



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



MARYLAND ASSOCIATION
OF CHAIN DRUG STORES

February 13, 2020

Health and Government Operations Committee
Maryland General Assembly
Room 241
House Office Building
Annapolis, Maryland 21401

RE: Chain Pharmacy Supports HB 512 – Legislation for the Electronic Prescribing of Controlled Substance

Dear Chairwoman Pendergrass, Vice Chairwoman Pena-Melnyk, and Honorable Members of the Health and Government Operations Committee:

On behalf of the 780 chain pharmacies operating in the state of Maryland, the National Association of Chain Drug Stores (NACDS) and the Maryland Association of Chain Drug Stores (MACDS) urge members of the Health and Government Operations Committee (Committee) of the Maryland General Assembly to support HB 512. This important legislation would require controlled substance prescriptions to be dispensed on an electronic prescription except in limited, special circumstances. Considering that electronic prescribing improves the safety and security of prescribing processes, chain pharmacy strongly supports policies like those encompassed in HB 512 and in similar laws enacted in 25 states¹ across the country that promote the use of this beneficial technology. We therefore urge members of the Committee to advance this bill.

Across the nation, there continues to be substantial growth in the adoption and utilization of electronic prescribing. Recent data indicates that 1.91 billion prescriptions were issued electronically in the United States last year (accounting for 85% of all prescriptions), of which 115 million were for controlled substances (which account for only 31% of controlled substance prescriptions.)² While these are promising statistics, there is room to further improve the rate of electronic prescribing, particularly with controlled substance prescriptions, which data shows lag behind overall adoption of this beneficial technology. In Maryland, Surescripts data from December 2019 shows that nearly every pharmacy (97% to be exact) is enabled to receive electronic controlled substance prescriptions. In stark contrast, only 32.2% of prescribers are similarly enabled and using this beneficial technology when issuing controlled substances prescriptions, which is well below the 47.8% national average of prescribers who otherwise electronically prescribe controlled substances.

Recognizing the important role of electronic prescribing in helping to curb the opioid crisis, Congress enacted in 2018 federal legislation requiring controlled substances prescriptions covered under Medicare Part D to be electronically transmitted starting in 2021.³ We encourage lawmakers in Maryland to build upon this effort and extend the mandate to apply to all prescriptions issued in their state—not just those covered by Medicare.

¹ To date, laws have been enacted requiring electronic prescribing in the following states: AL, AR, CA, CO, CT, DE, IN, IA, KS, KY, MA, ME, MO, NC, NV, NY, OK, PA, RI, SC, TN, TX, VA, WA, & WY.

² The Surescripts 2018 National Progress Report is available here: <https://surescripts.com/news-center/national-progress-report-2018/>

³ The *Support for Patients and Communities Act* (H.R. 6) was enacted to include the *Every Prescription Conveyed Securely Act*, legislation requiring Schedule II through V controlled substances prescriptions covered under Medicare Part D to be electronically transmitted starting in 2021.

As mentioned earlier, electronic prescribing technologies have numerous advantages over prescriptions issued in alternate formats, which benefit both patients and healthcare providers alike. For controlled substances in particular, electronic prescribing of controlled substances adds new dimensions of safety and security. Electronic controlled substance prescriptions cannot be altered, cannot be copied, and are electronically trackable. Furthermore, the federal DEA rules for electronic controlled substances prescriptions establish strict security measures, such as two-factor authentication, that reduce the likelihood of fraudulent prescribing. Notably, when the state of New York implemented an e-prescribing mandate in 2016, the New York State Department of Health reported a 70% reduction in the rate of lost or stolen prescription forms.⁴

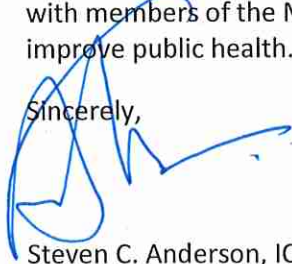
A study conducted at a Johns Hopkins Medication outpatient pharmacy found that 89% of handwritten opioid prescriptions failed to meet best practice guidelines or were missing information that would otherwise be prompted by an electronic prescribing system. By comparison, not a single prescription in that study issued electronically contained these types of errors.⁵ In fact, electronic prescribing has been shown to reduce medication errors in the ambulatory setting by as much as seven-fold.⁶

In general, electronic prescribing enables numerous other benefits for improved patient care and outcomes. This technology allows prescribers to track whether the prescription was filled and how often it is refilled. Additionally, electronic prescribing tools 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.

Electronic prescribing also helps drive down healthcare costs, both through the use of tools that allow for greater price transparency at the point of prescribing and enhanced formulary compliance and through helping to reduce otherwise costly medication errors. By reducing medication errors to as little as a seventh of their previous level, the associated cost savings due to improved patient outcomes and decreased patient visits are estimated to be between \$140 billion and \$240 billion over 10 years.⁷ These substantial savings result from the decrease in adverse drug events, mostly due to reduced visits to primary care offices and emergency rooms.

Given that electronic prescribing practices serve important public health goals of reducing opportunities for prescription drug diversion and abuse and broadly improving patient outcomes and care, NACDS strongly urges Maryland lawmakers to advance this legislation. We appreciate the opportunity to convey the perspectives of the chain pharmacy community on this important issue and welcome the opportunity to work with members of the Maryland legislature on this and other issues that promote high-quality healthcare and improve public health.

Sincerely,



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National Association of Chain Drug Stores



Cailey E. Locklair
President
Maryland Association of Chain Drug Stores

⁴ Remarks of Anita Murray, Deputy Director, New York State Department of Health at the Harold Rogers Prescription Drug Monitoring Program National Meeting (September 6, 2017)

⁵ http://www.hopkinsmedicine.org/news/media/releases/researchers_find_handwritten_opioid_prescriptions_are_more_prone_to_mistakes

⁶ "Electronic Prescribing: Improving the Efficiency and Accuracy of Prescribing in the Ambulatory Care Setting," *Perspect Health Inf Manag.*; 2014 Spring; 11(Spring) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995494/>

⁷ "Electronic Prescribing: Improving the Efficiency and Accuracy of Prescribing in the Ambulatory Care Setting," *Perspect Health Inf Manag.*; 2014 Spring; 11(Spring) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995494/>