

August 26, 2003

Letter sent to all House and Senate Conferees

The Honorable William M. Thomas
Chairman
Committee on Ways and Means
1102 Longworth House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

On behalf of the undersigned organizations, we urge you to ensure that the final conference report for the “Medicare Prescription Drug and Modernization Act of 2003” appropriately addresses the issue of electronic prescribing. While electronic prescribing shows promise toward reducing medical errors and improving patient safety, current technology is in its infancy and remains unproven. We urge the conferees to support the following recommendations as part of the final conference agreement.

Recommendation #1: Adopt the Senate framework - develop uniform standards without a requirement to transmit or receive prescriptions electronically

The creation of uniform national standards will help facilitate the dissemination of electronic prescribing. However, physicians should have the opportunity to weigh the costs and benefits, both clinical and financial, of the use of this technology. Voluntary adoption of electronic prescribing technology would enable practices to consider critical factors such as efficient integration into management software and electronic medical record systems. Like other small businesses, each physician practice is unique. The Senate framework will provide physicians with the flexibility to incorporate electronic prescribing technology without disrupting patient care.

Conversely, federally mandated electronic prescribing would place an additional costly unfunded mandate on physicians, forcing them to rush to purchase an expensive, untested technology. The financial burden would be highest on small practices, which would be unable to benefit from economies of scale in implementing this new mandate. The burden would be disproportionately heavy on rural practices and may not be possible at all in those areas without access to high-speed data service providers and the trained information technology experts needed to maintain and update electronic prescribing systems.

Recommendation #2: Allow for a deliberative development process for electronic prescription standards

Although the concept of uniform standards for electronic prescribing appears simple, design and implementation will be extraordinarily complicated. Broad scale electronic prescribing as envisioned in this legislation does not yet exist in the ambulatory setting.

Some hospitals and large practices can electronically communicate with on-site pharmacies via closed systems, but two-way, interoperable, and secure external systems are in extremely limited use. Development of a single set of standards appropriate for all health care settings, while meritorious, will be a significant undertaking.

Given the early development stage of electronic prescribing, the Conferees should remove the unrealistic January 1, 2006 statutory deadline for standards. Difficulties and delays in implementing the Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Standards are a case in point. Congress passed HIPAA in 1996 and these standards have yet to be fully implemented. Development of electronic prescribing will be equally complicated. Instead of rushing to meet an arbitrary deadline, the standards development process should include appropriate studies and pilot tests to ensure the efficacy of the standards before implementation.

Recommendation #3: Involve practicing physicians in the standards development process

The process to develop electronic prescription standards should be inclusive. Particularly important is input from practicing physicians and groups, which will use this new technology at the point of care. An effective electronic prescription system should provide the physician with access to independent, up-to-date, evidence-based information on the drugs he or she is prescribing and an accurate patient history. Voluntary standards should be compatible with electronic health record standards currently under development by the Department of Health and Human Services. Given the important clinical and practical issues to be resolved, involving practicing physicians in the standards development process is critical to ensure the effectiveness of electronic prescribing.

Careful and deliberative development is critical to achieving electronic prescribing's potential of improving patient safety and reducing medical errors. We share Congress's commitment to this goal. Again, we urge you to support these recommendations as part of the final Conference agreement on the "Medicare Prescription Drug and Modernization Act of 2003."

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Pediatrics

American Academy of Physical Medicine and Rehabilitation
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Medical Association
American Medical Group Association
American Osteopathic Academy of Orthopedics
American Osteopathic Association
American Psychiatric Association
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgeons
American Society of General Surgeons
American Society of Hematology
American Society of Plastic Surgeons
American Urological Association
Association of American Medical Colleges
Congress of Neurological Surgeons
Infectious Diseases Society of America
Medical Group Management Association
National Association for Medical Direction of Respiratory Care
National Medical Association
Renal Physicians Association
Society for Vascular Surgery
Society of General Internal Medicine
The Endocrine Society