Statement by:

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Thank you for the opportunity to submit comments for the record to the Energy and Commerce Committee on the legislation currently being considered to respond to this nation's grave opioid crisis. I am pleased that the Committee is committed to addressing this critical issue and hope that my comments will be helpful as you consider the legislative steps that can be taken to improve our nation's distribution of opioid medications. In particular, I'd like to share my unique perspective as an emergency physician and encourage the consideration of one bill included in the slate of proposals before you — H.R. 3528 — that would capitalize on technological advances to help address the growing epidemic.

At the Beth Israel Deaconess emergency room in Boston, I see firsthand the physical and emotional toll that the misuse of opioids takes on patients and their families each day. I treat multiple patients affected by opiate abuse and addiction during every shift, and I know I'm not alone. Each year, tens of thousands of Americans die from prescription drug overdoses, many of whom are supplied through illicit drug diversion and abuse.

H.R. 3528, the Every Prescription Conveyed Securely Act, would encourage a more secure opioid distribution chain by making Medicare reimbursements contingent on electronic prescribing. The bill has bipartisan support in the form of primary sponsors Reps. Katherine Clark (D-MA) and Markwayne Mullin (R-OK) and an additional 37 bipartisan cosponsors in the House. In the Senate a bipartisan companion bill was recently introduced by Sens. Michael Bennet (D-CO), Dean Heller (R-NV), Elizabeth Warren (D-MA), and Pat Toomey (R-PA), demonstrating this measure's undeniable cross-party appeal.

Technology is well-suited to address this challenge by adding additional layers of security to the traditional controlled substances distribution chain. Specifically, Prescription Monitoring Programs (PMPs) and Electronic Prescribing of Controlled Substances (EPCS) can help curb opiate abuse by creating accountable and secure practices for those who prescribe and dispense controlled substances. While PMPs are more widespread, EPCS is a critical complement, providing a secure, transparent system that makes it easier to prescribe controlled substances to those patients that legitimately need them, while making it more difficult to commit fraud or abuse.

Electronic prescribing for controlled substances (EPCS) technology was approved by the Drug Enforcement Administration (DEA) in 2010 and has been steadily adopted by prescribers and pharmacists seeking to add an additional layer of security to the prescription of opiates. According to Surescripts, in 2015, 73% of prescriptions were delivered electronically, with 11% of controlled substances being done electronically. Just two years later, in 2017, 77% of prescriptions occurred electronically, with 21% now being done electronically.

Recent evidence compiled by the Geisinger Health System in Pennsylvania suggests that the use of EPCS can provide critical enhancements to prescription security while also lowering costs. After Geisinger implemented EPCS for their physicians, the hospital system is seeing an average of $850,000 in savings

per month in the first year alone thanks to reduced call center needs, increased physician work flow productivity, and diversion control efforts. The use of EPCS also lessens the odds of costly mistakes due to handwriting or processing errors.

From the perspective I've gained in each of my professional roles, there are two critical points I'd like to make regarding technology's role in the prevention of opiate abuse:

1. Prescription monitoring is very effective, but it needs to be expanded and streamlined from a workflow perspective. PMPs also need to be supported by electronic prescribing so we, as physicians, can have access to the data we need on the prescribing patterns of our patients, and also have absolute trust in the integrity of the prescribing processes - right through to dispensing the medicine.
2. These technology-based solutions need to be applied thoughtfully and in a way that works *for* the care providers and their patients – not *against* them.

Although some progress has been made in recent years, these solutions remain alarmingly underutilized. According to the prescribing network Surescripts, more than 85 percent of all prescriptions are electronic, but only fourteen percent of prescriptions for controlled substances are made electronically. With the Drug Enforcement Agency (DEA) finalizing its rules for EPCS in 2010, there are few good reasons for the sluggish uptake.

Fortunately, states are increasingly taking action to unleash the potential of EPCS. New York has taken the lead through its Internet System for Tracking Over-Prescribing law, or I-STOP, that mandates the use of EPCS in conjunction with a PMP. Maine, Virginia, Arizona, Rhode Island, Connecticut, and North Carolina have followed suit by recently enacting legislation that will create an EPCS mandate in the coming years. And in addition to the bill currently before Congress, other state-level bills are currently pending in state legislatures across the country.

The legislation has also had significant buy-in from stakeholders across the health care sector. A letter in support of H.R. 3528 has been signed by important prescribing companies such as CVS and Walgreens, community pharmacists, the health information network Surescripts, and the manufacturer trade group Association for Accessible Medicines, among a litany of others.

The best way to achieve these positive outcomes is to enact federal legislation and create a national standard that providers can adhere by – and one that patients can count on. H.R. 3528 promises to save lives by ensuring that opioids are provided more securely and appropriately, and save money by reducing costly prescription errors and mistreatments. I urge the committee to consider their own version of the bill in the upper chamber and ensure that the legislation is enacted as part of the legislative solution to combatting the opioid crisis.

As a healthcare community, we need to work closely together with care provider organizations and policymakers to implement prescribing strategies that are effective in addressing the problem and that we, as physicians, will actually use. I hope these comments will be helpful as you continue your critical charge of developing policies and practices that will help us all combat this dangerous epidemic.