



1580 Lincoln Street, Suite 970 / Denver, CO 80203

Yes on SB19-079: Combating Colorado's Opioid Epidemic by Preventing Prescription Fraud

Sponsors: Sen Todd, Sen Priola/Rep Esgar, Rep Landgraf

Supporters: Colorado Pharmacists Society, Colorado Association of Health Plans, Anthem BC/BS, Colorado Association of Chiefs of Police, Colorado Association of Nurse Anesthetists, Colorado Senior Citizen's Lobby, American Health Insurance Plans

- Almost **224,000 Coloradans misuse prescription drugs each year**. In nearly every year for the last 15 years, Colorado's drug overdose rate was significantly higher than the national rate and opioid-related overdoses represent a substantial portion of those deaths.
- **Approximately 70% of opioid addiction can be attributed to** diversion – **leftover pills from over-prescribing** that remain in people's medicine cabinets. While Colorado passed a day-limit fill, the statute sunsets in two years. E-prescribing is a long-term, flexible solution that will allow prescribers to easily prescribe low-limit prescriptions.
- By conservative estimates, **there are approx. 70,000 forged paper prescriptions in Colorado per calendar year**. It's easy to forge prescriptions when anyone can purchase the secure, CMS-approved security paper from Amazon.com for less than \$50.
- **15 states have enacted mandatory e-prescribing legislation: Minnesota, New York, Maine, Connecticut, Arizona, New Jersey, Iowa, Massachusetts, North Carolina, Oklahoma, Rhode Island, Virginia, Tennessee, and California, Pennsylvania**
- Despite federal reimbursement and health plan incentives, and the ability to e-prescribe for years, **Colorado prescribers have been slow to adopt with a just over 20% adoption rate**.

What does this bill do?

SB19-079 requires that prescribers utilize secure, DEA-certified software to transmit prescriptions for controlled substances only. These are the drugs we know have a high abuse rate and high street value. It's not a mandate for all prescriptions.

SB19-079 includes reasonable exceptions that ensure quality patient care is not hindered and ensures that the mandate does not apply when it cannot or should not be applied.

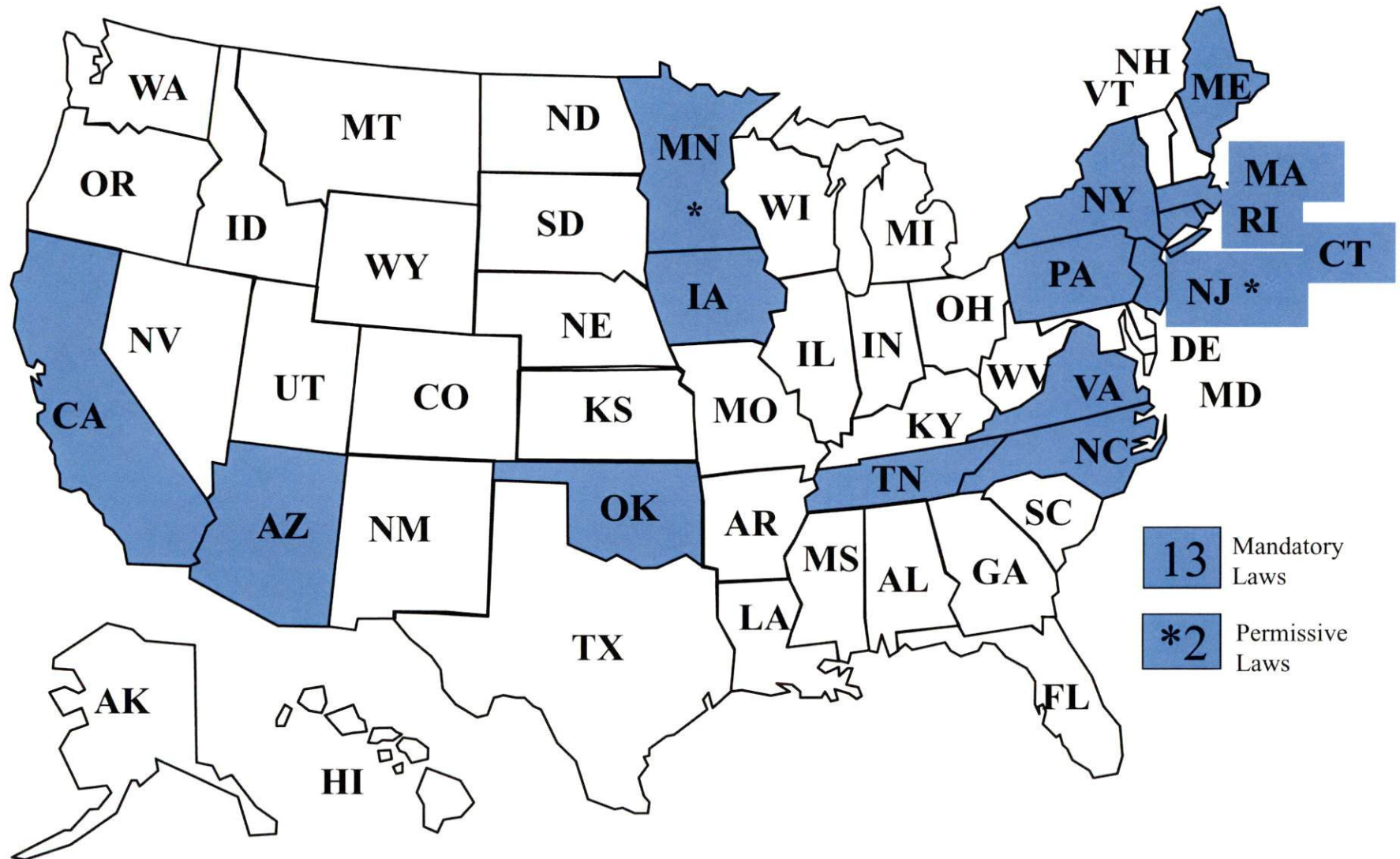
SB19-079 includes extended implementation time frames to allow time for prescribers to adequately plan and prepare for the mandate. **Rural and small practices are allowed a more extended implementation time frame.**

What are the benefits of E-prescribing?

- Makes it far **easier for physicians to write smaller prescriptions** while also knowing they could remotely and securely prescribe an additional supply if a patient needed it. This is an effective way to **trouble-shoot patient concerns about day-limit fills** and their ability to avoid the inconvenience and increased cost of multiple office visits
- **Reduces the number of lost prescriptions**. Without paper in hand, no paper can be lost.
- **Reduces** the likelihood of **doctor shopping and over-prescribing**
- Eliminates handwriting errors
- Reduces the possibility of negative drug interactions, allergies, dosing errors, and duplicate therapies
- Improves medication adherence

Contact Information: Angie Howes/Colorado Retail Council Lobbyist/303-249-2336/angie@thehowesgroup.org

Electronic Prescribing Laws



Updated: 1-2-2019

Arizona Law - 2018/ SB 1001 - <https://apps.azleg.gov/BillStatus/BillOverview/70415?Sessionid=120>

California Law - 2018/ AB 2789 – https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2789

Connecticut Law - 2017/ HB 7052 - https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB07052&which_year=2017

Iowa Law - 2018/ AF 2377 - <https://www.legis.iowa.gov/legislation/BillBook?ga=87&ba=HF2377>

Maine Law/Rules - 2016/ <https://www.maine.gov/dhhs/samhs/osa/data/pmp/e-prescribing.htm>

Massachusetts Law - 2018/ <https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter208> (long act--search for “electronic”)

Minnesota Law/Rules - 2008/ <http://www.health.state.mn.us/e-health/eprescribing/>

New York Law/Rules - 2012/ S 7637/ A 10623 - https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/

New Jersey Law - 2017/ S 3592/A 3831 - https://www.njleg.state.nj.us/2016/Bills/PL17/338_.PDF

North Carolina Law - 2017/ H 243 - <https://www2.ncleg.net/BillLookup/2017/H243>

Oklahoma Law - 2018/ HB 2931 - http://webserver1.lsb.state.ok.us/cf_pdf/2017-18%20ENR/hB/HB2931%20ENR.PDF

Pennsylvania bill - HB 353

<http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2017&sessInd=0&billBody=H&billTyp=B&billNbr=0353&pn=3779>

Rhode Island Law - <http://webserver.rilin.state.ri.us/billtext17/senatetext17/s0546.htm>

Tennessee Law - 2018/HB 1993 – <https://publications.tnsosfiles.com/acts/110/pub/pc0883.pdf>

Virginia Law - HB 2165 - <https://lis.virginia.gov/cgi-bin/legp604.exe?171+ful+CHAP0115>

For more information about e-prescribing enablement status, go to:

<https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/>

Prepared by National Association of Chain Drug Stores:

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(updated: 1-2-2019)

E-Prescribing Software Options



Stand-alone software on Cloud
Cost: \$30-40 per month, no set-up fees



EMR/EHR with E-Rx module built in on Cloud
Cost: \$100-300 per month plus set up fees



EMR/EHR with E-Rx on practice private dedicated server
Cost: \$15-40k

There are hundreds of software vendors ready to work with prescribers to find the best option for their practices.

HB18-1279 does not require a prescriber purchase and EMR/EHR (cloud-based or otherwise.) **For solo or small practices**, a stand-alone e-prescribing option can be as little as **\$30-\$40 per month with no additional fees.** **Or**, they can purchase a cloud-based EMR/EHR and customize it with E-Rx for **\$100-\$300 per month.**

Very large group (25+ physicians) practices or a hospital would do best with the purchase of a private server EMR/EHR with E-RX, which is the most expensive with a price range of **\$15-40K+.**

There is no reason for a small or solo practice to purchase the third option. "It would be like buying a 15 bedroom house for just one person." – Adam, software salesperson

E-Prescribing is AFFORDABLE.

Price quotes from Capterra, Software Advice (a Gartner company), and DxScript. Please see Appendix I for e-mail communications.



Colorado Retail Council / 1580 Lincoln Street, Suite 1125 / Denver, CO 80203
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What Kind of Substances are on Schedules II, III, IV?

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are:

Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are:

Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are:

Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Contact Information:

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Appendix I – Example of low-cost quote for stand-alone e-prescribing software

From: Ian Katz <ian@dx-web.com>
Date: March 22, 2018 at 16:08:58 CDT
To: <ncahanin@thepicardgroup.com>
Cc: <customercare@dx-web.com>
Subject: DxScript Standalone ePrescribing Information

Thanks for the call earlier Nick,

It was a pleasure speaking with you on the phone.

As we discussed earlier, DxScript+EPCS is a cloud-based SureScripts certified application that offers providers a robust eRx solution and DEA certified EPCS functionality in 50 states. DxScript is accessible from virtually any Windows computer or modern smartphone with a connection to the internet.

The monthly license fee for DxScript is \$30/provider for unlimited ePrescribing. There is no contract, no cancellation fees, no setup fees, no training fees, and no support fees. I have attached our Practice Order form, as a reference for what we need to get the enrollment process started.

There is an additional fee for EPCS which our DEA certified security partner, Symantec/Norton, will invoice \$4.75/provider per month to perform one-time ID Proofing, and ongoing Two Factor Authentication. Both of these items comply with DEA eRx regulations and must be performed by a third party.

We are very experienced helping providers become compliant with state regulations before, and after, deadlines have taken effect as we have recently assisted thousands of providers in making the switch to ePrescribing after the New York State and Connecticut State EPCS mandates. Setup and training can be completed in as little as one week, and we provide free support for our application as well as Symantec's ID proofing and 2-factor authentication service.

I hope this information is helpful to any of the 3,000 Louisiana practitioners who, for one reason or another, are still reticent about adopting eRx technology.

Here is a link to our website: <https://www.dx-web.com>

Anyone with any further questions can reach out to us over the phone @ [212 967 1944](tel:2129671944), or email us 24/7 at customercare@dx-web.com

Best,
Ian Katz | Support Manager
EMAIL: ian@dx-web.com

----- Forwarded message -----

From: Adam Dunstan (Software Advice) <adamdunstan@softwareadvice.com>
Date: Tue, Mar 27, 2018 at 3:07 PM
Subject: Capterra | Software Advice
To: Angie Baker <angiebdeux@gmail.com>

Hi Angie,

As we discussed: You will want a stand-alone e-prescriber that is cloud-based (RxNT, or Practice Fusion), you can get an EMI with e-prescription built in (\$100 - \$300/month + setup fees, or of course a server which can be VERY expensive and are idea for a hospital group, not an individual in most cases.

I wanted to send you a follow-up email about your search for software. Our partner website Capterra covers this category of software and I wanted to send you a link [here](#) to their site so you can do a little more research. On this page, you will find some information on the products, reviews, and the button on the right will take you directly to each vendor's website.

Hopefully, this helps further your research.

Thanks,
Adam

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