



**Testimony of Carrie Rand-Anastasiades  
Public Health Committee  
In Support of  
HB 6856 AAC Substance Abuse and Opioid Overdose Prevention**

Good Afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Carrie Rand-Anastasiades and I am the Executive Director of the Connecticut Association of Community Pharmacies. We represent chain pharmacies around the State such as Walgreens, Rite-Aid, Stop & Shop, and PriceChopper to name a few. I am here today to testify in support of HB 6856 AAC Substance Abuse and Opioid Overdose Prevention.

We applaud the efforts of Governor Malloy to help prevent prescription drug abuse. Allowing pharmacists to prescribe and dispense opioid antagonists such as Naloxone/Narcan can save lives. Narcan is a safe medication that could be prescribed and dispensed by pharmacists with proper training. It is a unique medication and has no abuse potential. It truly saves lives by reversing opioid overdoses which accounted for more than 16,000 deaths in 2010. Pharmacists are healthcare providers located on most street corners with extended hours that patients can utilize in emergencies such as opioid overdoses. Several States currently allow this practice.

Although we support the bill we do have concerns regarding section (9) that makes changes to the Prescription Monitoring Program (PMP). Currently pharmacies upload controlled substance data to DCP on a weekly basis, this bills seeks to mandate "real-time" or immediate reporting of controlled substances once they are dispensed. We are not opposed to **daily reporting with a variance for holidays**, but we feel on-line real-time data reporting is cost-prohibitive, disruptive and provides little if any additional benefit. While a handful of states have attempted to implement such a requirement, these states have experienced implementation delays. Notably, the state of Utah was one of the first states to attempt real-time reporting, but ultimately implemented daily reporting because the state was unable to implement the technological capabilities necessary to facilitate the real-time reporting process. Real-time reporting of dispensing data does not improve practitioners' ability to identify a history of abuse. Patterns of patient abuse of controlled substances are revealed over time. Practitioners ultimately need to be able to look back over the weeks to determine whether there are patterns of abuse with particular patients. Daily reporting provides timely data to compile the scope

of histories necessary to accomplish this aim, but is much less costly. Aside from the technology upgrades in each pharmacy, real time reporting incurs processing fees each time a controlled prescription was dispensed, with Daily reporting processing fees are only incurred once a day and accomplishes the same goal. We would like to work with both the legislature and the administration to achieve the goal of preventing opioid overdoses in the most cost effective and safe manner.

Thank you for your consideration.