AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 726
(A-22)

Introduced by: Texas

Subject: Payment for the Cost of Electronic Prescription of Controlled Substances and Compensation for Time Spent Engaging State Prescription Monitoring Programs

Referred to: Reference Committee G

Whereas, In battling the opioid epidemic, payers have required that physicians spend time reviewing controlled substances prescription history for patients prior to prescribing such medications via state prescription monitoring programs (PMPs); and

Whereas, Many states require that physicians electronically prescribe controlled substances; and

Whereas, Electronic health record platforms charge physicians separately and additionally for controlled substances electronic prescriptions; and

Whereas, Because of these additional expenses of time and money imposed by the state PMP requirements, many physicians have chosen to not prescribe controlled substances, thus causing avoidable pain and suffering to patients; and

Whereas, Increasing expenses of time and money endanger the private practice of medicine; therefore it be

RESOLVED, That our American Medical Association advocate for appropriate physician payment through the resource-based relative value scale to cover the expense of technology required to electronically prescribe controlled substances (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for appropriate physician payment to cover the extra time and expense to query state prescription monitoring programs as required by law. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/09/22

RELEVANT AMA POLICY

Electronic Prescribing D-120.972
1. Our AMA will (a) ask the Drug Enforcement Administration to accelerate the promulgation of digital certificate standards for direct electronic transmission of controlled substance prescriptions to support the patient safety goals and other governmental initiatives; and (b) urge Congress to work towards unifying state prescription standards and standard vocabularies to facilitate adoption of electronic prescribing.

2. Our AMA will support national efforts to amend federal law and federal Drug Enforcement Administration regulations to allow for the e-prescribing of a medication, including a controlled substance, needed by a patient with a mental health or behavioral health diagnosis when a valid patient-physician relationship has been established through telemedicine and in accordance with state law and accepted standards of care.
Citation: Res. 525, A-05; Reaffirmed in lieu of Res. 215, I-08; Reaffirmation A-09; Appended: Res. 237, A-18; Appended: Res. 250, A-18; Modified: BOT Rep. 20, A-19

Completing the Electronic Prescription Loop for Controlled Substances D-120.945
Our AMA will seek from the US Drug Enforcement Administration (DEA) and/or Centers for Medicare & Medicaid Services (CMS) a requirement that all pharmacies and Pharmacy Benefits Managers (PBMs) acquire and implement the appropriate electronic prescribing of controlled substances (EPCS) software application to accept electronically transmitted controlled substance prescriptions from any physician or hospital-based computer system that complies with CMS and DEA certification requirements on e-scribing.
Citation: Res. 208, A-14; Reaffirmed: BOT Rep. 20, A-19

Federal Roadblocks to E-Prescribing D-120.958
1. Our AMA will: work with the Centers for Medicare and Medicaid Services and states to remove or reduce barriers to electronic prescribing of both controlled substances and non-scheduled prescription drugs, including removal of the Medicaid requirement in all states that continue to mandate that physicians write, in their own hand, brand medically necessaryor the equivalent on a paper prescription form.
2. It is AMA policy that physician Medicare or Medicaid payments not be reduced for non-adoption of e-prescribing.
3. Our AMA will work with the largest and nearly exclusive national electronic pharmacy network, all related state pharmacy regulators, and with federal and private entities to ensure universal acceptance by pharmacies of electronically transmitted prescriptions.
4. Our AMA will advocate for appropriate financial and other incentives to physicians to facilitate electronic prescribing adoption.
5. Our AMA will work to substantially reduce regulatory burdens so that physicians may successfully submit electronic prescriptions for controlled substances.
6. Our AMA will work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications.
7. Our AMA will work with the Centers for Medicare & Medicaid Services and the federal government to have all pharmacies, including government pharmacies, accept e-prescriptions for prescription drugs.
Citation: Res. 230, A-08; Reaffirmed in lieu of Res. 215, I-08; Reaffirmation A-09; Reaffirmation A-10; Appended: Res. 244, A-12; Appended: Res. 714, A-13; Appended: Res. 203, A-14; Modified: BOT Rep. 06, I-17; Reaffirmed: BOT Rep. 20, A-19

Safe and Efficient E-Prescribing H-120.921
Our AMA encourages health care stakeholders to improve electronic prescribing practices in meaningful ways that will result in increased patient safety, reduced medication error, improved care quality, and reduced administrative burden associated with e-prescribing processes and requirements. Specifically, the AMA encourages:
A. E-prescribing system implementation teams to conduct an annual audit to evaluate the number, frequency and user acknowledgment/dismissal patterns of e-prescribing system alerts and provide an audit report to the software vendors for their consideration in future releases.
B. Health care organizations and implementation teams to improve prescriber end-user training and on-going education.
C. Implementation teams to prioritize the adoption of features like structured and codified Sig

formats that can help address quality issues, allowing for free text when necessary.
D. Implementation teams to enable functionality of pharmacy directories and preferred pharmacy options.
E. Organizational leadership to encourage the practice of inputting a patient's preferred pharmacy at registration, and re-confirming it upon check-in at all subsequent visits.
F. Implementation teams to establish interoperability between the e-prescribing system and the EHR to allow prescribers to easily confirm continued need for e-prescription refills and to allow for ready access to pharmacy choice and selection during the refill process.
G. Implementation teams to enhance EHR and e-prescribing system functions to require residents assign an authorizing attending physician when required by state law.
H. Organizational leadership to implement e-prescribing systems that feature more robust clinical decision support, and ensure prescriber preferences are tested and seriously considered in implementation decisions.
i. Organizational leadership to designate e-prescribing as the default prescription method.
J. The DEA to allow for lower-cost, high-performing biometric devices (e.g., fingerprint readers on laptop computers and mobile phones) to be leveraged in two-factor authentication.
K. States to allow integration of PDMP data into EHR systems.
L. Health insurers, pharmacies and e-prescribing software vendors to enable real-time benefit check applications that enable more up to date prescription coverage information and allow notification when a patient changes health plans or a health insurer has changed a pharmacy's network status.
M. Functionality supporting the electronic transfer and cancellation of prescriptions.
Citation: BOT Rep. 20, A-19

Prescription Drug Monitoring to Prevent Abuse of Controlled Substances H-95.947
Our AMA:
(1) supports the refinement of state-based prescription drug monitoring programs and development and implementation of appropriate technology to allow for Health Insurance Portability and Accountability Act (HIPAA)-compliant sharing of information on prescriptions for controlled substances among states;
(2) policy is that the sharing of information on prescriptions for controlled substance with out-of-state entities should be subject to same criteria and penalties for unauthorized use as in-state entities;
(3) actively supports the funding of the National All Schedules Prescription Electronic Reporting Act of 2005 which would allow federally funded, interoperative, state based prescription drug monitoring programs as a tool for addressing patient misuse and diversion of controlled substances;
(4) encourages and supports the prompt development of, with appropriate privacy safeguards, treating physician's real time access to their patient's controlled substances prescriptions;
(5) advocates that any information obtained through these programs be used first for education of the specific physicians involved prior to any civil action against these physicians;
(6) will conduct a literature review of available data showing the outcomes of prescription drug monitoring programs (PDMP) on opioid-related mortality and other harms; improved pain care; and other measures to be determined in consultation with the AMA Task Force to Reduce Opioid Abuse;
(7) will advocate that U.S. Department of Veterans Affairs pharmacies report prescription information required by the state into the state PDMP;
(8) will advocate for physicians and other health care professionals employed by the VA to be eligible to register for and use the state PDMP in which they are practicing even if the physician or other health care professional is not licensed in the state; and
(9) will seek clarification from SAMHSA on whether opioid treatment programs and other

substance use disorder treatment programs may share dispensing information with state-based PDMPs.
Citation: BOT Rep. 3, A-08; Reaffirmed: BOT Rep. 12, A-15; Reaffirmed: BOT Rep. 5, I-15; Reaffirmation A-16; Appended: BOT Rep. 13, A-17

Advocacy for Seamless Interface Between Physicians Electronic Health Records, Pharmacies and Prescription Drug Monitoring Programs H-95.920
Our AMA: (1) will advocate for a federal study to evaluate the use of PDMPs to improve pain care as well as treatment for substance use disorders. This would include identifying whether PDMPs can distinguish team-based care from uncoordinated care, misuse, or "doctor shopping," as well as help coordinate care for a patient with a substance use disorder or other condition requiring specialty care; (2) urges EHR vendors and Health Information Exchanges (HIEs) to increase transparency of custom connections and costs for physicians to integrate their products in their practices; (3) supports state-based pilot studies of best practices to integrate EHRs, HIEs, EPCS and PDMPs as well as efforts to identify burdensome state and federal regulations that prevent such integration from occurring; (4) supports initiatives to improve the functionality of state PDMPs, including: (a) lessening the time delay between when a prescription is dispensed and when the prescription would be available to physicians through a PDMP; and (b) directing state-based PDMP's to support improved integrated EHR interfaces; and (5) will advocate, at the state and national levels, to promote Prescription Drug Monitoring Program (PDMP) integration/access within Electronic Health Record workflows (of all developers/vendors) at no cost to the physician or other authorized health care provider.
Citation: BOT Rep. 07, I-18; Appended: Res. 244, A-19

Support for Prescription Drug Monitoring Programs H-95.929
Our AMA will: (1) continue to encourage Congress to assure that the National All Schedules Prescription Electronic Reporting Act (NASPER) and/or similar programs be fully funded to allow state prescription drug monitoring programs (PDMPs) to remain viable and active; and (2) work to assure that interstate operability of PDMPs in a manner that allows data to be easily accessed by physicians and does not place an onerous burden on their practices.
Citation: Res. 218, I-16