

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**House Committee on Health**

**HB 0651, Relating to Electronic Prescriptions**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**February 13, 2013, 8:30 a.m., Rm. 329**

**Written Testimony Only**

1 **Department's Position:** Support.

2 **Fiscal Implications:** None.

3 **Purpose and Justification:** The purpose of this measure is to update the Uniform Controlled  
4 Substances Act in Chapter 329, Hawaii Revised Statutes, to allow for electronic controlled substance  
5 prescriptions.

6 The Department of Health, Child and Adolescent Mental Health Division provides medication  
7 management to youth with severe emotional and behavioral health challenges, as appropriate.  
8 According to the Division's "Child and Adolescent Mental Health Performance Standards" (aka,  
9 "Orange Book"), medication management includes reference and adherence to evidence-based  
10 psychopharmacological practices, ongoing assessment of the young adult's or youth's response to  
11 medication, symptom management, side effects, adjustment and/or change in medication and in  
12 medication dosage. Medication management is provided by an American Board of Psychiatry and  
13 Neurology Board Eligible/Certified Child Psychiatrist or a Licensed Advanced Practice Registered

1 Nurse with prescription privileges, after authorization by the Child and Adolescent Mental Health  
2 Division's Medical Director.

3 The electronic transmittal of prescriptions will provide the Department of Health's clinicians  
4 with a safer, more secure, and timely means to prescribe medications. Neighbor island youth, in  
5 particular, will benefit from this measure. Currently, prescriptions are handwritten on paper and then  
6 mailed to the family. The prescriptions are valid for seven days, and cannot be post-dated. If the mail  
7 is late or lost, the youth cannot get the needed prescription in a timely manner. Electronic prescriptions  
8 will allow the prescriptions to be sent directly to the family's pharmacy of choice.

9 The Child and Adolescent Mental Health Division's electronic health record system, Resource  
10 and Patient Management System (RPMS), has medication management capability. Should this measure  
11 be passed and adopted, the Department of Health will be able to electronically transmit prescriptions in a  
12 more secure and timely system. This measure will bring the State of Hawaii in alignment with President  
13 Obama's Healthcare Reform.

14 We thank you for the opportunity to testify.



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Wednesday, February 13, 2013  
TIME: 8:30 a.m.  
PLACE: Conference Room 329  
State Capitol  
415 South Beretania Street

To:  
COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair  
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association  
Dr. Steven Kemble, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: HB 651 RELATING TO ELECTRONIC PRESCRIPTIONS

Position: Strongly Support

The Hawaii Medical Association is submitting testimony in strong support of this measure.

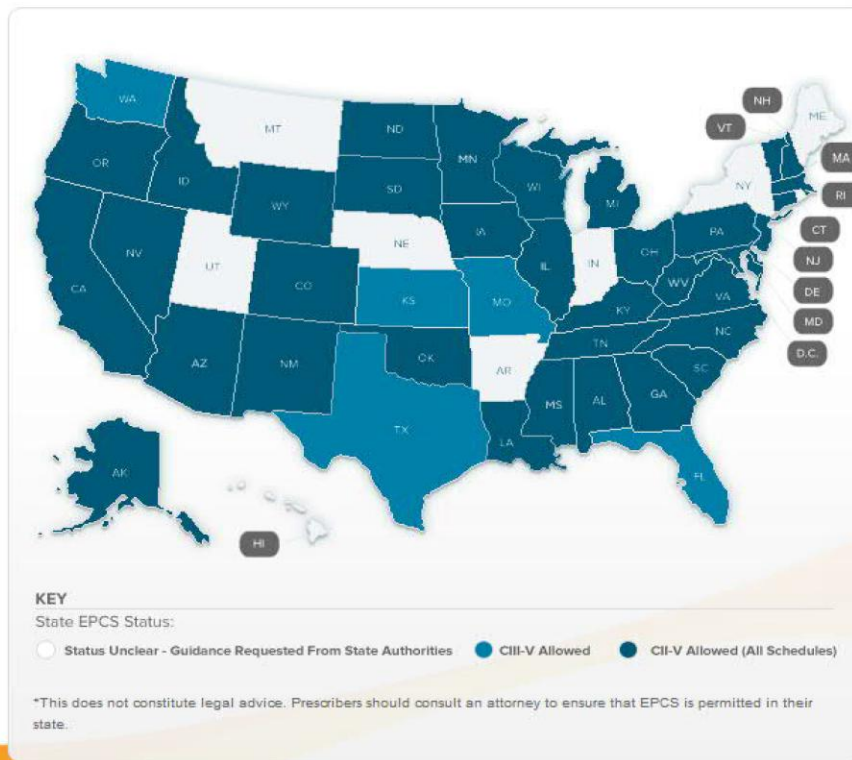
On March 31, 2010 the federal Drug Enforcement Administration (DEA) published its interim final rule on "Electronic Prescribing for Controlled Substances," revising DEA regulations and allowing pharmacies, hospitals, and practitioners to securely and safely utilize modern technology systems to electronically prescribe (e-prescribe) schedule II through V drugs (controlled substances). Since the DEA's rule went into effect in June 2010, many states have aligned their policies and regulations to facilitate e-prescribing of controlled substances; 41 states now permit e-prescribing of controlled substances and only nine states, including Hawaii, do not. [States' status relative to e-prescribing of controlled substances is depicted in the map below.]<sup>1</sup>

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<sup>1</sup> Surescripts. "E-Prescribing of Controlled Substances." <http://www.surescripts.com/about-e-prescribing/e-prescribing-of-controlled-substances.aspx>. Accessed on January 30, 2013.

### OFFICERS

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HB 651 proposes to amend Hawaii’s current Uniform Controlled Substances Act in chapter 329 to allow for e-prescribing of schedules II through V controlled substances. It is critical that Hawaii align with federal regulations for several reasons.

First, the federal requirements ensure that e-prescribing of controlled substances is secure and safe, to protect both the prescriber and the patient. The DEA requires that prescribers must: use e-prescribing software that is audited and certified for the purposes of e-prescribing of controlled substances; complete identity-proofing; and use a secure, two-factor authentication process to sign e-prescriptions for controlled substances. These privacy and security requirements protect the prescriber from the misuse of his/her credentials. It should also be noted that prescribers have the same obligations when e-prescribing controlled substances as they do when issuing traditional prescriptions orally or on paper.

Second, providers who are not able to e-prescribe controlled substances are forced to maintain separate workflows in their prescribing process – an electronic workflow for non-controlled substances and a paper process for controlled substances. The maintenance of two workflows is both disruptive and burdensome to the provider; controlled substances account for 10 to 11% of total prescriptions written in the United States.<sup>2</sup> The workflow disruptions and hassle caused by switching between paper and electronic prescribing are enough to make some physicians choose not to e-prescribe at all.

<sup>2</sup> Drug Enforcement Administration. “Electronic Prescriptions for Controlled Substances.” Interim Final Rule with Request for Comment. March 31, 2010. [http://www.deadiversion.usdoj.gov/fed\\_regs/rules/2010/fr0331.htm](http://www.deadiversion.usdoj.gov/fed_regs/rules/2010/fr0331.htm). Accessed on January 30, 2013.

Third, the benefits of e-prescribing have been documented for patients, providers, and pharmacists. Major benefits include:

- **Enhanced patient safety and quality of care:** A 2010 study found 37 errors for every 100 handwritten prescriptions, compared to 7 errors for every 100 electronic prescriptions.<sup>3</sup> It was estimated that about 7% of these errors have the potential to do harm.
- **Lower costs across the healthcare system:** E-prescribing systems help prescribers select medications covered by a patient's health plan formulary that are both cost effective and therapeutically appropriate. A 2012 study estimated that e-prescribing could lead to between \$140 billion and \$240 billion in savings and improve health outcomes over the next ten years.<sup>4</sup>
- **Increases patient convenience and medication compliance:** A recent study reported a 10% increase in patients' filling or picking up of new prescriptions.<sup>5</sup> E-prescribing removes the "waiting" time from the traditional prescription filling process so that patients can easily fill medications without encountering significant wait times at the pharmacy.
- **Saves time and money for pharmacies and providers:** The National Association of Chain Drug Stores estimated that pharmacy staff make upwards of 150 million calls annually to clarify prescriptions or discuss possible errors with prescribers. This equates to as much as \$20,000 annually per physician practice that could otherwise be redirected to patient care.<sup>6</sup>

As of 2011, Hawaii ranked 39<sup>th</sup> among states in Surescripts Safe-Rx rankings due to its low adoption of e-prescribing. Hawaii prescribers, pharmacists, and patients are disadvantaged when it comes to health care quality and costs as prescribers are forced to retain two prescribing workflows. This impacts prescribers' abilities to adopt e-prescribing and, as a result, prescribers, patients and pharmacies do not receive e-prescribing's cost and safety benefits. Aligning Hawaii's laws to be consistent with DEA regulations is a critical important next step to moving Hawaii forward and supporting improved quality of care and reduced costs.

Mahalo for the opportunity to submit testimony on this important issue.

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<sup>3</sup> Kaushal, R., Kern, L., Barron, Y., Quaresimo, J., Abramson, E. "Electronic Prescribing Improves Medication Safety in Community-Based Office Practices." *Journal of General Internal Medicine*. June 2010.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2869410/?tool=pubmed>. Accessed on January 30, 2013.

<sup>4</sup>Surescripts. "Study: E-Prescribing Shown to Improve Outcomes and Save U.S. Healthcare System Billions of Dollars." February 1, 2012. [http://www.surescripts.com/news-and-events/press-releases/2012/february/212\\_eprescribing.aspx](http://www.surescripts.com/news-and-events/press-releases/2012/february/212_eprescribing.aspx). Accessed on January 30, 2013.

<sup>5</sup> Ibid.

<sup>6</sup> Medical Group Management Association. "Analyzing the Cost of Administrative Complexity." September 2004. <http://www.mgma.com/about/default.aspx?id=280>. Accessed on January 30, 2013.

**Testimony of  
Mihoko E. Ito  
on behalf of  
Walgreens**

DATE: February 12, 2013

TO: Representative Della Au Bellati  
Chair, Committee on Health  
*Submitted Via [HLTtestimony@capiol.hawaii.gov](mailto:HLTtestimony@capiol.hawaii.gov)*

RE: **H.B. 651 – Relating to Electronic Prescriptions**  
**Hearing Date: Wednesday, February 13, 2013 at 8:30 am**  
**Conference Room 329**

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Dear Chair Aquino and Members of the Committee on Public Safety:

I am Mihoko Ito, testifying on behalf of Walgreen Co. (“Walgreens”).

Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 11 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** H.B. 651, which amends the Uniform Controlled Substances Act in Chapter 329, Hawaii Revised Statutes, by adding definitions consistent with federal law, clarifying the conditions for electronic transmittal of prescriptions, and adding and clarifying violations of prohibited acts.

The measure would allow practitioners to electronically prescribe controlled substances and to convey the prescription directly to the pharmacy of the patient’s choice. It will also provide practitioners with a safer, more secure, and timely means to prescribe controlled substances in addition to the conventional means of prescribing controlled substances. Passage of this legislation will continue to move forward the acceptance of e-prescribing, thus improving patient care.

Thank you very much for the opportunity to submit comments regarding this measure.

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Gary M. Slovin  
Mihoko E. Ito  
Christine Ogawa Karamatsu  
Tiffany N. Yajima

1099 Alakea Street, Suite 1400  
Honolulu, HI 96813  
(808) 539-0840

Testimony of  
Phyllis Dendle

Before:  
House Committee on Health  
The Honorable Della Au Belatti., Chair  
The Honorable Dee Morikawa, Vice Chair

February 13, 2013  
8:30 am  
Conference Room 329

**HB651            RELATING TO ELECTRONIC PRESCRIPTIONS**

Chair Belatti, and committee members thank you for this opportunity to provide testimony on HB651 which permits the use of electronic prescriptions for the dispensing of controlled substances.

**Kaiser Permanente Hawaii supports this bill.**

This bill allows another option for controlled substances prescriptions to arrive to pharmacies, in addition to the current "patient picks up prescription from their doctor and drops the prescription off at the pharmacy" option currently in use for most of these drugs. Besides making it more convenient and timely for doctors and patients, the electronic transmission of controlled substances prescriptions provides for safe and secure transfer of prescription information from prescriber to pharmacist, eliminating the forgeries, lost prescription documents, and illegible handwriting, that contribute to medication errors, wasted time and increased frustration for patients who need these medicines. This bill also aligns the State Narcotics Enforcement Division with Federal Drug Enforcement Agency requirements to enable the electronic transmission of prescriptions for this category of drugs.

Thank you for your consideration.

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 13, 2013

The Honorable Della Au Belatti, Chair  
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

**Re: HB 651 – Relating to Electronic Prescriptions**

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 651 which would conform the Uniform Controlled Substances Act to federal law and to clarify the provisions under which a pharmacist may prescribe electronically. HMSA supports this Bill.

HMSA's goal in the provision of outpatient pharmacy services is to ensure our members have access to affordable, high quality medication. HMSA believes that optimal drug therapy results in positive medical outcomes, which helps to manage overall health care costs.

This legislation benefits our members as it increases the options for providers to prescribe pain medications. More importantly, the Bill helps to ensure there are safe guards to prevent fraudulent prescription of these medications.

Thank you for allowing us to testify in support of this measure.

Sincerely,

A handwritten signature in black ink that reads 'Mark K. Oto'.

Mark K. Oto  
Director  
Government Relations



**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 11, 2013 4:34 PM  
**To:** HLTtestimony  
**Cc:** ronthi@gmail.com  
**Subject:** \*Submitted testimony for HB651 on Feb 13, 2013 08:30AM\*

**HB651**

Submitted on: 2/11/2013

Testimony for HLT on Feb 13, 2013 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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