Statement in Opposition

Executive Budget Proposal to Eliminate the Exemption for Emergency Departments to Consult the Prescription Monitoring Program for Prescriptions Not Exceeding 5 Days
(Article VII, HMH S1507-A/A2007-A, Subpart C of Part BB)

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 Prescription Monitoring Program (PMP) has proven to be highly successful. According to the latest data from the New York State Department of Health, there has been a 74.9% decrease in “doctor shopping” for controlled substances since the program’s inception.

The 2019-20 proposed State Executive Budget proposes to eliminate a provision of the original law that exempts prescriptions written in hospital emergency departments (EDs) when the supply does not exceed five (5) days. New York ACEP is opposed to the elimination of this exception until such time that patient electronic medical records are integrated with the PMP. Research demonstrates that providing a single point of access for PMP and patient health data greatly decreases the amount of time and resources required to access information and improves patient care.¹

This exception was enacted in recognition of the very busy environment in emergency departments. Unlike other practitioners, emergency physicians do not have knowledge in advance of the patient’s arrival as to whether a pain medication may be indicated during the visit. This makes it more difficult to delegate the consultation with the PMP. If this exemption is repealed, wait time for patients will increase and access to care will be impacted.

State and national studies demonstrate that hospital emergency departments are not the source of opioid prescriptions for patients.

New York ACEP recently collected controlled substance prescribing data from 22 hospital emergency departments across the state including Rochester General Hospital, Staten Island University Hospital, Erie County Medical Center, Buffalo General Hospital, DeGraff Memorial Hospital, and Milliard Fillmore Suburban Hospital, six hospital emergency departments within the Catholic Health Services System of Long Island, and 10 hospital emergency departments within Northwell Health.

The data represents the percent of the total number of treat and release patients who were prescribed a controlled substance in a given time frame provided by each hospital.
All of the studies clearly depict a sharp decline in the number of controlled substance prescriptions since the effective date of the I-STOP law requiring consultation with the PMP on August 27, 2013. This sample indicates a larger downward trend in the prescribing of controlled substances across the state and emergency physician commitment to reducing harm associated with opioid abuse as illustrated below.

- The percentage of patients treated and released with a controlled substance prescription at Staten Island University Hospital from 2013 to 2017 decreased by 80% (10% to 2%).
- For the period January 2015 to September 2018, the percentage dropped at Erie County Medical Center by 57%.
- Buffalo General Medical Center dropped 80% from January 2014 to September 2018.
- DeGraff Memorial Hospital decreased by 70% from January 2014 to September 2018.
- Millard Filmore Suburban Hospital decreased by 61% from January 2014 to October 2017.
- Data collected from 2014 to 2018 from the Catholic Health Services system shows significant decreases in controlled substance prescriptions written in the ED, with four hospitals dropping by: 40%; 43%; 68%; and 80%.
- The decreases in opioid prescriptions in the 10 Northwell Health hospitals ranged from 29% to 54% over a period extending from early to mid-2014 to early 2017.
- From January 2012 to October 2018, the Rochester Regional Health Network decreased by 79%.

New York ACEP’s findings are affirmed by national studies which show that the largest drop in opioid-prescribing rates occurred in emergency medicine.

A study published in the *Annals of Emergency Medicine* found that emergency departments are not a major source of opioid prescriptions and in fact, their share of opioid prescribing is small and declining.\textsuperscript{ii} The study also reported that emergency departments are not disproportionately issuing prescriptions to high-risk opioid users. In fact, high-risk opioid users (the top five percent of annual opioid consumption) received just 2.4% of their opioids from the emergency department compared with 87.8% from office visits.

Other studies show that hospital emergency departments are not the source of opioids for patients and many have taken the lead in addressing inappropriate use. Emergency physicians in the US write prescriptions for less than 5% of all opiates. Only 17% of emergency patients in the US leave with an opiate prescription and the largest percentage drop in opioid-prescribing rates occurred in emergency medicine- 8.9%.\textsuperscript{iii}

Research published in 2015 found that the majority of opioid prescriptions in the ED had a low pill count and were almost exclusively for immediate-release formulations, not long-acting medications, such as oxycontin, which are more strongly associated with overdoses.\textsuperscript{iv} This study concluded that: “Our data shows opioid prescribing in the ED is done with caution and aligned with short-term use goals – suggesting that emergency physicians generally follow guideline recommendations to limit opioid prescriptions to only 3-5 days and avoid long-acting opioids.”
In fact, all hospital emergency departments routinely follow practice guidelines and patient education materials for prescribing narcotics and benzodiazepines which are based on the Centers for Disease Control protocols, policies and procedures.

Emergency physicians highly value the use of the PMP as a tool to prevent inappropriate drug use. Emergency physicians who suspect drug seeking behavior frequently consult the PMP and utilize it to avoid prescribing controlled substances to such individuals. However, the difficulty and time that it would take to access the PMP system for all patients who arrive at the emergency department seeking pain relief will undoubtedly have an impact on timely care.

**New York ACEP is strongly opposed to this proposal. We urge the New York State Legislature to reject it. We recommend that the Governor’s Office and the Department of Health work to integrate patient electronic health record information into the PMP.**

New York ACEP stands ready to work with Governor Cuomo and the members of the New York State Legislature to ensure that patients who come to the emergency department have timely access to quality care and that prescription drug misuse and overdose is eradicated in New York State.

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i Joint report by the Office of the National Coordinator for Health Information Technology (ONC), the Substance Abuse and Mental Health Services Administration, the CDC, and the Office of National Drug Control Policy  