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Title: Mandatory Electronic Prescriptions in Michigan
Introduced by: Anup Lal, MD, for the St. Clair County Delegation
Original Author: Anup Lal, MD
Referred To: Reaffirmation Calendar
House Action: **REAFFIRMED**

Whereas, the Michigan Legislature is considering legislation to mandate electronic prescribing for all prescriptions with some exceptions and a waiver process, and

Whereas, proposed exceptions include, among others, an exception for temporary technological failure, cases where it is impractical for the patient to obtain the prescription drug in a timely manner, and when a prescription is orally prescribed, and

Whereas, a prescriber could seek a waiver from the Department of Licensing and Regulatory Affairs if he or she cannot meet the electronic prescribing requirement, and

Whereas, MSMS has testified in both Chambers expressing reservations with the bills, as currently written, and

Whereas, MSMS agrees adoption of e-prescribing should be encouraged, the concerns expressed centered on the existing barriers to adoption of electronic prescribing of controlled substances, including interoperability concerns and the often, prohibitive costs of the electronic prescribing of controlled substances software, and

Whereas, several states have adopted e-prescribing regulations, and others are considering the same, there is considerable variation as to scope, and penalties (or lack thereof) for lack of compliance (i.e., New York mandates e-prescribing for all medications, with penalties for noncompliance, while Oklahoma requires e-prescribing for schedule II-V controlled substances, with provisions for exemptions and waivers, and no penalties listed), and

Whereas, it is commonly assumed by its proponents that e-prescribing will reduce medication errors and costs and help reduce the impact of the opioid epidemic, and

Whereas, there is some evidence in favor of the former, but it is not conclusive, and lacking, especially in the outpatient setting, and

Whereas, it is still too early to estimate effect, if any, on the opioid epidemic, and

Whereas, mandatory e-prescribing could pose significant burden on the prescriber and patients, even without the circumstances detailed above. Some examples include, and are not limited to, prescribing after hours, when access to the patient's electronic health record (EHR) can be difficult under many circumstances and physicians covering for other practitioners who are not

50 part of the same group. Additional examples include the patient changing pharmacies without
51 informing the prescriber or not being able to reach their preferred pharmacy during its working
52 hours. Many EHR systems are still limited in their ability to prescribe customized schedules, such as
53 steroid tapers, and

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55 Whereas, lack of interoperability between EHR systems can significantly limit effectiveness
56 in terms of communication between different providers and health systems; therefore be it

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58 RESOLVED: That MSMS oppose the enactment of mandatory electronic prescribing for all
59 prescriptions; and be it further

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61 RESOLVED: That MSMS oppose legislation to mandate electronic prescribing for all
62 prescriptions unless such legislation 1) includes suitable safeguards to reduce burden on the
63 prescriber and patients; 2) includes sufficient exceptions and waivers; and 3) does not include
64 penalties for "non-compliance."

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67 WAYS AND MEANS COMMITTEE FISCAL NOTE: None

Relevant MSMS Policy:

MSMS Position

MSMS opposed the state legislation on mandatory electronic prescribing which was signed into law in 2020.

Mandating e-Prescribing

MSMS encourages the AMA to work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications.

Relevant AMA Policy:

Federal Roadblocks to E-Prescribing D-120.958

1. Our AMA will: work with the Centers for Medicare and Medicaid Services and states to remove or reduce barriers to electronic prescribing of both controlled substances and non-scheduled prescription drugs, including removal of the Medicaid requirement in all states that continue to mandate that physicians write, in their own hand, "brand medically necessary" or the equivalent on a paper prescription form.
2. It is AMA policy that physician Medicare or Medicaid payments not be reduced for non-adoption of e-prescribing.
3. Our AMA will work with the largest and nearly exclusive national electronic pharmacy network, all related state pharmacy regulators, and with federal and private entities to ensure universal acceptance by pharmacies of electronically transmitted prescriptions.
4. Our AMA will advocate for appropriate financial and other incentives to physicians to facilitate electronic prescribing adoption.
5. Our AMA will work to substantially reduce regulatory burdens so that physicians may successfully submit electronic prescriptions for controlled substances.
6. Our AMA will work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications.
7. Our AMA will work with the Centers for Medicare & Medicaid Services and the federal government to have all pharmacies, including government pharmacies, accept e-prescriptions for prescription drugs.

Electronic Prescribing D-120.972

1. Our AMA will (a) ask the Drug Enforcement Administration to accelerate the promulgation of digital certificate standards for direct electronic transmission of controlled substance prescriptions to support the

patient safety goals and other governmental initiatives; and (b) urge Congress to work towards unifying state prescription standards and standard vocabularies to facilitate adoption of electronic prescribing.

2. Our AMA will support national efforts to amend federal law and federal Drug Enforcement Administration regulations to allow for the e-prescribing of a medication, including a controlled substance, needed by a patient with a mental health or behavioral health diagnosis when a valid patient-physician relationship has been established through telemedicine and in accordance with state law and accepted standards of care.

Sources:

1. MSMS News, msms.org
2. Mdtoolbox.com, eprescribe-map
3. Syst Rev. 2014 Jun. The effectiveness of computerized order entry at reducing preventable adverse drug events and medication errors in hospital settings: a systematic review and meta-analysis. Nuckols TK1, Smith-Spangler C et al
4. Perspect Health Inf Manag. 2014 Spring; 11(Spring):Published online 2014 Apr 1. Electronic Prescribing: Improving the Efficiency and Accuracy of Prescribing in the Ambulatory Care Setting. Amber Porterfield, MS, et al