

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

On  
“Combating the Opioid Crisis:  
Prevention and Public Health Solutions”

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9:00 a.m.

2123 Rayburn House Office Building

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## **Introduction**

The National Association of Chain Drug Stores (NACDS) thanks Chairman Burgess, Ranking Member Greene and the members of the Subcommittee on Health for your continued commitment to identifying and developing holistic policies and strategies to curb prescription opioid abuse and diversion. The chain pharmacy community welcomes the opportunity to partner with lawmakers and other stakeholders for this purpose. As healthcare providers on the frontlines of patient care who play a critical role in helping the public take their medications safely and effectively, the chain pharmacy community is keenly aware of complexities associated with this epidemic. We thank you for the opportunity to provide recommendations on policy changes to prevent the abuse and diversion of prescription opioid medications.

NACDS represents traditional drug stores and supermarkets and mass merchants with pharmacies. Chains operate more than 40,000 pharmacies, and NACDS' chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ more than 3.2 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 850 supplier partners and over 60 international members representing 22 countries. For more information, visit [www.NACDS.org](http://www.NACDS.org).

## **A Nationwide Solution to Enhance Prescription Drug Monitoring Programs**

NACDS supports the important role of prescription drug monitoring programs (PDMPs) to help prevent drug abuse and diversion. Over the years, states have established PDMPs as a tool to provide critical information to prescribers and dispensers. However, many states have implemented their own approaches to designing and managing PDMPs, resulting in disparate data and access requirements. These challenges are compounded by inconsistent interconnectivity between different state programs and the lack complete data sets among many PDMPs. On top of this, it is difficult for healthcare providers to access PDMP data that is not integrated into their existing health IT and workflow. Altogether, these challenges impede optimal use of PDMPs.

Experts have pointed toward eight best practices for increasing provider utilization of PDMPs.<sup>1,2</sup> Evidence suggests that physicians do not use PDMPs consistently, or at all, due to a lack of data timeliness to show real-time prescribing data in their workflow and lack of health IT integration with electronic medical records (EMRs). NACDS supports health IT initiatives that equip providers with real-time data within EMRs. Improvement of health IT integration to combat the opioid crisis also requires use of electronic controlled substance prescriptions. Working in tandem with e-prescribing technology would help to ensure that prescribers receive immediate, in-workflow information at the point-of-prescribing, thus eliminating the need to access another

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<sup>1</sup> Pew Charitable Trusts, Dec. 2016.

<sup>2</sup> Duke Margolis Center for Health Policy, Feb. 15, 2018.

system or database. Moreover, this would help ensure that any federal or state opioid prescribing limits are followed.

As a result of the present functionality and interoperability challenges, NACDS is calling on stakeholders to work together to develop and implement a nationwide PDMP solution to harmonize state PDMPs. Such a system should be built in tandem with efforts that require e-prescribing for controlled substances in an effort to provide timely, in-workflow analyses of real time data with actionable point of care guidance for prescribers and dispensers.

A nationwide PDMP solution could take many forms, pulling information from several data sources including: clinical data extracted from insurers, PBMs, and state PDMPs; and aggregated data via a commercial market solution. Additionally, controlled substances prescribing information could be included within electronic medical records. NACDS would support a nationwide solution through any of those vehicles, provided that the solution included the following principles:

1. The most effective use of PDMP data is in ensuring appropriateness of controlled substance use when the prescriber is issuing a prescription for a patient. Towards that end, it is important for prescribers to have real-time, actionable data at the point of care to better inform their prescribing decisions. We recommend that PDMPs be utilized by pharmacies as a secondary safeguard, in addition to the prescriber's review. In exercise of their professional judgment, pharmacists can take necessary actions to investigate and attempt to resolve any concerns identified as a result of a PDMP query, as part of the process of determining whether or not to fill controlled substance prescriptions.
2. Data is accessible to prescribers, dispensers, and supporting staff (e.g. automatic and free registration into PDMP);
3. Compile data exclusively on controlled substances; stay focused on main mission; and
4. Sufficiently protect proprietary data rights of participating stakeholders.

NACDS strongly supports the development of a nationwide PDMP solution that includes the previously mentioned principles; however, we are agnostic to the specific format of the solution. In other words, this solution could be supported and housed within a federal agency (e.g. ONC, ONDCP or FDA) or it could be built and delivered entirely outside government through commercial market forces. Depending on the solution that moves forward, it could build upon existing state PDMP data or pull data from other sources – we are open to the most reasonable solution that harmonizes existing gaps and inconsistencies. NACDS looks forward to working with key stakeholders to discuss the development and implementation of a nationwide PDMP.

NACDS encourages the support of Congress for legislation that would help to facilitate a nationwide PDMP solution. We were encouraged to learn that at today's hearing, the Subcommittee on Health will be considering a discussion draft of "A Bill to Enhance and Improve State-run Prescription Drug Monitoring Programs." While we have some concerns with this specific legislation, we are supportive of many of the broader approaches outlined in this bill to leverage innovative technology solutions, provide healthcare providers with

actionable information and data, and overall improve the functionality of PDMPs. We welcome the opportunity to work with lawmakers to advance legislation that would include these concepts in alignment with the important principles for a nationwide PDMP solution outlined above.

### **Take Back and Disposal of Consumer's Unused Controlled Substances**

Chain pharmacies support patient access to safe and effective methods for disposal of unwanted opioids. To further such access, NACDS supports policies that accommodate pharmacy participation in a variety of DEA authorized options for opioid disposal programs. For example, NACDS member pharmacies participate in and support the following programs: take-back kiosks in pharmacies, mail-back envelopes made available by manufacturers or pharmacies, community drug take-back events hosted at pharmacies, in-home disposal products, take-back kiosks at law enforcement locations, and vouchers to patients to obtain mail-back envelopes from manufacturers or pharmacies. For NACDS members, the key to effective opioid disposal policy is public policy which allows pharmacies to choose from a variety of program options. With such flexibility, pharmacies can choose which opioid disposal program best fits their customer needs and is best suited for their patient population.

NACDS supports a collaborative approach to opioid drug disposal. This a team effort across the supply chain. Accordingly, NACDS member pharmacies seek to collaborate with other supply chain stakeholders to promote safe and effective consumer opioid disposal, including working with manufacturers to implement opioid disposal solutions. More specifically, NACDS supports programs that require manufacturers to fund and make available to pharmacies mail-back envelopes for distribution to patients, upon request, when those patients fill opioid prescriptions. A program of manufacturer-funded mail-back envelopes for unused opioid drugs recognizes that the entire drug supply chain has a role in drug disposal.

Notably, the FDA has recently shown support for manufacturer-driven opioid disposal solutions. Last month, the FDA provided a policy document to the full Energy and Commerce Committee in which FDA called upon manufacturers to establish programs for the return or destruction of unused opioids.<sup>3</sup> NACDS fully supports FDA's policy position and we applaud FDA for recognizing the supply chain collaboration required for effective consumer disposal of opioids. Accordingly, we urge this Subcommittee to also support drug disposal strategies focused on manufacturer leadership in opioid disposal.

In addition to a commitment to offer patients a variety of opioid disposal options, NACDS members are also committed to participating in education programs directed at patients for how to safely and effectively dispose of their unused opioids. To that end, NACDS encourages Congress to fund, develop, and promote programs that provide opioid disposal

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<sup>3</sup> "FDA Asks E&C For New Authority On Opioid Evaluation, Seizure; Suggests Requirements On Manufacturers;" *Inside Health Policy*, <https://insidehealthpolicy.com/daily-news/fda-asks-ec-new-authority-opioid-evaluation-seizure-suggests-requirements-manufacturers>, accessed February 9, 2018; Referencing FDA policy document provided to the House Energy and Commerce Committee.

educational materials to consumers through pharmacies. The programs and the educational materials should focus on opioids, including the dangers of misuse and the potential for addiction to opioids, treatment resources available, and the proper way to dispose of unused opioids. These educational materials should be posted on websites operated by the federal government and be made available to pharmacies to provide to patients filling opioid prescriptions, with each pharmacy determining the best method for making those materials available to its patient population in a written and/or electronic format.

### **Conclusion**

NACDS thanks the Subcommittee for consideration of our comments. We look forward to working with policymakers and stakeholders on these important issues.