patient's prescription records before **dispensing** a controlled substance to the patient".

Reporting on a daily basis, not "near real time" is something that realistically can be done by both chain and independent pharmacies. At least 30 states require reporting on a daily basis. Going from monthly reporting to daily reporting would be a more realistic change. In addition, rather than make this change in legislation, the change can be made in rule by the Board of Pharmacy.

12 AAC 52.865. Requirement for dispensers.

(c) No later than the fifth day of each month, \underline{A} dispenser shall report on a daily basis to the board the controlled substance dispensing information required under AS 17.30.20 (b). concerning controlled substances dispensed during the previous month. The requirement in 12 AAC 02.920(b) for time computation applies to a report made under this section.

This change to the rules would address the language in both section 1 and 5 with regard to "near real time" and allow timely reporting to the database.

In section 5, we would respectfully request that pharmacists not be required to check the database prior to the dispensing of a controlled substance. This function is better performed at the time of prescribing, prior to a prescription being written.

At least 22 states have mandated the prescriber (not the pharmacist) check the database when issuing a controlled substance prescription, and understand that is a more effective approach to preventing prescription drug abuse.

Many of these states require prescribers or their designees to query the database prior to initially prescribing a controlled substance to a new patient. This approach would have a dramatic effect on curtailing "doctor shopping". In cases such as these, the pharmacist becomes the second line of defense by utilizing their professional judgement to look for additional red flags that would also warrant a check.

Language from the state of Nevada could provide a solution to section 5:

A practitioner shall, before writing a prescription for a controlled substance listed in schedule II, III, or IV for a patient, obtain a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Board if the practitioner has reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and:

- 1. The patient is a new patient of the practitioner; or
- 2. The patient has not received any prescription for a controlled substance from the practitioner in the preceding 12 months.

The practitioner shall review the patient utilization report to assess whether the prescription for the controlled substance is medically necessary.

In conclusion, the members of NACDS would respectfully request that the references to "near real time" and mandating the pharmacists check the database prior to dispensing be removed from House Bill 344.

Sincerely,

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