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Dear State Legislator:

We, the Pennsylvania College of Emergency Physicians (PACEP), representing over 1700 emergency physicians in the Commonwealth of Pennsylvania (PA), would like to comment on House Bill 1005 amending the PA Prescription Drug Monitoring Program (PDMP). Although we applaud the sponsors for their commitment to the health and safety of the people of Pennsylvania, we have the following concerns with the legislation that would cause us to oppose it in its current form.

First, although, we believe that providers having information on patients' previous overdoses may be helpful in their subsequent medical care, we are concerned about the mechanism of capturing this information. For example, there are many times that an opioid overdose agent (OOA) such as naloxone is administered by emergency medical services (EMS) or emergency physicians when a patient has unexplained poor breathing effort or alteration of mental status with or without the presence of an opioid. Although it is safe and appropriate to use an OOA in this manner, resulting administration data will not be accurately reflective of an overdose event versus an unrelated medical issue. Reporting this use to the PDMP for a patient without an opioid overdose may lead to unexpected and negative downstream consequences for their future care.

Second, ascribing the direct responsibility to EMS personnel (or a delegate) or the emergency physician to report the detailed circumstances of the use of naloxone as currently outlined in HB 1005 requires an amount of detail that is not readily available for either of these groups in their clinical environments. Such detail often requires a complete episode of care with multiple investigations extending through hospitalization. Coupled with our first concern, we believe this reporting requirement would be both administratively burdensome and inaccurate when applied to OOA use. In addition, these challenging reporting requirements may also inadvertently lead EMS personnel to hesitate to use an OOA when needed.

Finally, the legislative requirement on notice to patients receiving an OOA prescription that this data would be reported to the PDMP (Section 5, point 3) may unintentionally lead to hesitation on the part of patients to seek such care. At a time when co-prescription of an OOA

is considered a best practice and yet is very commonly not performed (Follman et. al., "Naloxone Prescriptions Among Commercially Insured Individuals at High Risk of Opioid Overdose," *JAMA Network Open*, Volume, 2, Number 5, May 3, 2019:e193209), PACEP believes that legislation should avoid any provisions that might accidentally deter co-prescription of an OOA.

Thank you for the opportunity to explain our positions. We are available for further discussions at any time to address this important issue for all Pennsylvanians.

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