



January 16, 2018

The Honorable Charles McCall  
Speaker, Oklahoma House of Representatives  
2300 N. Lincoln Blvd., Room 401  
Oklahoma City, OK 73105

Dear Speaker McCall:

We are writing to urge strong support of Oklahoma proposed bill Req. No. 8141 that would require that all prescriptions be issued electronically. In addition, we would like to express our concerns with the views shared by the President of the Association of American Physicians regarding the practices of electronically prescribing practices.

The view of the Association of American Physicians and Surgeons is that if enacted, Oklahoma proposed bill Req. No. 8141 would infringe on the rights of citizens to shop for the best price when a prescription is sent electronically to only one pharmacy. This misconception fails to consider the fact that e-prescribing helps prescribers and patients find the most cost-effective medication. Over 95 percent of prescriptions are covered by a third-party payor. Once claims are adjudicated, patients pay the copay that is directed by their insurer/pharmacy benefit manager under their prescription drug coverage for that medication. E-prescribing technologies enable prescribers to review patients' drug coverage with the patient at the point of prescribing and select the most cost-effective therapy for that patient. In addition to insurers /pharmacy benefit managers dictating the patient specific copay for a specific drug, it is important to note that for the 4.8 percent of prescriptions that are cash transactions, e-prescribing in no way prevents patients from shopping around for the best price.

The views expressed by the Association of American Physicians and Surgeons also states that e-prescribing increases busy work for physicians by requiring them to login to computers for purposes of submitting the prescription as well as login to the prescription drug monitoring program. The rate of e-prescribing is steadily increasing. According to the most recent data available, 1.6 billion prescriptions were issued electronically in the United States last year, which equates to more than 4.3 million prescriptions per day. Still, there is room to further improve the rate of e-prescribing, particularly with controlled substance prescriptions, which lag behind overall adoption of this technology. Based on the growing rate of e-prescribing of non-controlled substances, it's clear that prescribers have integrated e-prescribing practices into their workflow – which is not surprising given that e-prescribing technologies are tied to providers' Electronic Health Records (EHR) systems and that e-prescribing practices have so many benefits for the delivery of patient care.

Lastly, the views of the Association of American Physicians and Surgeons appear to suggest that because most opioid overdoses are not caused by pain medications, they must instead be caused by opioids like heroin and other highly abused street drugs. Because of this, it is believed that the requirements of Oklahoma proposed bill Req. No. 8141 are flawed and overregulate prescribing practices for prescription opioid drugs. Based on the current opioid crisis, it is true that many people who have developed an opioid abuse problem are turning to and overdosing on street drugs like heroin. However, this is something that the e-prescribing mandate does not address. Nevertheless, given how the opioid crisis has evolved in the US, there is an immediate need for policies to address appropriate practices for opioid prescribing to decrease and stop the cycle of addiction and abuse of opioids.

We support policies that promote the use of electronic prescribing to transmit prescription information between prescribers and pharmacists, and we believe 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. Additionally, electronic controlled substance prescriptions cannot be altered or copied. 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.

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.

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. Because 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 this legislation will enhance healthcare providers' utilization of this technology and to foster prescriber adoption. The Legislature must pursue statutory changes to require that all prescriptions be issued electronically where practical in consideration of the numerous benefits for both patients and healthcare providers. We thank you for your consideration of our comments.

Sincerely,

Oklahoma Pharmacists Association, Debra Billingsley  
Pharmacy Providers of Oklahoma, Lonny Wilson  
CVS Health, Allen Horne  
Express Scripts, David Dederichs and Dennis McAllister  
Genoa a QoL Healthcare Company, Dale Masten  
National Association of Chain Drug Stores, Mary Staples  
Surescripts, Ken Whittemore  
Walgreens, Angela Hoover  
Walmart, Debbie Mack  
IJCP, Loyd Allen, Jr.  
Reasor's, LLC, David McGehee