



COLORADO  
PHARMACISTS  
SOCIETY

**Colorado Pharmacists Society**

2851 S. Parker Rd., Suite 1210  
Aurora, CO 80014  
720-250-9585  
admin@copharm.org

June 10, 2020

Dear Senate Committee Members,

The Colorado Pharmacists Society (CPS) represents the profession of pharmacy across all practice settings in Colorado. We are the only non-profit professional pharmacist's association in the State. It is our mission to optimize patient care and public health.

We support HB 20-1065 overall, and particularly ask for your support on amendment L.011. We dispense opioid prescriptions to patients many times daily. We see the other medications that they take that may put them at higher risk of an overdose or an adverse effect. Within the trusted relationships we have, we counsel patients on the risks and benefits of opioids every day.

In this unique position, it is more than appropriate and within our specialized training to discuss opioid antagonists like naloxone with patients who trust us and see us on a regular basis. As we identify patients who, in our professional judgement, would benefit from having a naloxone prescription on hand, having the authority to create a prescription independently and dispense it at the point of care is optimal. Through a standing order, it is possible to get the patient naloxone, but these standing orders must be renewed and updated, sometimes cause confusion, and can create red tape that does not have any utility in the process of caring for the patient. The uptake in Colorado has not been optimal with the standing order process.

No one has more training than pharmacists on proper and safe medication use. By utilizing us to practice to our full training, education and scope, pharmacist-provided care can allow patients who need opioids to use them more safely with increased naloxone availability. If we are additionally able to achieve parity and be compensated for the time spent counseling on naloxone and opioid risks, we believe all Colorado citizens may benefit.

We thank the sponsors of HB 1065 and amendment L.011 for listening to our concerns and considering these changes. Please consider a yes vote.

Sincerely,

**Emily Zadvorny, PharmD, BCPS**

Executive Director, Colorado Pharmacists Society

[Emily.Zadvorny@cuanschutz.edu](mailto:Emily.Zadvorny@cuanschutz.edu)

303-818-9045

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Margie Hamm, CPhT  
*Technician Member At Large*

**Co-Prescription of Opioid Antagonist Reduces Opioid Overdose Deaths, Supports Patient Safety and Will Save Money**

June 9, 2020

Dear General Assembly Member,

Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug.<sup>1</sup> Public health measures in Colorado are needed that require providers to educate patients on the risks of opioids and to offer a co-prescription of an opioid antagonist (such as naloxone) that temporarily counteracts the effects of an overdose.

*Patients who are prescribed a high dose of opioid medication are AT RISK in Colorado. Our coalition seeks to amend current opioid related legislation to ensure that these patients are provided with an opportunity to obtain life-saving opioid reversal medication when they receive a high dose opioid prescription, a high dose prescription in conjunction with other dangerous medications, or in the event a patient is at high-risk of overdose.*

*Adding this requirement to provide access to the opioid overdose reversal medication will help save lives and reduce the cost of care in Colorado!*

*We support the changes as we as coalition members have lost family members, friends, colleagues and community members to overdose and addiction. Providing access to co-prescription allows individuals access to rescue medications that can save their lives and protect our communities.*

**Broad Support for Co-Prescription of Opioid Antagonist Rescue Medication**

LET'S TALK  
ABOUT  
CHANGE



*The Lion's Lair Care Center, Inc.*



Colorado We Care Coalition



<sup>1</sup> Schiller, Elizabeth Y. "Opioid Overdose." StatPearls U.S. National Library of Medicine, 2 Mar. 2019, <https://www.ncbi.nlm.nih.gov/books/NBK470415/>. Accessed October 2019.



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In this unique position, it is more than appropriate and within our specialized training to discuss opioid antagonists like naloxone with patients who trust us and see us on a regular basis. As we identify patients who, in our professional judgement, would benefit from having a naloxone prescription on hand, having the authority to create a prescription independently and dispense it at the point of care is optimal. Through a standing order, it is possible to get the patient naloxone, but these standing orders must be renewed and updated, sometimes cause confusion, and can create red tape that does not have any utility in the process of caring for the patient. The uptake in Colorado has not been optimal with the standing order process.

No one has more training than pharmacists on the proper and safe medication. By utilizing us to practice at our full training, education and scope, pharmacist-provided care can keep patients on opioids safer and increase the use of naloxone. If we are additionally able to achieve parity and be compensated for the time spent counseling on naloxone and opioids risks, we believe the state of Colorado could see large gains in safe opioid use.

We thank the sponsors of HB 1065 and amendment L.011 for listening to our concerns and considering these changes. Please consider a yes vote.

Sincerely,

**Emily Zadvorny, PharmD, BCPS**

Executive Director, Colorado Pharmacists Society

[Emily.Zadvorny@cuanschutz.edu](mailto:Emily.Zadvorny@cuanschutz.edu) 303-818-9045

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CHP  
*Member At Large*

Margie Hamm, CPhT  
*Technician Member At Large*

June 9, 2020

Dear General Assembly Member,

I am asking for your support for the amendment supporting CO-RX prescribing. As an emergency room clinician for 17 years in a level I trauma center. I saw too many overdoses first hand. I was under the impression that access to opioid antagonists was easy. However, I realized perceptions are not always reality.

Thankfully, St. Anthony's Hospital, has had in practice the offering of an opioid antagonist prescription if we are dispensing a prescription for high MME's of an opioid (although I am speaking as an individual, not for the hospital).

I do believe giving pharmacists the ability to offer opioid antagonists will save lives, benefit our community and reduce long term ICU costs where often times individuals having overdosed are admitted to recover.

*L. BERUMEN*

Dr. Lacey Berumen, PhD, LAC, MAC, MNM, ADS

Denver, Colorado

June 5, 2020

Dear General Assembly Members,

I am in support of the amendment that will allow Co prescribing for pharmacists in Colorado, we worked hard with CDPHE to get opioid antagonist available through standing orders by the state medical officer. We had hoped that would solve access and save lives, we have not seen the reductions in overdoses we had hoped.

I run a large statewide organization that works with individuals who have many types of addictions and are in recovery, many whose addictions started from and continued to be from prescription opioids. Allowing pharmacists, the ability to offer an opioid antagonist may mean the difference between life and death for an accidental poisoning (IE unintentional overdose).

Thank you for your consideration,

*Rod Rushing*

Rod Rushing

Peer Coach Academy of Colorado

Dear General Assembly Members

It was asked to write a summary on Narcan. It is used as a opioid blocker or reverses the effects. It is used for overdoses. If you have to have opioid in your system for it to work meaning nothing will happen to a person with a clean system.

I have had friends or people in my path that have overdosed. So I used Narcan most died. I do feel Narcan would have saved most of them. Because it is a blocker. I had a friend that died a few years back from a overdose and because she didn't have this to block the drugs she took she died alone in her motel room. I really believe if a person is educated about Narcan it would save more lives. Because what you don't know you can't do. But anyone on these drugs should be given Narcan free of charge because they get high in prisons so a friend might overdose. If I have the Narcan for a life will be saved because I had one. Just a example I don't do drugs but education is key.

Thank you!  
Stephanie Goodkin

Dear GENERAL Assembly Members.

I was ask to write a brief summary on the importance of Narcan. Although I've NEVER use opioids I've been around many of people that that was their drug of choice

I Remember an encounter with a close friend of mine where her choice was herion and cocaine against my better judgement my friend wanted to take a "hot shot" not knowing that would be the last time I would see her again what she thought would be a good hit was her last hit with nothing to revise her she ~~de~~ died. I strongly believe if Narcan would have been on hand my friend would be alive today.

Thank You  
Ms. Shaunja Bonner

6/5/2020

Dear General Assembly Members,

As a person who is unaware of what could potentially happen to me while taking the types of medication I have been given by my Dr's terrifies me at times. I have known several people in my life that have overdosed on ~~to~~ become dependant on them. I have had loved ones and friends that have past away due to overdose and I fear for myself at times. I had to be placed on opiates due to a major surgery. Some times I just suffer through the pain to avoid the pills. I feel Nat would be very helpful to someone in my case. in the event I accidentally overdose. It could save my life and My life matters to me.

Sincerely,  
Izmita Ozler.

June 5, 2020

Dear General Assembly members,

What I believe is that the access to Narcan is essential for the times we're in right now. As a person who used to sell drugs in her past, I have seen my fair share of people who would have lived or would have been resuscitated quicker or easier if Narcan was available along with instructions on how to use it.

I feel like if we are going to be prescribed medications that can cause an overdose then Narcan should also be readily available with every prescription. Not only for people who may abuse the the medications, but also for people who may overdose on just the amount they were prescribed. I have been in numerous situations of people overdosing, which resulted in death because Narcan was not available.

I appreciate you hearing my thoughts on this subject.

Thank you,

KaileighAtkins

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YEAR GENERAL ASSEMBLY MEMBERS,

OPIATES HAVE HAD A NEGATIVE EFFECT ON MY LIFE SINCE I WAS 19 YEARS OLD. THAT'S HOW OLD I WAS THE FIRST TIME I TRIED HEROIN. IM NOW 27 ALMOST 28 AND I COULD TELL YOU STORIES ABOUT MY LIFE AS A HEROIN ADDICT FOR DAYS BUT 3 STORIES STAND OUT MORE THAN THE REST. 3 STORIES WHERE I LITERALLY DIED. 3 STORIES WHERE NARCANS SAVED MY LIFE.

THE FIRST TIME I OVERDOSED WAS IN FEBRUARY 2018. ADAMS COUNTY DRUG COURT HAD SENT ME TO STAR TC REHAB IN PUEBLO COLORADO EARLIER THAT MONTH. I LASTED 3 WEEKS BEFORE DIALING OUT OF THE REHAB INTO A CITY WHERE I HAD NOTHING AND KNEW ABSOLUTELY NO ONE. SOMEHOW I MANAGED TO MAKE MY WAY TO COLORADO SPRINGS WITH PEOPLE I DID NOT KNOW. THE NEXT

DAY WAS WHEN IT HAPPENED I COULD  
GO INTO DETAIL ABOUT HOW I MANAGED  
TO SCORE SOME "BLACK" BUT IT'S IRRELEVANT  
I MADE MY SHOT FOUND A VEIN AND  
MET I DIDNT EVEN FINISH THE SHOT  
BEFORE I KNEW SOMETHING WAS WRONG.  
I VAGUELY REMEMBERED WAKING UP TO SOME  
DUDE "PUNCHING" ME IN THE CHEST BEFORE  
WAKING UP CRYING IN AN AMBULANCE. I  
LATER FOUND OUT THAT DUDE WAS GIVING  
ME CPR FOR OVER 4 MINUTES UNTIL  
PARAMEDICS GOT THERE. 3 MINUTES 53  
SECONDS I HAD NO HEARTBEAT. 3 MINUTES  
53 SECONDS I WAS DEAD. I WAS  
SAVED BY 3 SHOTS OF MARIKAV AND  
2 DAYS IN THE HOSPITAL BEFORE THEY  
COULD GET MY OXYGEN BACK UP TO  
NORMAL.

THE NEXT TIME WAS LATER THAT YEAR. IN  
THE SUMMER TIME AFTER ALABAMA COUNTY #  
HAD RELEASED ME TO MY OWN DEVICES YET  
AGAIN. I WAS RUNNING THE STREETS  
DAY IN AND DAY OUT, SHOT AFTER SHOT

MY "FRIEND" AND I HAD JUST DRIVEN  
UP SOMEWHERE ON 58TH AND FEDERAL AND  
MADE OUR WAY TO THE MCDONALD'S ON  
30 SOMETHING AND FEDERAL TO GET  
HIGH. I DON'T EVER REMEMBER GOING  
TO THE BATHROOM OR MAKING MY SHOT  
OR ANYTHING. THE NEXT THING I REMEMBER  
IS WAKING UP IN A HOSPITAL IN DENVER  
WITH MY HOMEWORK "NO" SETTING. IN A  
CHAIR NEXT TO THE BED HOLDING MY  
HANDS AND CRYING. 2 SHOTS OF  
NARCAN SAVED ME THAT TIME.

THE FINAL TIME WAS EARLIER THIS  
YEAR. I COULDN'T TELL YOU WHAT  
MONTH. I CAN TELL YOU THAT I HAD  
JUST BURIED ONE OF MY BEST  
FRIENDS. SHE OVERDOSED ON FANTASY  
PILLS (DISGUISED AS OXY 30'S) SHE  
DIDN'T HAVE NARCAN TO SAVE HER. OR  
ANYONE TO CALL 911 FOR THAT MATTER.  
SHE DIED ALONE THIS TIME A FRIEND  
OF MY SAVED MY LIFE. THIS TIME

NO HOSPITAL. I WOKS UP AND I THOUGHT  
I HAD JUST FALLEN ASLEEP. NOPE.  
I GOT A SHOT, FELL OVER ONTO  
THE FLOOR AND MY FRIEND RUSHED  
OVER TO HIT ME WITH ONE SHOT  
OF MARIJUANA. ONLY ONE THIS TIME.  
THAT WAS THE LAST STRAW FOR ME.

I KNOW I WOULD NOT BE HERE  
TODAY IF NOT FOR MARIJUANA. SO MANY  
LIVES COULD BE SAVED IF ACCESS  
TO MARIJUANA WAS EASIER.

GABRIELLE CARTER

Dear General Assembly,

6-4-2020

I believe that Narcan should be accessible to opioid patients or patients that have an prescription. Due to our opioid crisis and personal experiences from friends and peers overdosing due to lack of knowledge of Narcan, it is very personal for me to speak on this matter. I think that lives could be saved from awareness and prescription refills of Narcan. With the epidemic of opioid addiction I believe that is the duty of our hospitals and rehabilitation centers to curbe this epidemic. Peoples lives are at stake and with the proper knowledge and the proper awareness I believe we can truly make a difference. I live in sober living and have lived with people with struggles with addiction and people who have lost their lives; there needs to be a cost effective and responsible way for this crisis to be addressed and handled appropriately. This crisis not only affects the ethic but the entire family and the dynamics of the entire community. If our children can have positive role models and sober parents, aunts, uncles, and leaders that can clean and sober it will prevent our children from falling into this crisis of opioid use that has destroyed so many lives and continues to destroy our communities. We are in an epidemic and the main focus should be to save lives and restore our communities in a safe cost effective way. Thank you.

Jolissa M. [Signature]

had gotten a large sum of money, and relapsed. It all happened so fast and since that day my battle with sobriety resurfaced. This is now 5-19-2020 and I just discharged from detox this morning being my 3rd day in and it definitely was an eye-opener. As far as what I want to get out of this program and what I want out of life specifically goes way into looking inside myself. I was asked not long ago what I like to do for fun and I was not only mind-boggled but more clueless. I want to know <sup>AD</sup> what makes Jake's happy again? I want to know true happiness again without being in a drug-induced state. I want to be independent again. I want to work not only towards a job but to a career. I want to be proud of myself again. I want to look in the mirror every day and love the woman that's looking back at me. I want to be more spiritual and close to God again. I want to be a mother again. I want peace again. I want what everyone wants. Peace and love. Peace of mind and loving who you are is the most important feelings in this lifetime. Love coming from God and within is what I aspire to the most. Being a positive person for my community and my loved ones is something that money can't buy. I aspire to be comfortable with money but not in love or driven by money. The old cliché says that money can't buy happiness is something that I hold on to... always have. In this lifetime choice is everything. One choice

June 5, 2020

Dear General assembly,

I am writing this letter to plead with you to request co prescribing Narcan with every single opioid prescription this is personal for me as I lost my son to an opioid overdose, His girlfriend may have been able to save his life had she any knowledge of Narcan and education on how to administer it.

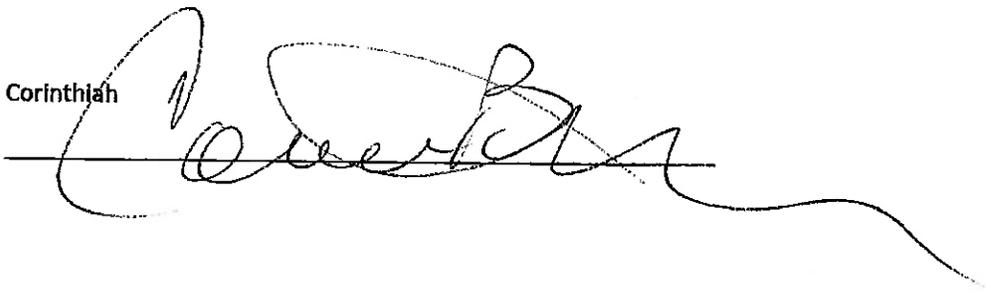
My son Torrey was 34 years old and passed away on December 21,2019 from his opioid addiction Torrey was prescribed oxycontin for pain in 2017 after he broke his ankle from a fall at work the construction company he worked for required he take time off to heal. Torrey had a history of addiction to alcohol and mixing this with opioids was a disaster that sent him spiraling into the world of active addiction using and abusing opiates, Torrey spent the next two years of his life in and out of inpatient and outpatient substance abuse treatment centers , Torrey shared with me that once he was not able to get his prescriptions filled from his PCP he turned to the streets to buy his drugs which were cheaper and easier to find. His addiction started with a prescription.

This experience was heart wrenching for me to watch and experience with him along with my 14-year-old granddaughter (his daughter). Both of our lives have been deeply affected and will never be the same, I cannot put into words the hurt I have in my heart losing my own son.

Please consider implementing co-prescribing Narcan as we continue to battle the opioid crisis in Colorado and around the world it may not save every life however we can offer others to opportunity through education and the life saving Narcan availability.

Sincerely,

Corinthjah

A handwritten signature in black ink, appearing to read 'Corinthjah', written over a horizontal line. The signature is stylized and cursive, with a long, sweeping tail that extends to the right.

June 5,2020

Dear general assembly members,

My name Corinthiah I am the founder and Executive Director of the Don't Look Back Center and The House of Rahab transitional sober living home both located in Aurora CO ,We engage in co-creative community work with women and transwomen to build new pathways to the higher quality lives they seek to build for themselves woman who are rebuilding their lives from the grip of addiction ,trauma PTSD including domestic violence and incarceration.

I strongly believe that Co-prescribing Narcan will save many lives, my experience working in the addiction feild for the past 20 plus years is most lives could have been saved if others were educated and had access to Narcan this could also reduce the amount of opioid prescriptions that in my opinion are overly prescribed. I am grateful that Colorado also has a "Good Samaritan Law," which provides immunity from criminal prosecution for people who suffer or report an emergency drug or alcohol overdose.

By offering a naloxone prescription to a patient, the physician is saying 'I'm so concerned this medication might kill you that you need an antidote in the house, so a family member can rescue you.' That gets our attention," an organization that promotes safe painkiller prescribing. Ensuring that naloxone gets into the hands of people who are most likely to witness an overdose, namely the family and friends of people taking long-term, high doses of pain medications, could change that.

In 2017, more than 70,000 people died from drug overdoses, making it a leading cause of injury-related death in the United States. Of those deaths, almost 68% involved a prescription or illicit opioid. Drug overdose deaths continue to increase in the United States (2017 CDC's Response to the Opioid Overdose Epidemic).

I am in favor of co-prescribing Narcan along with education on administration of Narcan and reducing the risk of opioid overdoses and actively participating in our community to battle the opioid crisis.

Sincerely,

Corinthiah Brown

A handwritten signature in black ink, appearing to read 'Corinthiah Brown', written over a horizontal line.

References

2017 CDC's Response to the Opioid Overdose Epidemic

<https://www.cdc.gov/opioids/index.html>

June 9th, 2020

To Whom it May Concern,

My Story is one of Many during the opioid epidemic. I'm a single father raising a daughter. At the age of 15 1/2 my daughter entered a mental health facility because of suicidal intentions. I found out at that time that Gabriella was cutting herself and had plans to hang herself. Gabriella was in pain and was also using pharmaceutical drugs, Marijuana, and even heroin. This was an overwhelming experience but her mother and I did our best to get her the help needed. Gabriella's fight over addiction continued.

Over the next few years Gabriella struggled but finished high school and was anxious to move on in life. Her mother and I believed her to be getting better. During the summer Gabriella had applied to go work for AmeriCorps in their "City Year" program. This is a gap year program with the motto "Give a year, change a life". They serve underfunded schools systems across the USA and other countries. Gabriella was accepted to go to PS49 in the Bronx in N.Y. City the poorest school district in NY. We thought helping others would be great therapy. Before she left we thought she was making progress in her recovery.

Gabriella found housing in Bond Street sharing a room in an apartment, which her living across the country and away from her peers we had hoped the change would further help her in her recovery, hopefully the bigger picture of life would be revealed.

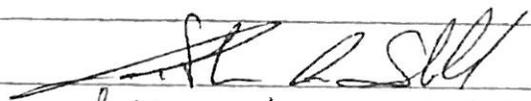
During that year there were many phone calls. Friends were able to visit her to check in. The small stipend was not enough to live on so her mother and I helped a long the way. Later learning we both were many times helping for the same bill. I was able to visit and check in on her. When I saw her she had gained weight looked healthy and we did many of the typical tourist stuff from dinners, Broadway show and lots of walking.

In February Gabriella's housing situation changed and she began living with a friend in Manhattan. In Spring it was evident that Gabriella had missed too many days at work that she would have to stay longer to complete the hours she committed to. Shortly after the information we received a huge wake up call.

It was early May while I was watching my mixed doubles team play a match and during the match I received a call from my friend in New York. I stepped away from match and

answered the phone. I knew instantly something very bad was going on. My friend's daughter was frantically explaining to me that Gabriella had stepped out of the bathroom and collapsed. She was telling me her mom was giving CPR they already called 911. I thought to myself she could possibly be overdosing. I said, "go in the bathroom look for her purse see if there are drugs," then she I could hear her mom say "she's not breathing" right before the phone died. Seriously not making this up. It was a few minutes before we were back on the phone. My friend's voice greeted me with, "the EMT's are here, they gave her Narcan we found needles in her purse". I was relieved and frightened at the future at the same time. Narcan had saved my daughter's life.

That was seven years ago. Gabriella is sober, employed and working toward a career in the medical fields. My daughter has returned to me. She was given a second chance. I have Narcan with me at all times in case someone else needs that second chance.

  
Arthur A. Turnbull

June 6, 2020

Tony Berumen

303 681 1792

[Tonymindcurious@gmail.com](mailto:Tonymindcurious@gmail.com)

To all concerned,

My name is Tony Berumen and I have been a native resident of Denver Colorado for 56 years and have had the honor and privilege of serving the citizens for 32 years as a firefighter. Throughout my career, I have seen many changes to the needs of the citizens and the many adaptive changes by our government that have reflected the priorities of the citizenry. I believe that this progressive response by our government has increased the desirability of people from all over the U.S. to come to Colorado, and also added to the population that want to stay and age in Colorado. I know that my job as a firefighter has changed and my training has changed to provide greater resources to effectively manage the larger number and broader range of responses we provide to the citizens. Our ability to stabilize a situation that may be out of control when we arrive has become paramount within our service. With the majority of calls that we respond to being of a medical nature, our training, equipment and interventions have reflected this new need. When I first entered the fire service, our training was largely based on fire and environmental related hazards. Now we see advertisements for different medications on T.V. commercials and the expectations of the citizens are changing to a perspective of self medication with options to try different medications for many of the ailments commonly suffered. Among the tools we have received to assist with the stabilization of Opioid overdose is an opioid antagonist such as Narcan. It has been invaluable in many instances where we would have been forced to wait for more advanced pre-hospital care personnel, which wastes valuable time, time which many patients don't have. I believe it would be of increased value with greater availability to those most closely charged with the care and well being of others. Passing the CO RX amendment will help people get the resources they need to prevent overdose.

I appreciate your consideration in this very important opportunity to continue the positive relationship between the need of the citizenry and those charged with there very important decisions.

Respectfully submitted,

Tony Berumen.

# SUBMITTED WRITTEN TESTIMONY

**Committee** Senate State, Veterans, & Military Affairs  
**Meeting Date** 06/10/2020 Upon Adjournment

| <b>Registered</b> | <b>Bill Number</b> | <b>First Name</b> | <b>Last Name</b> | <b>Position on Bill</b> | <b>Representing</b>          | <b>Status</b> | <b>Testifying</b> | <b>Text of Testimony</b> |
|-------------------|--------------------|-------------------|------------------|-------------------------|------------------------------|---------------|-------------------|--------------------------|
| 6/10/2020 10:58   | HB20-1065          | Emily             | Zadvorny         | For                     | Colorado Pharmacists Society | Open          | Uploaded file     |                          |