Ohio State Medical Association

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Statement
of the
Ohio State Medical Association
to the
House Health Committee

Interested Party Testimony
HB 193 – Electronic Prescribing

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Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee, my name is Monica Hueckel and I am here on behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students. We would like to thank the committee for the opportunity to testify regarding House Bill 193, which would require Ohio prescribers to issue prescriptions for schedule II controlled substances electronically, rather than either electronically or in writing as current law allows.

Although drug abuse and overdose continues to be a prevalent problem across the state, through a multifaceted approach over the last decade or so, Ohio has made significant strides in addressing this complex issue. As stated in annual report released by the Ohio Automated Rx Reporting System (OARRS) in 2020, Ohio is making "continued progress in promoting the safe and responsible prescribing of opioids and benzodiazepines."

This same report indicates that the number of opioid doses prescribed to Ohio patients decreased by 55% between 2012 and 2020. Use of OARRS to obtain patient information by Ohio prescribers is required, and as a result of this, there has been a significant decrease in the practice known as "doctor shopping," which occurs when an individual seeks to obtain controlled substance prescriptions from a multitude of prescribers in a short period of time. "Doctor shopping" in Ohio is down by 93% from 2011 to 2020. Additionally, a national report by the American Medical Association Opioid Task Force in 2018 credited Ohio physicians for having completed more safety queries on patients prior to prescribing an opioid for pain management in 2017 than medical professionals in any other state.

In 2018, action was taken on the federal level when Congress passed the SUPPORT Act, which included a requirement that schedule II-V controlled substances covered under a Medicare Part D or Medicaid Advantage prescription drug plan must be electronically prescribed. The Centers for Medicare and Medicaid Services have delayed enforcement of this requirement due to the ongoing COVID-19 pandemic, and have set a compliance date of January 1, 2022 in order to give prescribers more time to implement e-prescribing of controlled substances in their practices if needed.

OSMA supports the intent of HB 193 - to address the potential use of fraudulent or stolen written prescriptions to obtain schedule II controlled substances. Our members share the concerns that this bill seeks to resolve, but we hope to work with the sponsors of this legislation on specific provisions that will allow the flexibility needed to ensure physicians across the state can reasonably comply with any new electronic prescribing requirements, and will also provide for certain unforeseen obstacles and circumstances that may limit a prescriber's electronic prescribing capacity.

The federal e-prescribing requirement for Medicare includes several exceptions for certain circumstances, which indicates that CMS will, once the new compliance deadline has passed, waive the requirement in the case of the following:

- The practitioner and dispensing pharmacy are the same entity;
- The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;
- The practitioner has received a waiver from the requirement to use e-prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner;
- The practitioner reasonably determines that it would be impractical for the individual to obtain the prescribed substance by electronic prescription in a timely manner, and the delay would adversely impact the individual's medical condition;
- The prescription is issued by the practitioner under a research protocol;
- The U.S. Food and Drug Administration requires the prescription to contain elements that are not able to be included in electronic prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use; or,
- The prescription is issued by a practitioner for an individual receiving hospice care or a resident of a nursing facility.

OSMA believes that it is important that any state legislation regarding mandatory e-prescribing for schedule II controlled substances must be robust and comprehensive in its consideration of these or similar exemptions or allowances for flexibility for prescribers. This careful and specific consideration would help ensure that HB 193 achieves what it seeks to do, while also not leading to potentially harmful delays in patients obtaining necessary prescriptions, or a severe disruption to the workflow of physician practices and other prescriber facilities that could cause additional problems.

Once again, OSMA is thankful to members of the committee for your attention to our comments on this legislation, and appreciates the opportunity to be a meaningful contributor to the legislative process. Please feel free to reach out to us if you have any questions.