

Testimony of

The Honorable Tim Johnson

December 4, 2007

STATEMENT REGARDING ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES

Mr. JOHNSON. I wish to thank Senator Whitehouse for calling this hearing on such a critical topic to patient safety and law enforcement as electronic prescribing of controlled substances. Advances in technology present us with a unique opportunity to improve patient safety, reduce costs and increase physician efficiency through use of electronic prescribing, all while improving law enforcement's ability to monitor use of these pharmaceuticals. I am hopeful that Senator Whitehouse's efforts will be successful in moving the practice of prescribing controlled substances out of a paper-based system rife with insecurities and inaccuracies and into a secure, accurate and safe electronic environment.

I am a long-time supporter of telehealth initiatives, and I am proud that my home state of South Dakota is a leader in developing and implementing telehealth. Health systems throughout South Dakota utilize telehealth technology for many different initiatives, including telemental health services and electronic Intensive Care Unit (eICU) monitoring. Health care providers in South Dakota have found that patients monitored in an eICU bed experience reduced mortality risk and reduced hospital length of stay. In addition to these benefits, rural hospital physicians, often the only physicians in their communities, are relieved of overnight calls and have access to peer consultation, all while keeping health care dollars in the local community, because patients are not transferred to an ICU in a larger community. Telehealth technology is critical to ensuring that rural communities receive quality health care and increased access to specialists.

Electronic prescribing is a natural extension of these telehealth initiatives, and health care providers in South Dakota are eager to explore the use this technology. Electronic prescribing, also called e-prescribing, is a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care. E-prescribing has the potential to increase patient safety, increase physician efficiency, and reduce cost. The Institute of Medicine acknowledged the promise of e-prescribing in its July 2006 report entitled Preventing Medication Errors, and recommended that by 2010 all prescribers and pharmacies be using e-prescriptions.

Under the Medicare Modernization Act of 2003 (MMA), e-prescribing is optional for physicians and pharmacies, but drug plans participating in the new prescription benefit are required to support electronic prescribing by 2009. The Centers for Medicare and Medicaid Services (CMS) is engaged in the rulemaking process regarding standards for e-prescribing of prescription drugs (except controlled substances), which are expected to be finalized by April 2008. Because state boards of pharmacy control prescription-writing requirements, states will also need to create standards, and many are poised to do so. In South Dakota, two task forces are at work developing standards and regulations for use of e-prescribing.

Unfortunately, the part of the federal government with jurisdiction over approximately 15 percent of all prescribed drugs does not appear to be joining in the exploration of this technology. Controlled substances in Schedules II - V constitute approximately 15 percent of all prescriptions, and the Drug Enforcement Administration (DEA) within the Department of Justice regulates prescription-writing requirements for controlled substances. Three years after first proposing regulations for e-prescribing, and more than one year after a public forum on the issue, it appears to this outside observer that DEA is uninterested in deploying e-prescribing for controlled substances. I am disappointed in the DEA's lack of progress on this issue, particularly in light of the Institute of Medicine's conclusions that e-prescribing can avoid many of the mistakes inherent in handwritten prescriptions, allow for automatic checks of drug allergies and drug-drug interactions, and avoid errors that occur when prescriptions are handed between several different health care providers and the patient. In addition, DEA's actions are at odds with the Medicare Modernization Act of 2003, which mandates that drug plans participating in Part D support electronic prescribing by 2009. Without guidance and standards from DEA regarding e-prescribing of controlled substances, drug plans will be unable to meet this mandate. I urge the DEA to rejoin the dialogue regarding e-prescribing.

Again, I thank Senator Whitehouse for his leadership on this very important issue, and I look forward to learning more about the government's progress in establishing standards and regulations for electronic prescribing of controlled substances.

