



July 15, 2016

The Honorable Herb Conaway, Chair
Assembly Health and Senior Citizens Committee
Committee Room 11, 4th Floor
State House Annex
Trenton, NJ 08625

RE: Assembly Bill 3982- Mandated E-Prescribing for Controlled Substances

Dear Assemblyman Conaway:

The Academy of Managed Care Pharmacy (AMCP) supports the passage of Assembly Bill 3982 mandating that practitioners issue prescriptions for controlled substances electronically using an electronic health records system. E-prescribing for controlled substances would reduce some prescription errors and help prevent more than 2 million adverse drug events per year, 130,000 of which are life threatening.¹ AMCP members seek to reduce the public health crises associated with medication prescribing errors, abuse and diversion of opioids, all of which AB 3982 addresses.

AMCP is a professional association of pharmacists and other practitioners, including 127 members in New Jersey, who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's nearly 8,000 members develop and provide a diversified range of clinical, educational, medication, and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit.

Improved patient safety is the most important benefit of mandating e-prescribing for controlled substances. As noted in the legislation, e-prescribing improves prescription accuracy, increases patient safety, and reduces costs as well as enables secure, real-time, bi-directional, electronic connectivity between practitioners and pharmacies. E-prescribing also generates legible prescriptions that have been checked at the time of prescribing against the patient's electronic medication profile for possible harmful interactions.

The American Society of Addiction Medicine estimates that in 2014 over 18,600 Americans died from prescription painkiller overdoses. In 2007, The National ePrescribing Patient Safety Initiative began providing physicians with a free e-prescribing web-based tool called eRx to encourage them to learn how to write prescriptions electronically to reduce preventable medication errors.¹ The National ePrescribing Patient Safety Initiative found that error rates decreased from 42.5 per 100 prescriptions to 6.6 per 100 prescriptions in one year after the adoption of e-prescribing in 12 community-based practices.¹ In a prospective study of 17 physicians in an ambulatory clinic also conducted by The National ePrescribing Patient Safety Initiative, prescribing error rates decreased from 35.7 per 100 prescriptions to 12.2 per 100 prescriptions after one year of e-prescribing.¹

E-prescribing also helps make patient care more efficient. Computer order entry of a new prescription takes about 20 seconds longer per patient than writing a prescription, however, that time is offset by the time saved because e-prescribing reduces the amount of follow-up communication and paperwork processing.¹ Other states have passed legislation with similar e-prescribing mandates. For example, in 2015, New York enacted a law that mandated pharmacists only accept e-prescriptions when dispensing controlled substances. In total, e-prescribing mandates across the nation not only improve safety but are also estimated to save \$27 billion per year.²

For the forgoing reasons, we urge you to favorably report Assembly Bill 3982. If you have any questions, you may contact AMCP's Director of Legislative Affairs, Reginia Benjamin, at (703) 683-8416 or rbenjamin@amcp.org.

Sincerely,



Susan A. Cantrell, RPh, CAE
Chief Executive Officer

¹ Devine EB, et al. HEALTH SERV RES. 2010 Feb; 45(1):152-71.

² Leavitt M. O. Pilot Testing of Initial Electronic Prescribing Standards—Cooperative Agreements Required Under Section 1860D-(4)(e) of the Social Security Act as Amended by the Medicare Prescription Drug, Improvement, and Modernization Action (MMA) of 2003. Washington, DC: Secretary of Health and Human Services Report; 2007.