



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

Statement
Of
The National Association of Chain Drug Stores
For
United States House of Representatives
Committee on Energy and Commerce
Subcommittee on Health

Hearing on:

“Examining Public Health Legislation to Help Patients and
Local Communities”

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2322 Rayburn House Office Building

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The National Association of Chain Drug Stores (NACDS) thanks Chairman Pitts, Ranking Member Green, and members of the Subcommittee on Health for the opportunity to share our perspectives on public health issues and policies designed to help patients and local communities. As the face of neighborhood healthcare, community pharmacies and pharmacists play a vital role in promoting the health, safety, and well-being of the American people. The pharmacy community shares the Committee’s desire to promote policies that will improve patient outcomes and lead to healthier, safer communities. To that end, we are pleased to offer our support for two pieces of legislation being considered by the Committee today that serve this purpose – the “Ensuring Patient Access to Effective Drug Enforcement Act,” (H.R. 471), and the “National All Schedules Prescription Electronic Reporting (NASPER) Authorization Act.”

NACDS represents traditional drug stores and supermarkets and mass merchants with pharmacies. Chains operate 40,000 pharmacies, and NACDS’ 115 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3.3 million individuals, including 179,000 pharmacists. They fill over 2.9 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 800 supplier partners and 60 international members representing 22 countries. For more information, visit www.NACDS.org.

The Ensuring Patient Access and Effective Drug Enforcement Act of 2015

NACDS and its members strongly support H.R. 471, the Ensuring Patient Access and Effective Drug Enforcement Act of 2015. This important bill would promote a comprehensive approach to preventing prescription drug diversion and abuse by facilitating policies that enable law enforcement entities to serve the public and act to address prescription drug diversion and abuse, while still maintaining patient access to medically necessary medications. Achieving these related goals is critical to the

development of viable and effective policies to prevent prescription drug diversion and abuse.

This bill is crafted to foster the development of sound policies by directing the Department of Health and Human Services (HHS) to work jointly with the Drug Enforcement Administration and the Office of National Drug Control Policy to assess obstacles to legitimate patient access to controlled substances, and to identify how collaboration between agencies and stakeholders can benefit patients and prevent diversion and abuse of prescription drugs. Moreover, this legislation would require HHS to consult with patient and provider groups, including pharmacies, among other stakeholders. Pharmacies are critical stakeholders in efforts to prevent prescription drug diversion and abuse, and we appreciate the recognition of pharmacies as having important perspectives to share on this topic.

The NASPER Reauthorization Act

While most individuals take prescription medications responsibly, we recognize that the potential exists for controlled substances to be diverted and abused. To help prevent and reduce the diversion and abuse of prescription drugs, NACDS supports federal efforts through the NASPER Reauthorization Act to assist states with funding for state prescription drug monitoring programs. State prescription drug monitoring programs serve important national and state public health goals and warrant federal support.

Over the years, prescription drug monitoring programs have become important tools used to identify and prevent drug abuse, misuse and diversion. Recognizing the important role these programs have in helping to prevent drug abuse and diversion, chain pharmacies actively support these programs in the 49 states where they have been implemented. Pharmacies submit information on the controlled substances they dispense on a daily or weekly basis depending on the particular state’s program requirements. This information includes data on the patient, prescribed drug dosage and quantity, and the prescriber. With the information that is collected, states can conduct confidential reviews to

determine any patterns of potential abuse or diversion. The information also serves as a resource that practitioners can access to make informed treatment decisions.

It is not uncommon for patients to cross state borders for healthcare services. To ensure that practitioners have access to robust prescription drug monitoring program data, states should work to establish interoperability with other states’ prescription monitoring programs. Many states are already working to implement interstate data sharing now that standards and data hubs are in place to facilitate this practice. However, where a particular state has not initiated a process to achieve interoperability with other state programs, that state should do so to optimize their prescription drug monitoring program. NACDS appreciates the support that NASPER reauthorization would provide to states toward achieving interstate prescription drug monitoring program interoperability.

Conclusion

NACDS thanks the Subcommittee for consideration of our perspectives on policies that reduce the incidence of prescription drug diversion and abuse. We appreciate the opportunity to work members of Congress, as well as other policymakers, to promote the health and welfare of our patients and all Americans.