AN ACT to amend the public health law, in relation to requiring practitioners who administer naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose to report the administration of the agent to the prescription monitoring program registry.

The New York American College of Emergency Physicians (New York ACEP) strongly supports the Internet System for Tracking Over-Prescribing Act (I-STOP) enacted in 2012 to combat the growing epidemic of prescription drug misuse and overdose. The new Prescription Drug Monitoring Program (PMP) has proven to be highly successful. According to the most recent data from the New York State Department of Health (NYS DOH), there has been a 74.9% decrease in “doctor shopping” for controlled substances since the program’s inception.

Assembly bill 3471 (McDonald) requires all medical practitioners who administer naloxone or other overdose reversal agents to a patient to report to the PMP within 72 hours of administration of the agent the following information: 1) name of patient; 2) address of patient; 3) date of birth of patient; and 4) time and place of administration. New York ACEP supports the goals of this legislation to help to alleviate the rampant opioid abuse and addiction in the State. However, the bill poses certain practical problems that would make implementation extremely difficult, if not impossible.

This proposal will impede timely access to patient care in hospital emergency departments. The PMP is very cumbersome to navigate. It interrupts clinical workflow because providers have to log-on to a separate system, the Health Commerce System, which requires multiple log-ins and steps. The requirements of this proposal would be particularly onerous for smaller emergency departments.

Emergency Medical Services (EMS) providers do not have access to the PMP. Since the bill requires “all practitioners” to provide the information, it will fall on physicians in the emergency department to log-in to the system and report information on patients arriving by ambulance.

In addition, New York ACEP has concerns about violation of patient confidentiality in the reporting of this data and the provision of misleading data. Some patients with mental health conditions are prescribed naloxone in the emergency department who have no history of drug use or overdose. This bill would result in such patients being mislabeled.

Since there is currently no mechanism within the PMP for practitioners to input the data required by this bill, the New York State Department of Health would have to make system changes to achieve the goals of the legislation. A better and far more efficient approach would
be for NYS DOH to transfer information from their SPARCs data system directly to the PMP. As noted in the bill sponsor’s memo, NYS DOH currently collects inpatient and outpatient data in the SPARCs system using ICD-10 codes to identify naloxone administration, all drug overdoses, opioid drug overdoses and heroin drug overdoses. Since NYS DOH maintains both of these data bases, they could more easily transfer the data to the PMP and create an “alert flag” which prescribers could see when writing prescriptions.

Another approach could be the expansion of existing efforts at the local level for system wide tracking with targeted education and prevention efforts which has been successful in some communities. For example, in Nassau County, the local Department of Health and the Nassau County Police Department have created an almost real time tracking requirement. Any prehospital use of overdose reversal agents by these agencies requires a landline call to regional medical control. They take the address of the caller and use it to look for “hot spots” for targeted education and prevention. Since 2012, in Monroe County, EMS and law enforcement data have been provided to the Monroe Crime Analysis Center.

Finally, the current language in the bill could be amended to require the creation of an electronic report within the PMP where a single clink would provide the information. This would be similar to the button that already exists within the PMP to “Report Suspicious Activity.”

In summary, New York ACEP supports the intent of this legislation to work to alleviate the prescription drug misuse and overdose epidemic in New York State. However, it would be impractical to implement these requirements in the busy emergency department environment. Therefore, New York ACEP is opposed to this bill.