May 27, 2008

Dear Representative:

The undersigned organizations support the adoption of e-prescribing as a means to improve patient safety, advance care coordination, and increase administrative efficiency. We appreciate efforts by Congress and will continue to work collaboratively to address important operational issues such as the establishment of consistent e-prescribing standards, a transitional period for physicians to adopt the technology, financial incentives for adoption, and a variety of other changes that will spur widespread use of e-prescribing. To that end, we would like to offer the following recommendations that we believe would help further our common goal of rapid adoption of e-prescribing.

Finalize All E-Prescribing Standards

E-prescribing legislation should require that all national e-prescribing standards be finalized and in place at least two years prior to requiring widespread adoption and implementation. All of the e-prescribing standards called for in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) have not been issued by the U.S. Department of Health & Human Services (HHS). In fact, on April 7, 2008, CMS indicated in its final e-prescribing standards rule that only 3 out of the 6 initial e-prescribing standards are technically ready for adoption. Requiring HHS to dedicate sufficient resources to ensure the rapid issuance of all uniform e-prescribing standards and interoperability testing by December 31, 2009, is a necessary first step. It is important that prior to release, all standards are adequately tested under "real world" conditions. Once all uniform e-prescribing standards have been issued, including those concerning prior authorization, physicians, pharmacies, and other stakeholders will be assured that their investment in e-prescribing technology and staff development will not be rendered obsolete overnight.

Allow A Transition Period

A two-year transition period following the issuance of all uniform e-prescribing standards will allow all prescribers and dispensers to: acquire, implement, upgrade, and operationalize e-prescribing systems and tools; train staff; and transform their practices. It will also provide time for e-prescribing vendors to install these new functions within their systems. Physicians should be allowed to use facsimiles, as well as other current prescribing methods, to transmit prescriptions during this transition phase. An Advisory Panel comprised of both public and private stakeholders should closely monitor e-prescribing adoption rates of all prescribers and dispensers (e.g., pharmacies) during the transition and work together diligently to reach solutions to facilitate further adoption. Alternative mechanisms for prescribing should be allowed for settings outside the physician's office and for unforeseen circumstances that make it difficult and sometimes impossible for physicians to e-prescribe.

Provide Adequate, Direct Financial Incentives Early On
E-prescribing legislation should provide appropriate incentive payments for all prescribers. Congress should require the Government Accountability Office (GAO) to assess and report on the actual, total direct, and indirect costs for physicians to acquire, install, implement, maintain, and upgrade e-prescribing systems and tools so that Congress can provide adequate, direct financial incentives to all prescribing physicians. Direct incentives, including bonus payments, for e-prescribing should be made to all prescribing physicians well before any mandatory effective date. It is important to keep in mind that physicians are currently struggling to implement existing HIPAA requirements, including the ongoing transition to the National Provider Identifier. Also physicians must comply with Medicare and other public and private payer mandates while facing shrinking payer revenues, that have failed to keep pace with the cost of practices, and even steeper Medicare payment cuts. Unlike other professionals and businesses, physicians are limited in their ability to pass on the costs or practice investments in the form of higher charges for their services. E-prescribing costs are especially difficult to absorb for the over 50 percent of physician practices that have five physicians or less and provide approximately 80 percent of all outpatient visits. An exemption should be allowed for low-volume prescribers and small physician practices that face financial, technological, and operational challenges.

Lift Prohibition On E-Prescribing Controlled Substances
Finally, in order to ensure that the safety benefits of e-prescribing also accrue to patients using controlled substances, we recommend that the current prohibition on e-prescribing for controlled substances be lifted at both the national and state level to avoid separate prescription workflows.

Thank you for your consideration of our recommendations. We are pleased to work with you and your office on developing a national infrastructure that helps to accelerate the adoption of e-prescribing.

Sincerely,

American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Home Care Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Ophthalmology
American Academy of Otolaryngology – Head and Neck Surgery
American Academy of Neurology
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American College of Cardiology
American College of Chest Physicians
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Physicians

American College of Preventative Medicine
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Association
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Society for Gastrointestinal Endoscopy
American Society of Cataract and Refractive Surgery
American Society of Hematology
American Society of Plastic Surgeons
American Urological Association
Child Neurology Society
Congress of Neurological Surgeons
Heart Rhythm Society
Medical Group Management Association
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of Hospital Medicine