

**Proponent Written Comments on Substitute House Bill 193**  
**Senate Health Committee**  
**Lora Miller, Ohio Council of Retail Merchants**

**November 17, 2021**

On behalf of the 1,600 pharmacies and more than 6,700 pharmacists operating and providing patient care in Ohio, the Ohio Council of Retail Merchants (OCRM) and the National Association of Chain Drug Stores (NACDS) are grateful for the opportunity to support Substitute House Bill 193. We are appreciative of Representative Cutrona and Pavliga for their sponsorship of this important bill.

Although the COVID-19 pandemic has drawn some attention away from the opioid epidemic, it is still a major public health crisis and will continue to be so after the pandemic has passed. We applaud the bill sponsors for recognizing the valuable impact that mandating e-prescribing of controlled substances (EPCS) can have not only on prescription diversion, fraud and addiction, but also on increasing patients' adherence to their medication regimens to improve health outcomes overall.

Electronic prescribing is already a well-established practice nationally, including in Ohio. The federal law mandating EPCS for prescriptions for Medicare patients was effective January 1, 2021. According to Surescripts, as of October 2021, 82.9% of Ohio's prescribers have electronic prescribing software that is approved for controlled substance prescribing. While these are promising statistics, there is room to further improve the rate of electronic prescribing, particularly as it relates to controlled substances. For example, also as of October 2021, only 66.9% of Ohio's prescribers were actively using these approved EPCS systems to prescribe controlled substances. To date, approximately 35 states have followed the federal lead and updated their laws to require EPCS in certain circumstances.

Community pharmacies and pharmacists support policies that promote the use of electronic prescribing to transmit prescription information between prescribers and pharmacists and know that the use of this technology will improve safety and security in the prescribing process. For controlled substances, electronic prescribing adds new dimensions of safety and security as prescribers can more easily track the controlled substance prescriptions that a patient has received. When used, electronic prescribing practices improve patient care and outcomes by eliminating handwriting errors. According to a study conducted at a Johns Hopkins Medication Outpatient Pharmacy, 89% of handwritten prescriptions failed to meet best practice guidelines or were missing information that would otherwise be prompted by an electronic prescribing system. By comparison, not a single prescription in that study issued electronically contained these types of errors.<sup>1</sup>

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<sup>1</sup> [http://www.hopkinsmedicine.org/news/media/releases/researchers\\_find\\_handwritten\\_opioid\\_prescriptions\\_are\\_more\\_prone\\_to\\_mistakes](http://www.hopkinsmedicine.org/news/media/releases/researchers_find_handwritten_opioid_prescriptions_are_more_prone_to_mistakes); 2017.

In addition to decreasing the number of handwritten errors, electronic prescribing tools also enable clinical decision-making at point of care. When electronic prescribing is part of a healthcare provider's electronic health record system, prescriptions can be checked for interactions with patient medications, health conditions, and allergies. Furthermore, electronic prescribing practices serve to improve medication adherence. As electronic prescriptions are sent directly to the patient's pharmacy of choice, this technology allows healthcare providers to monitor and improve patient first fill adherence, as patients are more likely to fill prescriptions that are sent electronically to their pharmacy.

Adoption of Substitute House Bill 193 will enhance healthcare providers' utilization of this technology and foster prescriber adoption. This will help to ensure that EPCS will lead to the virtual elimination of prescription fraud.

Again, OCRM and NACDS extend our appreciation to Representatives Cutrona and Pavliga and this Committee for recognizing the unique opportunity to eliminate prescription fraud and errors while improving patients' medication adherence. Thank you for your thoughtful consideration.