ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
March 1, 2016
3:32 p.m.

MEMBERS PRESENT

Representative Paul Seaton, Chair
Representative Liz Vazquez, Vice Chair
Representative Louise Stutes
Representative David Talerico
Representative Geran Tarr
Representative Adam Wool

MEMBERS ABSENT

Representative Neal Foster

COMMITTEE CALENDAR

HOUSE BILL NO. 344
"An Act relating to the controlled substance prescription database; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 227
"An Act relating to medical assistance reform measures; relating to administrative appeals of civil penalties for medical assistance providers; relating to the duties of the Department of Health and Social Services; relating to audits and civil penalties for medical assistance providers; relating to medical assistance cost containment measures by the Department of Health and Social Services; relating to medical assistance coverage of clinic and rehabilitative services; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

PREVIOUS COMMITTEE ACTION

BILL: HB 344
SHORT TITLE: DRUG PRESCRIPTION DATABASE
SPONSOR(s): REPRESENTATIVE(s) SEATON

02/24/16 (H) READ THE FIRST TIME - REFERRALS

02/24/16 (H) HSS
03/01/16 (H) HSS AT 3:15 PM CAPITOL 106

WITNESS REGISTER

SUSIE EDWARDSON, Staff
Representative Paul Seaton
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented HB 344 on behalf of Representative Seaton, bill sponsor.

TANEEKA HANSEN, Staff
Representative Paul Seaton
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented HB 344 on behalf of Representative Seaton, bill sponsor.

JAY BUTLER, MD, Chief Medical Officer/ DPH Director
Central Office
Division of Public Health
Department of Health and Social Services
Anchorage, Alaska
POSITION STATEMENT: Testified and answered questions during the discussion of HB 344.

JANEY HOVENDEN, Director
Division of Corporations, Business, and Professional Licensing
Department of Commerce, Community & Economic Development
Juneau, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 344.

BILL ALTLAND, Pharmacist
Board of Pharmacy
Prince of Wales Island, Alaska
POSITION STATEMENT: Testified and answered questions during the presentation of HB 344.

SCOTT WATTS, Pharmacist
Juneau, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 344.

MATT KEITH, Vice President of Pharmacy
Geneva Woods Health Care

Wasilla, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 344.

DAN NELSON, Pharmacist
Fairbanks, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 344.

ACTION NARRATIVE

3:32:37 PM

CHAIR PAUL SEATON called the House Health and Social Services Standing Committee meeting to order at 3:32 p.m. Representatives Seaton, Vazquez, Talerico, and Wool were present at the call to order. Representatives Stutes and Tarr arrived as the meeting was in progress.

HB 344-DRUG PRESCRIPTION DATABASE

3:33:04 PM

CHAIR SEATON announced that the first order of business would be HOUSE BILL NO. 344, "An Act relating to the controlled substance prescription database; and providing for an effective date."

3:35:00 PM

SUSIE EDWARDSON, Staff, Representative Paul Seaton, Alaska State Legislature, paraphrased from a prepared statement, which read [original punctuation provided]:

Talking points for HB 344

- The point of HB 344 is to strengthen the existing Prescription Drug Database into a tool that will better assist providers with knowing and understanding the status of their patients' prescriptions.
- It does this by:
  - requiring near real time entry of information into the database-to make sure the information is as up to date as possible and to prevent excessive prescriptions within a short time frame.
  - allowing a pharmacist or practitioner to delegate access and submittal authority to an authorized

employee or agent- to remove some of the administrative burden from the practitioner in charge
  - o requiring that all practitioners who interact with controlled substances shall register with the database- to allow them to truly evaluate their patient's information.
  - o Requiring that dispensers check the database prior to dispensing.
  - o And by creating an automatic alert system within the database, which will push unsolicited reports to prescribers and pharmacists if a patient's dosage or number of prescriptions reach a level of concern.
- HB 344 also allows database access to the Medicaid Pharmacist and the Medicaid Drug Utilization Review Committee, to allow them to review prescription drug utilization rates under the program, and to the state medical examiner for the purpose of investigating a cause of death.
- De-identified data will be supplied to the Department of Public Health to allow them to monitor overall health trends in the state.

3:37:59 PM

MS. EDWARDSON further explained that:

- Our current prescription drug database is not as strong as it could be.

  - o Data is only required to be submitted on a monthly basis, which can leave large gaps in the information that would allow one patient to fill multiple prescriptions without anyone knowing. Some pharmacists send in information more frequently than this, but the database as a whole is only updated monthly.
  - o While all pharmacies are required to submit prescription information, registration with the database is not mandatory. Today, approximately 40% of dispensers and only 13.5% of prescribers are registered. The remaining 86.5% of prescribers have no way of knowing if their patient is receiving prescriptions from another prescriber or at what dosage.
  - o The Board of Pharmacy is in charge of the database. They currently do sometimes send out unsolicited

reports, which can alert unsuspecting providers to concerning behavior, but they do not expressly have that authority. HB 344 gives them that authority.

3:39:43 PM

TANEEKA HANSEN, Staff, Representative Paul Seaton, Alaska State Legislature, paraphrased from the Sectional Analysis [included in members' packets], which read:

Section 1 (Pg 1, Line 4) This section allows pharmacists or providers delegate the submittal of information to the database to an authorized employee or agent. This section also requires that pharmacists submit data in near real time, in the procedure established by the Board of Pharmacy.

Section 2 (Pg 2, Line 20) This section requires that the information in the database remain confidential and describes who is permitted to access the database. Under this bill, a practitioner or pharmacist may delegate access to an authorized agent or employee. Access is also granted to the lead Medicaid pharmacist and the Medicaid Utilization review committee to review drug utilization in the Medicaid program. It is also granted to the State Medical Examiner for investigation into cause of death. Finally, this section allows that authorized employees of Health and Social Services may receive de-identified information from the database for public health.

3:41:22 PM

MS. HANSEN continued with the review of the Sectional Analysis, which read:

Section 3 (Pg 4, Line 5) AS 17.30.200 (e) is amended to state that the failure of the pharmacists or providers to register or submit information to the database is grounds for the board to take disciplinary action.

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MS. HANSEN further explained the Sectional Analysis, which read:

Section 4 (Pg 4, Line 11) Deletes language stating that dispensers or practitioners are not obligated to check the database prior to dispensing, to conform to the requirement on dispensers in section 5.

3:42:01 PM

MS. HANSEN moved on to the next section, which read:

Section 5 (Pg 4, Line 20) This section requires that a dispenser or their authorized agent or employee shall check the database prior to dispensing and submit the prescription information to the database in near real time.

3:42:30 PM

MS. HANSEN discussed Section 6 of the proposed bill, which read:

Section 6 (Pg 5, Line 6) This section adds new subsections that include in subsection (o) an exemption made for practitioners or pharmacist who cannot update the database in near real time due to technological barriers and in subsection (p) creates an automatic electronic alert system when someone has prescriptions inconsistent with general standards. Subsection (q) requires all healthcare providers who prescribe, dispense, or administer a controlled substance to register with the prescription drug database and subsection (r) directs the board of pharmacy to notify the necessary medical board when a practitioner registers with the database.

3:44:15 PM

MS. HANSEN continued her discussion of the Sectional Analysis, which read:

Section 7 (Pg 5, Line 27) This section allows the board of pharmacy to adopt the regulations necessary to implement this act.

Section 8 (Pg 6, Line 2) This section directs that all dispensers and prescribers shall register with the database within 180 of the effective date of the bill, allowing additional time to register. The board of

pharmacy shall provide information to other boards on how to register and comply with database.

3:45:13 PM

MS. HANSEN concluded the presentation of the sectional analysis, which read:

Section 9 (Pg 6, Line 12) The regulatory authority under this act takes effect July 1, 2016.

Section 10 (Pg 6, Line 13) Except in section 9, the changes created by this act take effect January 1, 2017.

3:45:38 PM

CHAIR SEATON asked about the proposed changes to the bill.

MS. HANSEN replied that, although currently there were not any draft amendments, there were some concerns. She explained that in order to relieve the burden of time demands from an emergency room doctor or the pharmacist in charge, it was important to be able to delegate authority. She pointed out that it was important for delegation to be to a state licensed or registered employee, to allow for enforcement action for the proper use of information, and that language to change this was being considered. The delegation would include a wide range of providers connected with the state medical boards, such as certified nurse assistants and dental hygienists.

3:47:04 PM

MS. HANSEN shared that there were also concerns for the cost of the near real time requirement, noting that committee members had letters commenting on this issue. She reported that the data base could be updated weekly for a minimal additional cost, and there was also investigation for the ability and the cost to update on a daily basis. She pointed out that the term for "near real time" allowed some flexibility, even while implying a certain urgency.

3:47:48 PM

REPRESENTATIVE WOOL asked what people, other than the pharmacist, were licensed in a pharmacy.

MS. HANSEN, in response, said that "it would be more than just the lead pharmacist." She offered her belief that pharmacist techs were also registered with the state, and that most of the people in the office would be registered or licensed with the state. She relayed that the current law required the lead pharmacist in charge to enter the information.

REPRESENTATIVE WOOL asked for the reasons to the requirement for a license.

MS. HANSEN, in response, stated that registration allowed for disciplinary action and sanctions through the corresponding board.

CHAIR SEATON pointed out that it was not only the dispensers, but also the providers who would delegate someone to check the database. He explained that there were "way too many prescriptions for way too many pills." This had allowed for addictions, and he noted that there were more deaths from overuse of prescription drugs than from heroin. He explained that the intent for this current solution had been to "make prescribers check and find out if the person they're prescribing has had more than recommended filling the prescriptions..." He allowed that some prescribers did not want "to go through the bother, but it's a huge problem in the state." He declared that, as it was necessary for a solution, this had been the genesis of the proposed bill. He pointed out that there was now a proposed change for both the dispenser and the prescriber to update the database.

MS. HANSEN clarified that currently only the pharmacist was required to submit information. She acknowledged that there had been testimony that a prescription could be entered in the database, but if the prescription was not filled, there were not any "pills out there to be concerned for and then it might actually muddy the waters of the information" as a higher prescription amount would be reflected for a patient who was not actually acting on the prescription. She reiterated that currently only the dispensers were required to submit the information, although the current proposed bill version would require all practitioners to register with the database. She shared that there had been consideration for a requirement that the providers check the database prior to prescription, but it had been decided to require mandatory registration in order to "get people connected with the data base as a first step." She pointed out that a similar proposed bill, SB 74, included a component which required prescribers to check the database prior

to a prescription. She emphasized that this was the crux of the conversation.

3:53:52 PM

REPRESENTATIVE TARR directed attention to the fiscal note [included in members' packets] and asked about a return to fees required for the pharmacists. She pointed out that this had been considered by some to be problematic during earlier discussions, and she questioned if there could be a "more holistic sort of solution to accomplish that." She also questioned whether this would be better served through the Department of Health and Social Services.

MS. HANSEN, in response, shared that her office had discussed the issue of spreading the fees over the other boards which were registering, although there was not yet a proposed amendment. She offered her belief that there was a federal grant for funding through the Department of Health and Social Services, although it was still under the Alaska Board of Pharmacy as they had the investigative and licensing authority over the dispensers. She directed attention to Section 6 of the proposed bill, which allowed access to the Medicaid pharmacist, Medicaid drug utilization review committee, and the state medical examiner, and would identify information to the Department of Public Health. She noted that these were suggestions received from the controlled substance advisory group and that DHSS access would offer a better idea of prescription utilization in the Medicaid program and for public health trends.

REPRESENTATIVE TARR mused that she could not find any mention of the Department of Public Health. She stated that she wanted to ensure that this was not only viewed "from that lens, but the important health implications."

MS. HANSEN pointed out that the reference to the Department of Public Health was at the top of page four.

3:58:51 PM

CHAIR SEATON asked for a comparison between the two proposed bills [HB 344 and SB 74].

MS. HANSEN stated that SB 74 did not currently allow for delegation of the submittal of information, as was allowed in Section 1 of proposed HB 344, although proposed SB 74 did allow the delegation of access which proposed HB 344 also allowed. HB

344 required submittal of prescription information at near real time, whereas SB 74 required a weekly submittal of this information. HB 344 only required dispensers to check the database prior to dispensing, although it required all health care practitioners dealing with controlled substances to register with the data base. SB 74 required everyone to register, and it required that providers check prior to dispensing, prescribing, or administering a drug. She opined that the requirement to check may be amended so as to not interfere with emergency or trauma care. HB 344 provided an exemption for pharmacists who were not able to update the database in near real time due to technological barriers; whereas, SB 74 did not contain this exemption. Although HB 344 required registration with the database, it allowed 180 days from the effective date to register, whereas SB 74 did not allow this delay in registration.

REPRESENTATIVE WOOL walked through the sequence of events as an individual brought a controlled substance prescription to the pharmacy: the pharmacist would check the database for permission to a determined threshold, and, after dispensation of the prescription the data would be entered into the database within 24 hours or so.

CHAIR SEATON asked about "the push notification."

MS. HANSEN directed attention to subsection (p), which created an automatic electronic alert system, although this still required the dispenser check the database for the alert. She shared that the current threshold was set for five prescriptions from five providers and five pharmacies in three months.

CHAIR SEATON noted that the Board of Pharmacy could be questioned for whether this was the right threshold.

4:04:01 PM

REPRESENTATIVE TARR pointed out that the proposed bill used both the terms pharmacist and practitioner, even though practitioner was not defined in the proposed bill. She asked if this was defined elsewhere in statute, or it was necessary to define.

MS. HANSEN replied that she was not sure if it was defined in statute, although she opined that the proposed bill was clear as it said, "practitioners that have the ability to dispense, administer, or prescribe" and then listed the schedule of drugs. She stated that, as sections of the proposed bill did refer to

health care providers who had interactions with these controlled substances, it was "kind of defined right there." She offered to check on the definition.

REPRESENTATIVE TARR suggested to provide anything that was not obvious, so there would not be an unintended consequence.

CHAIR SEATON pointed out that there were two different possible scenarios to allow exemptions for emergency care, one where review is not required prior to administration of medication, and the second option which would say that nothing in this section prevents emergency care for taking priority.

4:06:04 PM

CHAIR SEATON opened public testimony.

4:06:57 PM

JAY BUTLER, MD, Chief Medical Officer/ DPH Director, Central Office, Division of Public Health, Department of Health and Social Services, reflected on the earlier discussions on opioids and the issues for opioid and heroin overdose, which required prevention, treatment, and reversal of overdose. He stated that the current discussion was for prevention, as it was clear that those dependent on opioid pain relievers were at much higher risk to eventual use of heroin and the associated conditions. He stated that proposed HB 344 incorporated all of the recommendations of the controlled substances advisory committee, and he offered a brief overview of the group, which had been established in 1982 with a goal to advise the governor and the board on controlled substances and its regulation, evaluation of enforcement policies, review of budget requests for interventions, and the effectiveness of treatment programs. He opined that the group may never have met prior to this year. He listed the designees, which included the Attorney General, the Commissioner of Department of Health and Social Services, and the Commissioner of Department of Public Safety, or their designees. He reported that the committee had discussed a number of topics, which included models for state regulation of controlled substances, prescription opioid pain reliever and heroin abuse, and discussion with the Alaska Criminal Justice Commission. He referenced the white paper from the controlled substances advisory committee [Included in members' packets] which addressed the Alaska prescription drug monitoring program, one part of which addressed the opioid issue. He listed the nine recommendations from the committee, which included a

requirement for all pharmacists and prescribers to register with the Alaska prescription drug monitoring program, as evidence showed increased utilization resulted in declining rates of opioid use and prescription; and, to review the data base when prescribing or dispensing a controlled substance.

DR. BUTLER offered the third recommendation, which authorized prescribers and pharmacists to delegate database access to supervised employees or clinical staff. He opined that this would make the system more workable by removing barriers to its utilization. He reported that no providers he had spoken with had any reservations for this recommendation, and that the ability for the provider to see the information prior to the visit with the patient would be very helpful.

DR. BUTLER offered the fourth recommendation, which authorized the Board of Pharmacy to forward unsolicited notifications to prescribers and dispensers about patients possibly obtaining controlled substances in a manner inconsistent with generally recognized standards of care. He referenced this as the "push notifications." He declared that this was a powerful communication tool supported by many of the providers.

DR. BUTLER stated the fifth recommendation for collecting the dispensing data and updating the database weekly. He shared that many other states had weekly or more often reporting requirements. He acknowledged the difficulties for regular reporting by smaller pharmacies in remote areas, particularly with the challenges posed by internet access. He suggested that the definition could be to update "at least weekly."

DR. BUTLER shared the sixth recommendation which addressed database access, the Medicaid pharmacy program and the Medicaid drug utilization review committee. He stated that the only current visibility for these was with regard to opioids for which there was a Medicaid claim. He reported that other state investigations revealed that patients could attain opioids under the Medicaid program, and then sell them on the street. He said the recommendation also included the state medical examiner as a source of opioid use information. He offered his belief that expanded authority was an appropriate balance between the guarantee for patient privacy and the need to know by those responsible for programs in public health in order to address this opioid challenge.

4:18:54 PM

CHAIR SEATON asked if there were any problems with restriction for delegation of database use to those licensed for registration.

DR. BUTLER expressed his agreement that this raised the questions of appropriate safeguards for patient privacy, and that licensure should be under board authority to allow for disciplinary action, although he was unclear on the certification process.

CHAIR SEATON asked that more information on the terms be offered in any testimony. He asked about a proposal by the State of Maine on a 3-day limitation for a prescription on its first issuance.

DR. BUTLER, in response, said that these were clinical guidelines and specific issues related to maximum doses, but that these were not directly linked to the database. He stated that the database was not intended to dictate practice or tell doctors what to do, that it was intended to be used as a communication tool to provide visibility for prescriptions to a given patient or by a given provider. He shared that nationally there were some draft chronic pain management guidelines with the conversion equivalent to morphine. He stated that two of the biggest risk factors for opioid overdose were escalating dose and co-administration of benzodiazepine. He pointed out that a value of the database was to recognize these risk factors, as a single provider may not be aware of the prescriptions from another provider.

CHAIR SEATON stated that the focus was for curing the problem, not just addressing the database. He stated that the legislature was alarmed, even though he was unsure how active the medical community was toward the opioid problem.

REPRESENTATIVE TARR reiterated her earlier request for the definition of practitioner.

DR. BUTLER replied that the general intent was for persons authorized to prescribe, in this case, specifically for controlled substances. He listed physicians, dentists, and advance practice registered nurses.

REPRESENTATIVE VAZQUEZ directed attention to AS 08.80.480(28), the definition for practitioner, and read: "an individual currently licensed, registered or otherwise by the jurisdiction in which the individual practices to prescribe and administer

drugs in the course of professional practice." She stated that there was also a definition for a pharmacy technician, "a supportive staff member who works under the immediate supervision of a pharmacist." She read the definition for a pharmacist in charge, "a pharmacist who accepts responsibility for operation of a pharmacy in a manner that complies with laws and regulations applicable to the practice of pharmacy and the distribution of drugs and who is personally in charge of the pharmacy and the pharmacy's personnel." She stated that the definition for pharmacist was "the individual currently licensed by the state to engage in the practice of pharmacy."

CHAIR SEATON directed attention to page 1, line 10, of the proposed bill, that the definition of practitioner was for the person who directly dispenses the scheduled controlled substances. He questioned whether the definition should be extended to prescribers. He pointed out that registration for the database was predicated on reading seven pages of very small font, and asked if this was stopping providers and practitioners from registering.

DR. BUTLER offered his support for the removal of any obstacles to registration. He shared that it took him about 7 minutes to complete the on-line form for the database registration, including the search time for his national provider number. He opined that it was a bigger barrier to have the form printed, notarized, and mailed, which took him 9 minutes. He suggested an option to link the database registration with license renewal and do it all on-line. He expressed his hope that this could remove the need for notarization.

4:32:43 PM

JANEY HOVENDEN, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, in response to the question for linkage with licensing and use of the database, explained that it had not yet been determined if that was possible, but, she stated that "would be something that we would always strive to do and always look for options and opportunities to technologically advance."

CHAIR SEATON asked if renewal of the license and registration for the data base could be combined.

MS. HOVENDEN replied that a reminder or a link could be easily included with any documentation at renewal.

CHAIR SEATON asked if the license renewal had to be notarized.

MS. HOVENDEN said that the division had not yet explored the use of My Alaska as a signing option. She stated that the division was always looking for ways to streamline and make things easier for the applicants and registrants.

REPRESENTATIVE VAZQUEZ asked how proposed HB 344 would apply to registered pharmacies located outside the state.

MS. HOVENDEN stated that these licensed pharmacies would be treated the same as those located in-state.

CHAIR SEATON asked if this would include medical providers and telemedicine.

MS. HOVENDEN deferred to the chair of the State Pharmacy Board.

REPRESENTATIVE TARR directed attention to the fiscal note which included a program manager position. She asked about the cost for databases communicating.

MS. HOVENDEN, in response to Representative Tarr, said that there was a cost associated with the database vendor, as it was a third party software program contract. She explained that this additional expense would be for modification to the existing database to make it easier for registrants.

CHAIR SEATON asked about an estimate for the weekly database updates.

MS. HOVENDEN explained that the vendor had given a cost estimate of $26,000 annually for either weekly or daily updates. She replied to Chair Seaton that she would clarify whether that had been included in the fiscal note.

REPRESENTATIVE STUTES asked about any problems with facilitating this in a timely fashion.

MS. HOVENDEN said that a program coordinator could manage it on behalf of the Board of Pharmacy, although there was some concern, as it was necessary that the effective date be prior to the requirement for registrants.

4:42:47 PM

BILL ALTLAND, Pharmacist, Board of Pharmacy, stated that he was a pharmacist practitioner from a rural remote area. He shared that he had been part of the workgroup studying the idea of the prescription drug monitoring program eight years prior, as it was a big problem in the state. He offered an example as a provider in rural remote areas for the concerns and challenges with out of state pharmacies, and licensed pharmacies or practitioners, especially in the context of tribal providers. He referenced an opinion by the state attorney general that tribal providers did not have to be licensed in Alaska. He expressed his concern for this decision, sharing that he felt it important for practitioners to be licensed, as well as important that any delegation for access to the database be to a licensed technician. He asked how a prescriber would know what the leverage was to get the not licensed providers into the system. He pointed out that Seattle was a major health provider hub for southern Southeast Alaska. He shared that there was a system on Prince of Wales Island to talk about patients with pain management issues.

REPRESENTATIVE VAZQUEZ read from the statutes that they did not cover "control of drugs in the federally operated hospital institution."

MR. ALTLAND shared that the military was a closed system for federal beneficiaries, and that Metlakatla was a reservation; however, there was concern for the decisions not to include tribal health care providers.

REPRESENTATIVE TARR asked if there had been any scale back in prescriptions.

MR. ALTLAND said there had been difficult decisions and he lauded the monitoring program, noting that it was needed.

4:54:37 PM

SCOTT WATTS, Pharmacist, reported that he was an independent pharmacist. He lauded the intent of the proposed bill. He expressed his concerns, which included that real time submission was difficult for many pharmacies, although nightly or weekly submission would accomplish the intent of the proposed bill. He reported that it was most important for the database to be checked when the prescription was being written, that this would cut down the time involved for all. He opined that people who were licensed and registered had more to lose should they do something incorrectly. He said that the amount of the

prescription should start with the prescriber. He declared that this was a very important, worthwhile program, and expressed his concern that this was not put solely on the shoulders of the pharmacists.

REPRESENTATIVE TARR asked for a comprehensive list of all of the users.

4:58:45 PM

MATT KEITH, Vice President of Pharmacy, Geneva Woods Health Care, stated his support for the program, and noted that he was also a pharmacist. He acknowledged the challenges for opiate use and controlled substances. He expressed his support for the database and the new portal, as it was quicker, easier to access, and more flexible. He supported the concept of the proposed bill, although he shared a disconnect for how it would be accomplished. He stated that the requirement for a mandatory review for every prescription of all controlled substances would be logistically burdensome and would add cost. He expressed agreement with the licensure of pharmacy technicians, although there was not a lot of capacity to do these extra tasks. He pointed to programs related to prescription drugs which required registration of patients on websites, with additional information put in prior to dispensing. He pointed out that a review of the database prior to every prescription and prior to its dispensation would have an impact on the service and response level. He echoed the sentiment that drug abuse and overdose would not happen if the prescription was not written in the first place, and, doctors needed to look at this information before writing a prescription. This meant that pharmacists were having to be reactive. He reported that there were some disconnects between the two proposed bills, which needed to be ascertained, including the exemption for the word, "administer," as this was not something that pharmacists did. He directed attention to the holistic oversight for patients, especially for those in a chronic pain program, and he described his company's clinical practitioner approach. He asked whether the proposed bill was to address chronic opiate use, or all forms of all controlled substances, as the proposed bill was currently written.

CHAIR SEATON asked what schedules of controlled substances should be included.

MR. KEITH replied that a proactive approach with the biggest concern being for opiate overdose should focus on the schedule 2

drugs. However, another factor with overdose could include the use of other drugs. He pointed out that a requirement for the mandatory review of schedule 2 drugs would reveal any other currently prescribed drugs. He emphasized that the focus should be on the patient not just on one drug.

CHAIR SEATON asked for recommendations by pharmacists for necessary reporting, as well as what schedule level of drugs to check prior to prescription or dispensation, to be forwarded to his office.

REPRESENTATIVE TARR asked about any side effects from schedule 3 drugs, including suicidal tendencies, and if the information was being tracked elsewhere.

MR. KEITH relayed that he was not sure about suicide. He stated that if there were a requirement to report on scheduled drugs, but only mandatorily review the schedule 2 drugs for opiates with a primary concern for opiate abuse, then these would be seen. He stated that it was not necessary to mandatorily review each and every other class of drug prior to dispensation. This would reveal the targeted population for opiate abuse and overdose. He declared that "every anti-depressant on the market has been associated with that [suicide] and they're not controlled substances." He pointed out that it was important to determine the target for improved outcomes.

REPRESENTATIVE WOOL asked what other prescriptions were listed on the database, should the prescribers also check it. He opined that this "would be going further upstream to prevent or reduce the amount of delays at the pharmacy."

MR. KEITH expressed his agreement, reminding the committee that the reporting of all controlled substances would reveal them all on the database, including those drugs with the added risk for negative outcome. He acknowledged that it was much more proactive for the doctor to check the database prior to prescribing a drug.

CHAIR SEATON opined that this was the intention of the committee.

5:09:13 PM

DAN NELSON, Pharmacist, echoed what the other pharmacy representatives had testified. He added that the time requirement for checking all the controlled substance

prescriptions on the database was onerous to the pharmacies, as some high volume retail pharmacies in Alaska were filling more than 1000 prescriptions each day, about 10 percent of those being controlled substances. He said that although each check took about two minutes, any interpretation of the information should not be a delegated task, but should be done by a practitioner or a pharmacist. He declared that this should all be done by a prescriber, prior to issuance of the prescription. He offered his belief that, as the number of pharmacists registering for the database was vastly more than the number of prescribers, this showed that pharmacists were "very interested in stemming the prescription drug abuse epidemic." He shared that pharmacists wanted to play an active role. He applauded the committee for considering this issue. He suggested consideration of mandatory continuing education for pain management, in order to improve some of the pain outcomes. He reiterated that this requirement would be extremely onerous on pharmacies, noting that it would increase the work load on his pharmacy by two - three hours each day.

CHAIR SEATON asked if there was agreement with the idea for schedule 2 drugs being checked by providers, and not by pharmacists.

MR. NELSON replied that this would be a good starting point, adding that all schedule 2 drugs were not opiates, as some opioids were schedule 2, 3, 4, and 5. He questioned whether limiting the proposed bill to schedule 2 drugs would effectively capture the desired end.

CHAIR SEATON asked for any suggestions of ways for the proposed bill to be written.

MR. NELSON, in response to Representative Tarr, relayed that the Centers for Disease Control and Prevention (CDC) had recently issued some draft guidelines on other substances to consider.

[HB 344 was held over.]

5:16:46 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:16 p.m.