

April 7, 2016

The Honorable Robert Goodlatte
Chairman
Committee on the Judiciary
United States House of Representatives
Washington, D.C. 20515

The Honorable John Conyers, Jr.
Ranking Member
Committee on the Judiciary
United States House of Representatives
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Dear Chairman Goodlatte, Ranking Member Conyers, Chairman Upton, and Ranking Member Pallone:

The pharmacy community is strongly committed to working with lawmakers in the fight against prescription drug misuse and abuse. Overall, we believe that the Comprehensive Addiction and Recovery Act (CARA) of 2015 will put programs in place that are intended to serve this purpose. However, we are writing with a concern related to Title VI of the legislation – Incentivizing State Comprehensive Initiatives to Address Prescription Opioid and Heroin Abuse – which includes a provision that would incentivize states to impose unnecessarily redundant and onerous requirements on pharmacists.

Specifically, Sec. 601, establishing State Demonstration Grants for Comprehensive Opioid Abuse Response, would make grants available to states that have prescription drug monitoring programs (PDMPs) in place that (among other things) require prescribers and dispensers to consult their state PDMP database prior to prescribing and dispensing a Schedule II, III or IV controlled substance prescription. We are concerned that imposing this requirement on pharmacists specifically would incentivize states to pursue mandates for pharmacists that are unnecessarily redundant and could place pharmacists in the position of second-guessing prescribers, who upon issuing controlled substance prescriptions would have already reviewed patients' controlled substance history.

Given that there were approximately 494.8 million¹ controlled substance prescriptions dispensed in 2014 and that it can take on average between 2-6 minutes² to access and run an individual patient report, complying with such a mandate would require a collective 16.4-49.4 million additional hours per year to run a prescription drug monitoring program database report for all dispensed controlled substances prescriptions. Compliance with such a requirement would have immediate and severe implications for patient access to important pharmacy services.

¹ PHAST® Prescription Monthly, data drawn March 2015

² Anecdotally, we have heard from NACDS members that that it can take anywhere between 2-6 minutes to access and run a report on an individual patient from the states' online systems.

While we support policies and programs that ensure that pharmacists can access PDMPs, use of these programs should be determined by pharmacists' professional discretion. Accordingly, we urge you to support modifying the provision in CARA to reflect that PDMPs should be consulted using the pharmacists' professional discretion. This would be in the best interest of patient care while also allowing pharmacists to continue to use PDMPs as an effective tool in guarding against prescription drug abuse and diversion.

The pharmacy community thanks you for considering our perspectives on this matter, and we welcome the ongoing opportunity to work with lawmakers on workable solutions to curbing prescription drug misuse and abuse.

Sincerely,

American Pharmacists Association
National Association of Chain Drug Stores
National Community Pharmacists Association

cc: Members of the House Committee on the Judiciary
Members of the House Committee on Energy and Commerce
Members of the Leadership of the House of Representatives
Cosponsors of H.R. 953, the Comprehensive Addiction and Recovery Act of 2015