

Senate Finance

**HB21-1012 Expand Prescription Drug Monitoring Program
 Typed Text of Testimony Submitted**

Name, Position, Representing	Typed Text of Testimony
Christopher Stock Amend Self	<p>Senators: I am grateful to be able to submit testimony opposing HB-1012 Expand PDMP. I am a pharmacist practicing and conducting research in opioid use, overdose prevention, and harm reduction for over 35 years. In 1994, I spoke against a bill in Utah to establish a Controlled Substance Database. My opposition then, and now in Colorado relates to patients' right to privacy and great potential for stigmatization, misunderstanding and misinterpretation of the medication record by uneducated or biased healthcare professionals. I am opposed to having a state run/sanctioned "ALL prescription drugs" database that an individual cannot opt out of. Specific to my experience in substance use treatment and harm reduction, is concern about having naloxone (Narcan), a life-saving prescription opioid antagonist, buprenorphine (Suboxone), methadone, and naltrexone (treatments for opioid use disorder) included in a state-sponsored electronic health record. Over the past 7-10 years, the Colorado legislature has expanded access to naloxone, buprenorphine and naltrexone, saving many lives in the process. Colorado law allows any Coloradan to obtain naloxone for emergency treatment of opioid overdose and prevention of death. Many people obtain it because a loved-one or friend (NOT THEMSELVES) takes opioids (often called 'third person use'). Unfortunately, there is still significant stigma surrounding use of opioids (whether prescribed or not), surrounding overdose risks (only 'those' people overdose), and surrounding obtaining naloxone because someone may be at risk for overdose the desire to preserve life! Physicians testified on this bill in the House stating they would treat a patient differently if naloxone was in their PDMP record, even though the patient obtained naloxone for third person use. Stigmatization also applies to having buprenorphine, methadone, or naltrexone in the PDMP. Having biased healthcare providers (conscious or not) or no training in substance use treatment, prevention or harm reduction practices and access to an 'all drugs' PDMP risks reversing the gains achieved by the legislature over the past decade to make naloxone and treatments for opioid use disorder more accessible and available. I humbly oppose this bill as it stands. I do recommend amendments to allow patients to opt-out, and/or excluding naloxone (Narcan), buprenorphine, methadone and naltrexone from being listed in the PDMP. Respectfully, Chris Stock, PharmD, Denver</p>