Statement on Executive Proposal to:
Eliminate the Exemption in Emergency Departments to Consult the Prescription Monitoring Program for Supplies Not Exceeding 5 Days

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 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 is concerned about a proposal put forward in the Governor’s State of the State Address to eliminate a provision of the original law that exempts prescriptions written in hospital emergency departments (EDs) when the supply does not exceed 5 days.

This exception was enacted in recognition of the very busy environment in emergency departments. If this exemption is repealed, wait time for patients will increase and access to care will be impacted. 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.

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 and the largest percentage drop in opioid-prescribing rates occurred in emergency medicine- 8.9%. (https://www.ncbi.nlm.nih.gov/pubmed/25896191)

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. This study concluded that: “Our data show that 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.” (https://www.sciencedaily.com/releases/2015/05/150504130514.htm)

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.
Therefore, New York ACEP recommends that if legislation is introduced to eliminate the 5-day ED exemption, it should include a requirement for integrating PMP information into patient electronic medical 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 have to 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 urges that the current exemption for consulting the PMP in emergency departments not be repealed unless the legislation requires the integration of PMP information into electronic health records.

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.