



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

Statement

of:

The National Association  
of Chain Drug Stores

for:

U.S. House of Representatives  
Energy and Commerce Committee

Subcommittee on Health

Hearing on:

“Examining Public Health Legislation to  
Help Local Communities”

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National Association of Chain Drug Stores (NACDS)  
1776 Wilson Blvd, Suite 200  
Arlington, VA 22209  
703-549-3001  
[www.nacds.org](http://www.nacds.org)

## **Introduction**

The National Association of Chain Drug Stores (NACDS) thanks the Subcommittee on Health for the opportunity to submit a statement for the hearing entitled “Examining Public Health Legislation to Help Local Communities.” In particular, we would like to share our perspective on the National All-Schedules Prescription Electronic Reporting Act (NASPER). NACDS has endorsed legislation in the past to reauthorize NASPER because prescription drug monitoring programs (PDMPs) provide critical tools in efforts to curb and control prescription drug diversion and abuse.

As the face of neighborhood healthcare, community retail pharmacies are committed to ensuring that prescription medications are used appropriately and that local communities are safe. While most individuals take prescription medications responsibly, we recognize that the potential exists for controlled substances to be diverted and abused. Most states now utilize PDMPs as a tool to curb controlled substance abuse. Chain pharmacies work with state PDMPs in all states that have them. These programs warrant the federal support provided by NASPER.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chains operate more than 41,000 pharmacies and employ more than 3.8 million employees, including 132,000 pharmacists. They fill over 2.7 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States. The total economic

impact of all retail stores with pharmacies transcends their over \$1 trillion in annual sales. Every \$1 spent in these stores creates a ripple effect of \$1.81 in other industries, for a total economic impact of \$1.81 trillion, equal to 12 percent of GDP. For more information about NACDS, visit [www.NACDS.org](http://www.NACDS.org).

### **Background**

We understand that a goal of NASPER is to provide grant money to states to encourage them to establish controlled substance prescription monitoring programs or to upgrade existing controlled substance prescription monitoring programs. NASPER also establishes standards that the state programs must follow in order to be eligible for the grant money.

NACDS and the chain pharmacy industry are committed to partnering with federal and state agencies, law enforcement agencies, policymakers, and others to work on viable strategies to prevent prescription drug abuse. Our members are engaged daily in activities with the goal of preventing drug abuse.

Recognizing the important role of PDMPs in helping to prevent drug abuse and diversion, chain pharmacies actively support PDMPs that are well designed to achieve program aims in a manner that does not disrupt the provision of patient care and the legitimate practices of pharmacy and medicine, and have minimal administrative burden associated with compliance.

These monitoring programs offer many benefits to aid in curbing prescription drug abuse. For example, they aid in identifying, deterring, and preventing drug diversion and abuse. These programs encourage appropriate intervention to determine if a person may have a drug addiction, so that treatment may be facilitated. The programs also provide public information on trends in drug abuse and diversion.

Chain pharmacy support is important to the success of PDMPs. Pharmacies submit information on the controlled substances they dispense. This includes information on the patient, prescribed drug dosage and quantity, and the prescriber. This information allows the state to conduct confidential reviews to determine any patterns of potential abuse or diversion.

### **Recommendations**

PDMPs must be workable so that chain pharmacies are able to comply and submit the data that is needed for the successful operation of PDMPs. It is important that programs be appropriately designed so that they are not administratively burdensome or disruptive to providing patient care and the legitimate practices of pharmacy and medicine. When implementing or upgrading PDMPs, policymakers should consider the following factors to assure that PDMPs meet their goals.

- **Provider Access to Prescription Monitoring Program Data**

Many PDMPs grant healthcare providers access to information in the program databases on specific patients they are treating or considering treating. NACDS supports making

access to prescription monitoring program data available to healthcare providers, including pharmacists, for this purpose. However, states should not mandate use of the data by pharmacists. Ultimately, whether it is appropriate to run a report on a particular patient should left to the professional discretion of the pharmacist.

To increase the likelihood of healthcare providers using the program data, policymakers should work to ease the administrative burdens that providers experience when accessing data. Running reports in the prescription monitoring program can be a time-consuming process. Anecdotally, we have heard that it can take between 3-5 minutes to run a report on an individual patient from the online systems that most state programs have in place, which can be a deterrent to provider access for busy healthcare professionals. To address this, policymakers should allow healthcare providers, such as pharmacists, who have access to the database to identify delegates such as pharmacy technicians to access the program database to run reports on the providers’ behalf, which would then be reviewed by the providers prior to prescribing or dispensing. Additionally, PDMPs should pursue program enhancements that can enable integration of prescription drug monitoring program into practitioner workflow. Improving accessibility of prescription monitoring program data ultimately eases administrative burdens that healthcare providers encounter when attempting to access the program and encourages greater use of this information.

- Data Format and Elements

PDMPs should ensure that the specific reporting requirements and various data elements that dispensers must report are consistent with what is typical in other states, and should

not require reporting of extraneous “situational” fields or any state-specific information.

To improve interstate interoperability, we urge policymakers to harmonize and standardize PDMP data as much as possible.

- Compliance Date

Pharmacies must be given sufficient time prior to the program’s compliance date to update their pharmacy computer systems to meet the program’s requirements. Providing pharmacies with at least 90 days after the effective date of new laws, implementing regulations or any program changes should accomplish this. However, depending on the scope of pharmacy computer system modifications necessary to comply with the program requirements, additional time may be necessary. All of this should be considered when a PDMP is upgraded or modified.

### **Interstate Connectivity and the Next Generation of PDMPs**

We understand that another goal of NASPER has been to foster interstate connectivity of PDMPs. NACDS supports the establishment of a national, aggregated controlled substance database, as opposed to a patchwork of state databases. We believe that PDMP data interoperability will only be successful if the state PDMPs reside on a technology infrastructure that can support high utilization with rapid (i.e. millisecond) response times. Concern exists with the current ability of existing state technology infrastructure systems to provide this support. Resources and efforts over the last ten years have made some progress, but more efforts are essential. Accordingly, continued resources should

be brought to bear to fix the identified system deficiencies and to create a much needed comprehensive, national database.

A viable, parallel approach to creating a national, uniform data monitoring system is the expansion and accelerated use of e-prescribing for controlled substances. E-prescribing holds great promise to generate a robust database of real-time information that could be used by DEA, state enforcement officers, pharmacies, insurers, wholesalers, and other partners to assist with the proactive identification of prescription drug abuse. E-prescribing may additionally mitigate prescription forgeries, provide a deterrent effect for prescribers, and may eventually be integrated with PDMP data to allow immediate insights at the point of prescribing.

### **Conclusion**

NACDS thanks the Subcommittee for consideration of our comments on NASPER and the utilization of PDMPs to address the problem of drug abuse. We are committed to the health and welfare of our patients and the communities they call home. We believe that PDMPs are critical tools in combating prescription drug abuse and we encourage providing resources to ensure the viability of PDMPs. Accordingly, we support NASPER.