

Comments on Amendment #34 to H3944

Rep. Kevin J. Kuros

In December, I participated in a Narcan training session in my district, where I learned to administer the intra-nasal version of Naloxone. I'd encourage every member of this body to do the same. It's an hour out of your life that may some day save another's life.

In speaking with the instructor at that session, who works for the pharmacy board and who has started an anti-addiction non-profit, I learned that Narcan is available in many pharmacies without a prescription, through the Standing Order process. While this was encouraging information for me, the instructor went on to explain that we lag other states, including Rhode Island, in making Narcan available universally without prescription.

A standing order requires the responsible pharmacist at a specific pharmacy to do a fair amount of work to establish the standing order. It also is only for that location. This poses two barriers to availability:

First, standing orders are not an insignificant amount of work, and if you've ever stood in line at a CVS or Walgreens you understand just how busy pharmacists are, and

Second, it allows the managing pharmacist to unilaterally decide whether or not Narcan will be available at their pharmacy. Sadly, some pharmacists may feel access to Narcan may bring an “element” into their pharmacy that they are uncomfortable serving. The Baker / Polito administration is spending a significant amount of money on a media campaign to reinforce that Massachusetts should be a “State Without Stigma” for addicts and their loved ones. Universal access to Narcan, without a prescription, at any pharmacy in the Commonwealth, sends a strong message that we truly do want to be a state without stigma.

So how do we get to where Rhode Island is?

One option may be to use a mechanism slightly different than a standing order. Rhode Island uses what is known as a Collaborative Practice Agreement. It works well in Rhode Island because it standardizes the process, reduces the administrative burden on pharmacists, and reduces stigma.

Under a Collaborative Practice Agreement, one doctor or prescriber signs off on the agreement, which may be used at multiple locations or even across an entire retail chain. Contrast this with the need for each of the hundreds of CVS’s or Walgreen’s to individually execute a standing order. It’s made a world of

difference in Rhode Island, where Narcan is now available at every retail pharmacy.

Lest anyone feel that a Collaborative Practice Agreement would be a venture into the great unknown in the Commonwealth, I assure you that indeed it is not. If any of the members of this body have ever received a flu shot at a retail pharmacy, you likely did so under a Collaborative Practice Agreement, which has made flu shots universally available without prescription across the Commonwealth.

So what does my amendment do?

First, let me tell you what it does not do. It does not **mandate** that we move away from the Standing Order process and to the Collaborative Practice Agreement process, and it **does not exclude** any major stakeholders from determining a path forward. It **does not assume a solution**.

What it does do is establish a special commission, with a very aggressive timeline and with all major stakeholders included, to explore the options that are available to expand access to Narcan in the Commonwealth without a prescription. I hope you'll join with the bipartisan cosponsors of this amendment. It will save lives and move us closer to being a State Without Stigma. Thank you!