NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

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By electronic submission via HelpFightsOpioids@help.senate.gov

April 9, 2018

The Honorable Lamar Alexander
Chairman
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray,

Thanks for your efforts to address the opioid epidemic and allowing the National Community Pharmacists Association (NCPA) to review and provide input on the many proposals that continue to be developed. In advance of Wednesday's hearing, we wanted to provide some comments and highlight our concerns with Section 505 of the Opioid Crisis Response Act.

NCPA represents the interests of America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together, they represent an $80 billion health care marketplace and employ more than 250,000 individuals on a full or part-time basis. By volume, 52 percent of the total prescriptions our members fill is covered by Medicaid or Medicare Part D.

NCPA believes that there is potential that Section 505 of the bill as proposed could pose overlapping requirements for pharmacists while failing to address the point in which overprescribing of opioids originates in the chain of provider care, which is at the prescriber level. If the requirement to check a PDMP is placed on the pharmacist and not the prescriber, pharmacists would be placed in the untenable position of solving the entire overprescribing problem while also policing prescribers. Moreover, unless the information is required to be provided in workflow, this is an unworkable solution for pharmacists to have to check the PDMP. Such a requirement may not necessarily add any benefit; rather this presents additional requirements that may conflict between state PDMPs. The legislation does not say how this will work with existing PDMPs overseen by individual states. There is the potential for duplication and the added burden of pharmacists having to comply with two conflicting different rule sets for two different PDMPs. This legislation also has the potential for increasing costs to states.

Finally, it is our understanding that in the Medicaid program states are already using the federal Medicaid Drug Utilization Review (DUR) program to track some of the data that this legislation seeks to compile and accordingly have implemented several opioid management control measures. NCPA highly recommends that access to existing data in state PDMP programs be given to Medicaid programs or have Medicaid programs and/or CMS work with National Association of Boards of Pharmacy (NABP), who coordinates PMP Interconnect, to receive existing state PDMP data.

Thanks again for your leadership in addressing the opioid crisis, and NCPA looks forward to working with the committee.

Sincerely,

Karry K. La Violette
Vice President, Government Affairs and Advocacy
National Community Pharmacists Association