Good Morning, Chairman Romanchuk, Ranking Member West, and members of the House Finance Subcommittee on Health and Human Services. Thank you for this opportunity to share my testimony.

My name is Ken Whittemore, and I am vice president of professional and regulatory affairs for Surescripts, the nation’s largest health information network. We serve providers and patients in all 50 states and DC, and over 38,000 providers and 2,000 pharmacies in Ohio connect to our network. We enable the secure transmission of approximately 3,600 electronic prescriptions every minute.

Today, the majority of prescriptions are transmitted electronically, but with encouragement, virtually all could be, including those for controlled substances, which is why we respectfully recommend that the committee consider adopting a requirement for electronic prescribing. In support of this recommendation, I would like to highlight a couple of points.

The first point is that electronic prescribing is a more secure, informed, efficient and flexible method of prescribing when compared to traditional written and oral prescriptions, especially for controlled substances. It is more secure by virtue of its use of identity proofing, two-factor authentication and digital signature processes. It is more informed because when e-prescribing, medication history data and clinical decision support are available to the provider at the point of care. It is more efficient because electronic prescriptions arrive at the pharmacy of the patients’ choice within seconds in a form that can typically be processed and dispensed quickly by their pharmacist. And it is more flexible because it allows providers to order lower quantities of controlled substances, knowing that should their patients need to continue their therapy, it is a simple matter for providers to issue additional electronic prescriptions to ensure that patients receive the medications that they need in a timely matter with a minimum of effort.
Second, we are pleased to report that 98 percent of Ohio pharmacies can receive electronic prescriptions, and 96 percent can receive electronic prescriptions for controlled substances.

Third, as is true in most states, Ohio providers have a ways to go before they will be issuing the majority of their controlled substance prescriptions electronically. Currently, 71 percent of Ohio providers are e-prescribing, yet just 26 percent are enabled to e-prescribe controlled substances., however, New York’s experience shows that it is possible to catch up very quickly.

New York’s I-STOP law requires that all prescriptions be transmitted electronically beginning in March 2016. At the end of the September before the requirement took effect, 43 percent of New York providers were e-prescribing, and only 16 percent were able to transmit controlled substance prescriptions electronically. Just six months later when the requirement took effect, 77 percent of New York providers were e-prescribing, and 58 percent were able to transmit controlled substance prescriptions electronically. Today, these New York provider enablement percentages are 92 percent for e-prescribing and 78 percent for e-prescribing of controlled substances.

One positive result of I-STOP is a spillover effect that should help Ohio providers to adopt e-prescribing, especially for controlled substances. Due to the size of the New York provider market, electronic health record vendors were driven to upgrade their systems so that their New York customers could e-prescribe controlled and non-controlled substances when the I-STOP requirement took effect. Once they had done so, they made this functionality more widely available elsewhere. As a result, our analysis shows that 67 percent of Ohio e-prescribers are now using electronic health record systems that are approved for controlled substance e-prescribing. Thus, they should be able to incorporate this added capability into their practices in a timely fashion.

In summary, the benefits of e-prescribing are many, Ohio pharmacies are ready now, and Ohio providers can be ready fairly quickly. So again, we respectfully request the subcommittee recommend that a requirement for electronic prescribing be included in the budget bill, House Bill 166. Thank you and I would be happy to answer any questions you may have.