Memorandum in Opposition  
S3271 (Lanza)  
Senate Health Committee

AN ACT to amend the public health law, in relation to requiring hospital and emergency room physicians to notify a patient’s prescriber that such patient is being treated for a controlled substance.

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 Drug 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.

New York ACEP supports the goals of S3271 (Lanza) to help alleviate the rampant opioid abuse and addiction in the State. Emergency physicians highly value the use of the PMP as a tool to prevent inappropriate drug use. However, the bill poses certain practical problems that would make implementation extremely difficult.

The legislation requires “every emergency room or hospital practitioner to consult the PMP registry when treating a patient for a controlled substance overdose and to notify the patient’s prescriber of such overdose.” A mandate to consult the PMP for every patient treated for an overdose and to contact the patient’s prescriber of the overdose would be extremely difficult in the emergency department environment for multiple reasons.

This proposal will impede access to timely patient care in hospital emergency departments. The current process for consulting the PMP interrupts clinical workflow because providers have to log-on to a separate system, the Health Commerce System, which requires multiple log-ins and steps. Locating a patient’s prescriber in off hours would be time consuming, and in some cases, impossible. If a patient has a prescribing health care practitioner listed in in the system, the prescriber automatically receives a copy of the record.

In addition, patients often have multiple controlled substance prescriptions from multiple providers, making it impossible to carry out this mandate. In some cases, the drug will have been obtained illegally and it will be futile for the emergency department personnel to take the time to search for the prescriber. Finally, we have concerns about patient confidentiality and whether it is a violation of patient privacy for health care providers in emergency departments to contact a patient’s community health care provider with medical information about the emergency department visit.
Communication of the information sought by this bill would be greatly enhanced if PMP information was integrated into patient electronic health records. Providing a single point of access for PMP and patient health data would greatly decrease the amount of time and resources required to access information and improve patient care.

Research demonstrates the importance of simplifying the process for accessing information from prescription monitoring programs. A 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 that studied ways to use health information technology to improve access to prescription monitoring programs found that:

- Prescribers have limited time to retrieve and view PMP information which they need to obtain quickly to help inform complex, controlled substance prescribing decisions.
- The current process interrupts clinical workflow because providers must log on to a separate data system to access information.
- A single point of access for PMP data and patient health data would eliminate time and resources wasted by multiple user accounts, system log-ons and user IDs.

https://www.healthit.gov/sites/default/files/work_group_document_integrated_paper_final_0.pdf

New York ACEP strongly 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. **For all these reasons, New York ACEP is opposed to S3271 (Lanza).**