

Bill as Introduced

SB 122 - AS INTRODUCED

2011 SESSION

11-1047

10/03

SENATE BILL **122**

AN ACT establishing a committee to study the laws relating to electronic prescriptions.

SPONSORS: Sen. Stiles, Dist 24; Sen. Sanborn, Dist 7; Rep. DiPentima, Rock 16; Rep. Case,
Rock 1

COMMITTEE: Health and Human Services

ANALYSIS

This bill establishes a committee to study the laws relating to electronic prescriptions.

Explanation: Matter added to current law appears in **bold italics**.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eleven

AN ACT establishing a committee to study the laws relating to electronic prescriptions.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Committee Established. There is established a committee to study the laws relating to
2 electronic prescriptions.

3 2 Membership and Compensation.

4 I. The members of the committee shall be as follows:

5 (a) Two members of the senate, appointed by the president of the senate.

6 (b) Four members of the house of representatives, appointed by the speaker of the house
7 of representatives.

8 II. Members of the committee shall receive mileage at the legislative rate when attending to
9 the duties of the committee.

10 3 Duties. The committee shall study the laws relating to electronic prescriptions, in order to
11 improve and encourage the use of electronic prescriptions.

12 4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from
13 among the members. The first meeting of the committee shall be called by the first-named senate
14 member. The first meeting of the committee shall be held within 45 days of the effective date of this
15 section. Four members of the committee shall constitute a quorum.

16 5 Report. The committee shall report its findings and any recommendations for proposed
17 legislation to the president of the senate, the speaker of the house of representatives, the senate
18 clerk, the house clerk, the governor, and the state library on or before November 1, 2011.

19 6 Effective Date. This act shall take effect upon its passage.

Speakers

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 122

BILL TITLE: establishing a committee to study the laws relating to electronic prescriptions.

DATE: 4-14-11

LOB ROOM: 302 **Time Public Hearing Called to Order:** 1317

Time Adjourned: 1403

(please circle if present)

Committee Members: Reps. Hunt, Coffey, Belanger, Flanders, Quandt, Headd, Nevins, Palfrey, Sullivan, Bergevin, Manuse, Mauro, McGuinness, Rice, Taylor, Meader, Gidge and Schlachman.

Bill Sponsors: Sen. Stiles, Sanborn, DiPentima and Case

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

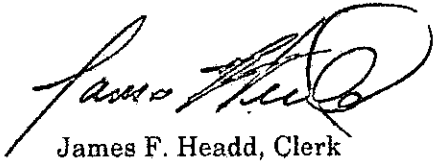
Sen. Nancy Stiles, prime sponsor – Opened bill, read from a prepared statement. Strongly supports electronic Rx prescribing. Copy of her written testimony in file.

Rep. Frank Case, co-sponsor – Retired pharmacist. Supports bill; read from prepared remarks; copy in file.

Jim Demers, Pfizer – Supports the bill. Pointed out that four members of the house need not be members of Commerce; other personnel may be invited. We have a good law in the state But only 12% of our physicians take advantage of it. Very efficient system. Request is to look at the law and determine why doctors don't use it. New Hampshire ranks fourth worst in the country for E-pharmacy. We need to find ways to improve the use of prescriptions. RSA 318:47c governs the law.

Jennifer Monahan, Regional Extension Center of NH – She spends a lot of her time going from doctor (PCP's) trying to get them to use "e-systems". Many don't have computer systems in their offices. Broadband is not available all over the state. Our officers have been trying to get this program up and running. There is a lot of effort going on in this area.

Respectfully Submitted:

A handwritten signature in black ink, appearing to read "James F. Headd". The signature is written in a cursive style with a large, looping flourish at the end.

James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

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Bill Sponsors: Sen. Stiles, Sanborn, DiPentima and Case

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Sen Nancy Stiles - opened Bill as prime sponsor
Read from a prepared statement
Strongly supports electronic RX prescribing
copy of her written testimony in file

#2 ~~Read~~ By Frank Case - Rock #1 -
Retired Pharmacist - supports Bill
Read from prepared remarks - copy in
File

#3 Jim Verners - Represents PFIZER - supports
the Bill - [pointed out that 4 members of the
house need not be members of commerce -
others personnel may be invited] > OK

PI 2 SB 122

We have a good law in the state
But only 12% of our physicians take
advantage of it - Very efficient system
Request to look at the law -
and determine why Doctors don't use
it.

NH ranks 4th worst in the
country for TE prescription -
We need to determine ways to ^{improve} ~~improve~~
the use of TE prescriptions -

RSA ~~381~~ 318:47 C
governs the law

#4

Jennifer Monahan - Regional
Extension center of NH - She spends
a lot of her time going from Doctor
to Doctor (PCP's) trying to get them
to use E systems. May not have
computer systems in their office
Local level is not what allows
the state -

Our office have been trying to get
this program up and running. There is
a lot of effort going on in this area

Sub-Committee Actions

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 122

BILL TITLE: establishing a committee to study the laws relating to electronic prescriptions.

DATE: 4-21-11

Subcommittee Members: Reps. Flanders, Nevins, Tayalor, Quandt, Headd and Gidge

Comments and Recommendations:

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Quandt

Vote: 6-0

Respectfully submitted,

Rep. James F. Headd
Subcommittee Chairman Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON SB 122

BILL TITLE: establishing a committee to study the laws relating to electronic prescriptions.

DATE: 4-21-11

Subcommittee Members: Reps. *Flores - Nevins Taylor - Quendt*
Heard - Gidycz

Comments and Recommendations:

Amendments:

Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep. *Nevins*
Seconded by Rep. *Quendt*
Vote: *6-0*

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.
Seconded by Rep.
Vote:

Respectfully submitted,
Rep. {Type NAME}
Subcommittee Chairman/Clerk

Testimony

Statement of Senator Nancy Stiles
SB122 establishing a committee to study the laws relating to electronic prescriptions
before the House Commerce Committee
April 14, 2011

Thank you Mr. Chairman.

Identify

This afternoon I am here to introduce Senate Bill 122 which would establish a committee to review the laws relating to electronic medication prescribing in the State of New Hampshire.

Let me first commend the New Hampshire Citizens Health Initiative for its early work in this area and more recently the Department of Health & Human Services for its preliminary development of the state's Health Information Exchange and specifically its work in the area of ePrescribing.

ePrescribing is an important step forward in our healthcare delivery system because it creates greater efficiency, saves money and improves health care quality and patient safety.

The American College of Physicians projects that over 3 billion prescriptions are written each year and universal adoption of ePrescribing across the country could save up to \$27 billion annually. The Medical Institute estimates that nearly 1.5 Americans are injured each year by medication errors and a quarter of those could be eliminated with improvements to the prescribing process.

As the New Hampshire Citizen's Health Initiative reports, "the New Hampshire electronic prescribing (ePrescribing) initiative began in the fall of 2006, with the goal of having all New Hampshire primary care physicians with access to the technology by the fall of 2007, and all New Hampshire specialty physicians' access by the fall of 2008. As of January 2007, there were a total of 1,477 licensed primary care physicians, and 2,034 specialty care physicians in New Hampshire. Based upon informed interviews, it is estimated that more than 75% of primary care physicians already have access to basic ePrescribing capabilities through electronic medical records (EMR) systems provided by New Hampshire's hospitals, Federally Qualified Health Centers, and larger physician groups. For those not using EMR systems, web-based and wireless handheld ePrescribing tools are readily available. Both Anthem Health Plans of New Hampshire and the NH Local Government Center offered handheld devices to physicians in 2007.

New Hampshire made progress in 2008 and 2009 on increasing its penetration of ePrescribing. ePrescribing involves clinical prescribers, pharmacies, health plans, government payers, and an intermediary named Surescripts which serves as the national electronic exchange of prescription information. Until recently, most EMR systems faxed the prescription to the pharmacy or printed it for the patient. Today, many of the practices have upgraded their EMRs so that not only is the prescription

This creates efficiencies for providers and pharmacies, as well as increases patient convenience. The final piece to these transactions is that the ePrescribing software can query prescriptions written by other providers and run edits for allergies and possible adverse drug events. This results in significant safety improvements.

Report due this PM

As more prescribers shift from fax to electronic prescribing the numbers are expected to increase further. Additionally, Medicare is offering incentives between 2009 and 2011. After that time period, Medicare will assess penalties beginning in 2012. The majority of New Hampshire's payers also have pay-for-performance programs that provide incentives for EMR and ePrescribing. While the statistics show signs of increased adoption, the total number of physicians participating in ePrescribing is still only about 25% of all licensed physicians in New Hampshire." As the Department of Health & Human Services has done its development of the information exchange, they have found that 96% of community pharmacies have ePrescribing capabilities but only 12% of providers take advantage of ePrescribing. That means 88% of healthcare providers in this state are still not using this approach to prescribing medication. That is what needs to be reviewed.

The goal of this committee is to shed light on the need to get more providers into the ePrescribing mode while seeking input on why the penetration rate is so low in New Hampshire and suggest ways to improve the prescribing process. For example, with today's updated electronic capabilities, I would like to see the committee review the potential for real-time prior authorizations of prescribed drugs. There is nothing worse than having a prescription sent to a pharmacy only to find out when you arrive at the pharmacy that the prescription was denied because of a prior approval process. Today's technology can expedite this process and that is one area I would ask this study committee to review.

~~Last week this committee heard testimony on SB93 which would allow pharmacists to administer 2 additional vaccines. It is an important bill that can improve access to certain vaccines and save money within our healthcare system. One doctor testified he would like to see improved communications between the pharmacy and the physician when vaccines are administered by a pharmacist. That is another topic I believe this committee should review, to determine if the ePrescribing system can serve as sort-of a reverse communication tool back to physicians with that type of information.~~

New Hampshire has already taken many steps to establish a strong ePrescribing system. I urge you to pass SB122 so we can gather additional information that will help further improve the system and understand the impediments to healthcare providers. We will all benefit from lower costs, greater efficiency and improved quality and safety.

very knowledgeable

There are at least two individuals to testify behind me that understand these issues so I would respectfully request that your questions be directed to them.

Statement of Jim Demers, on Behalf of Pfizer Inc.
SB122 establishing a committee to study the laws relating to electronic prescriptions
before the ~~Senate Health & Human Services Committee~~
February 18, 2011

Thank you Mr. Chairman.

I am here today to testify in support of Senate Bill 122, establishing a committee to study the laws relating to electronic prescriptions.

Electronic prescribing systems are one very important piece of the overall Health Information Technology (HIT) system. E-prescribing systems allow for the safe and efficient transmission of prescriptions from a health care provider to a pharmacy. When optimized, these systems have the potential to improve patient safety and health care quality, while also reducing health care costs and enhancing efficiency.

Through the good work of the Citizen's Health Initiative in previous years, New Hampshire has taken important first steps to ensure e-prescribing systems that are utilized in New Hampshire are free from inappropriate commercial influence, advertising, and other instant messaging that can detract from the usability of these systems. We applaud New Hampshire for its leadership in ensuring these systems operate on neutral platforms that allow a prescriber to efficiently transmit a prescription.

However, the rate of e-prescribing in NH still lags behind the rest of the country. According to SureScripts, only 12% of prescriptions in NH were routed electronically in 2009. The adoption rate is likely to increase in the near future due to financial incentives that are available to prescribers under the Health Information Technology for Economic and Clinical Health (HITECH) Act. Under HITECH, eligible health care providers can qualify for incentive payments when they adopt certified Electronic Health Record (EHR) technology and use it to achieve specific objectives. In order to be eligible for the incentives, medical providers must demonstrate "meaningful use" of the EHR's, and these systems must include an electronic prescribing function.

As the use of these systems increases, it is important that the state continue the work it started with Section 318:47-c, in order to ensure protection of the patient, privacy of the information, and promotion of systems that preserve the usability of e-prescribing systems and maximize their efficiency. This study committee is the natural next step for NH to work with stakeholders to identify policies and guidelines that can help to achieve the above goals, and also to encourage more rapid adoption of these systems.

Examples of ways that e-prescribing systems can be further enhanced to achieve the goals of patient and privacy protection, usability, and efficiency, include:

- Requiring that important information is provided to health care providers

- For example – real-time information about medication history, formulary and co-payment information, prior authorization requirements and eligibility
- Ensuring that appropriate information regarding medical decisions is available at the time and place of care.
 - E-Prescribing systems are capable of enhancing transparency around treatment options, including formulary status, co-payment amount, and prior authorization requirements. Access to this information at the time of care can improve efficiency and the quality of care delivered.
 - E-prescribing systems can provide real-time links to scientific evidence to support better clinical decision-making. However, policies concerning alerts and other messages delivered to prescribers through e-prescribing systems should be carefully crafted in order to permit alerts which are meaningful and appropriate to the delivery of care, but not burdensome or a nuisance to the prescriber (i.e. alerts should be able to be overridden, should be scientifically-based and referenced, etc).
- The systems should also be required to be capable of printing a prescription receipt, so a patient has a reminder of what was transmitted to the pharmacy. This simple but practical requirement would avoid confusion at the pharmacy in the case that a patient forgets or misunderstands what was prescribed.
- This committee could also explore requiring e-prescribing systems to be capable of executing a real-time prior authorization (PA):
 - The drug PA is typically a manual process lacking any standards or uniformity across payers. The frequent need for prior authorization for treatment or services results in significant administrative burdens and costs to health care providers, pharmacists and payers.ⁱ
 - The PA process can also lead to delays in patients getting access to their necessary prescriptions, potentially leading to adverse health impacts.ⁱⁱ
 - The development of a standardized PA process that ultimately could provide real-time feedback to the prescriber at the point of care could save time for the provider, the pharmacist, and the patient, while reducing costs and improving the quality of care.
 - Minimization of this significant administrative burden (manual, non-standardized PA's) could also be an effective incentive to help accelerate prescribers' adoption of e-prescribing systems.

- Finally, it would be valuable to ensure that standards for any allowable platform used in NH cover the entire prescribing process. In other words, the systems should be bi-directional between prescribers and pharmacists. Such systems would allow "Fill status notification," for example, which allows prescribers to determine that prescriptions have been filled and received by a patient. When integrated into an EHR, it could also allow for the reporting of pharmacy-administered vaccinations, such as the influenza vaccine. Such platforms would thus facilitate continuity of care and adherence to medication therapy.

In closing, while financial incentives are one important tool to accelerate the uptake of e-prescribing systems, simplicity and usability is likely to be a significant factor in determining whether health care providers embrace e-prescribing. Pfizer supports the use of e-prescribing based on its ability to optimize patient care, improve patient safety, and to bring additional efficiencies into the health care system. I hope the examples I have provided you today highlight opportunities for a committee to be formed to help NH optimize the use of e-prescribing systems. We respectfully request that you consider this bill as a starting point to address this important issue. We look forward to working with members of the committee and other stakeholders to see the best interests of the patient are preserved.

Thank you,

¹Wegner, SE, et. al. A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs. The American Journal of Managed Care. Volume 15, Number 12, December 2009. e115-3-121. Accessed online 1/29/10 at: http://www.ajmc.com/articles/managed-care/2009/2009-12-vol15-n12/AJMC_decWegnerWbX_e115finl.

²Source: Current State of E-Prescribing Standards: Electronic Prior Authorization (ePA). February 5, 2008. (Presentation slides, accessed at: http://healthit.ahrq.gov/images/erx_meeting_20080218/attachment4/attachment4_files/textmostly/slide5.html).

Good Afternoon, Mr Chairman and Members of Commerce and Consumer Affairs Committee.

My name is Frank Case,

I represent Rock.Dist#1, Candia, Deerfield Northwood & Nottingham.

I am in support of SB-122 and will try to explain why. IN 2007 I was a freshman member of the HHS&EA Committee, when this bill was heard, I was appointed to a subcommittee to work on this legislation. We passed & also the senate signed into law by Governor Lynch.

I do believe that this legislation has been one of the greatest changes to our pharmacy laws in all time that I have been a pharmacist. This law created a system where subscribers would use e-mail or e-prescribing for prescriptions to pharmacies.

This has had a tremendous effect on pharmacy as it has taken the # 1 problem of a pharmacist acting as a translator of what is written in a handwritten prescription to a printed version. Thus one of the problem issues for filling the prescription for the wrong drug, possibly the wrong strength, and the wrong directions. E-prescribing has certainly made prescription filling much safer for the public.

There are other areas that help, but this was the most important. This e-prescribing goes from the subscriber to an

intermediary "Rx Hub which is connected to the subscribers, it is then passed to an other intermediary Sure Scripts, who are connected to all pharmacies that are enrolled. May I add these intermediaries pass these e-mails along unopened like a letter in the mail. So I am told.

I am not sure why these is a need for committee related to e-prescribing, but I guess is, that not many physicians are enrolled in e-prescribing as yet. This session, we had a bill which was elated to prescribing. I got information from a UNH researcher, and found out that less that 1000 of the 5000+ physicians are using e-prescribing at that time.

However I also learned latter that the Dartmouth/Hitchcock group have their own e-prescribing system and I also know that the Elliot Hospital also has such a system in place. I t is possible that other medical groups may also have e-prescribing that is not connected to the system that I spoke about.

That is all that I know about this subject, but will try to answer any questions.



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E-Prescribing Incentive Program Overview

Overview

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- E-Prescribing Measure
- Group Practice Reporting Option
- Alternative Reporting Mechanism
- Educational Resources
- Analysis and Payment
- Help Desk Support
- Payment Adjustment Information
- 2009 e-Rx Incentive Program
- 2010 eRx Incentive Program

Electronic Prescribing (eRx) Incentive Program

Click on the "Spotlight" link to the left to view

"What's New" (recently posted items) for the eRx Incentive Program

Background. Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes a new and separate incentive program for eligible professionals who are successful electronic prescribers as defined by MIPPA. This new incentive program, which began on January 1, 2009, is separate from and is in addition to the quality reporting incentive program authorized by Division B of the Tax Relief and Health Care Act of 2006 - Medicare Improvements and Extension Act of 2006 (MIEA-TRHCA) and known as the Physician Quality Reporting System. **Eligible professionals do not need to participate in Physician Quality Reporting System to participate in the Electronic Prescribing (eRx) Incentive Program.**

For each program year, CMS implements the eRx Incentive Program through an annual rulemaking process published in the **Federal Register**. Information regarding the relevant statutes and regulations can be found by clicking on the "**Statutes/Regulations**" section page to the left.

A list of professionals eligible to participate in the eRx Incentive Program is available by clicking on the "**Eligible Professionals**" link at left.

2009 Physician Quality Reporting System Experience Report.

The 2009 Experience report summarizes the experience of eligible professionals in the 2009 Physician Quality Reporting System and eRx Incentive Programs, as well as trends in the program over time, including early results from 2010. The 2009 experience report is available in the "**Related Link Inside CMS**" section below.

No Sign Up or Pre-Registration

There is no sign-up or pre-registration to for individual eligible professionals to participate in the eRx Incentive Program. However, there are certain limitations for who can qualify for an eRx incentive payment. First, an eligible professional must have and use a qualified eRx system and report on his or her adoption and use of the eRx system. Second, the eligible professional must meet the criteria for successful electronic prescriber specified by CMS for a particular reporting period. Finally, at least 10% of a successful electronic prescriber's Medicare Part B covered services must be made up of codes that appear in the denominator of the eRx measure.

Note: The eRx Incentive Program requirements and measure specifications for the current program year may be different from the eRx Incentive Program requirements and measure specifications for a prior year. Eligible professionals are responsible for ensuring that they are using the eRx incentive documents for the correct program year.

2010 eRx Incentive Program

To participate in the 2010 eRx Incentive program, individual eligible professionals may choose to report on their adoption and use of a qualified eRx system by submitting information on one eRx measure: (1) to CMS on their Medicare part B claims, (2) to a qualified registry, or (3) to CMS via a qualified electronic health record (EHR) product. Additional information on the registry-based or EHR-based reporting mechanism for the eRx Incentive Program is available by clicking on the "**Alternative Reporting Mechanisms**" link at left.

To be considered a successful electronic prescriber for the 2010 eRx Incentive Program and potentially qualify to earn a 2.0% incentive payment for the 2010 eRx Incentive Program, an individual eligible professionals must report the eRx measure for at least 25 unique electronic prescribing events in which the measure is reportable by the eligible professionals during 2010.

Beginning with the 2010 eRx Incentive Program, a group practice may also potentially qualify to earn an eRx incentive payment equal to 2% of the group practice's total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during the 2010 eRx reporting year based on the group practice meeting the criteria for successful electronic prescriber specified by CMS. Click on the "**Group Practice Reporting Option**" link at left to learn more about this reporting option and to obtain instructions on how a group practice can sign up to participate in this reporting option.

2009 eRx Incentive Program

To participate in the 2009 eRx Incentive Program, individual eligible professionals must report on their adoption and use of a qualified eRx system by submitting claims information on one eRx measure on their Medicare Part B claims. To be considered a successful electronic prescriber for 2009 and potentially qualify to earn a 2.0% incentive payment for the 2009 eRx Incentive Program, an individual eligible professionals must report the eRx measure in at least 50% of the cases in which the measure is reportable by the eligible professionals during 2009.

Information on the eRx measure can be found by clicking on the "**eRx Measure**" section page to the left.

Additional resources to help eligible professionals become successful electronic prescribers can be found by clicking on the "**Educational Resources**" section page to the left.

To find out who to contact with questions regarding the eRx Incentive Program, click on the "**Help Desk Support**" link at left.

Downloads

[A Guide for Understanding the 2009 eRx Feedback Report \[PDF 1MB\]](#)

Related Links Inside CMS

[2009 Reporting Experience Including Trends 2007 - 2010 \[ZIP 2MB\]](#)

[Part D eRx Standards](#)

[All eRx FAQs](#)



Physician Quality Reporting Initiative

[Overview](#)

Spotlight

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Spotlight

New! 2009 Reporting Experience Including Trends 2007 - 2010 (04-19-2011)

The 2009 Experience report summarizes the experience of eligible professionals in the 2009 Physician Quality Reporting System and eRx Incentive Programs, as well as trends in the program over time, including early results from 2010. The 2009 experience report is now available in the "**Downloads**" section on the "**Overview**" and "**2009 PQRI Program**" section pages at left.

April 19, 2011 National Provider Call for Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Payment (04-13-2011)

The Centers for Medicare & Medicaid Services' (CMS) Provider Communication Group hosted a National Provider Conference Call on the 2010 Physician Quality Reporting System and Electronic Prescribing Incentive (eRx) Program. The presentation materials are available on the "**CMS Sponsored Calls**" link at left.

April 14, 2011 Special Open Door Forum for 2011 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Programs; 2:30pm - 3:30pm ET. Conference Call Only. (04-06-2011)

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum on the 2011 Physician Quality Reporting System (previously known as the Physician Quality Reporting Initiative or PQRI) and E-Prescribing (eRx) Incentive programs. More detailed information is available on the "**CMS Sponsored Calls**" link at left.

Qualified EHR Vendors for the 2011 Physician Quality Reporting System and eRx Incentive Programs (04-06-2011)

A revised copy of the Qualified EHR Vendors for the 2011 Physician Quality Reporting System and eRx Incentive Programs has been posted to the "**Alternative Reporting Mechanisms**" link at left.

March 8, 2011 National Provider Call and Webinar with Questions & Answer Session; 1:30-3:00pm EST. (03-04-2011)

The Centers for Medicare & Medicaid Services Communications Group will host a national provider conference call and webinar on the 2011 Physician Quality Reporting System and Electronic Prescribing Incentive Program. For detailed information on how to register to participate in this National Provider call visit the "**CMS Sponsored Calls**" page at left. **The presentation materials are now available on that section page.**

The Physician Quality Reporting Town Hall Public Comment Period Closed on February 25, 2011 (02-28-2011)

The Public Comment Period for 2012 Physician Quality Reporting System Town Hall is now closed.

The Physician Quality Reporting System Maintenance of Certification Program Incentive (02-28-2011)

A new "**Maintenance of Certification Program Incentive**" section page has been added to the Physician Quality Reporting System website. To view that page, click on link at left.

2012 Physician Quality Reporting System List of Individual Measures and Measures Group Suggestions with Requestors (02-28-2011)

CMS has re-posted both the 2012 List of Individual Measures and Measure Group Suggestions to include requestor for the 2012 Physician Quality Reporting System Call for Measures. These documents are located on the "**CMS Sponsored Calls**" page at left and can be accessed by clicking on "**February 9, 2011 Physician Quality Reporting Town Hall Materials**" under the "**Downloads**" section.

Post-Event Comment Period Open for February 9 Town Hall Meeting (02-14-2011)

As CMS is committed to continuous quality improvement, we welcome any feedback or suggestions from consumers and eligible professionals regarding the 2012 Physician Quality Reporting System now through 5:00 p.m. (E.S.T.) on Friday, February 25, 2011.

To submit your comments, please click on the "Feedback Form" link found on the right sidebar of <http://www.usqualitymeasures.org>. Comments may also be e-mailed to measures@wvmi.org. Note that you may be contacted for clarification or more information.

A transcript of the Town Hall meeting is available on the "**CMS Sponsored Calls**" in the "**Downloads**" section link at the left and an audio file can be accessed by visiting the U S Quality Measures.org website at www.usqualitymeasures.org.

Important Update! Change in February 9, 2011 Teleconference/Webex Access Information (02-04-2011)

Teleconference/Webex Access Information for the February 9, 2011 Physician Quality Reporting System Town Hall has changed. (2/4/2011)

For updated access information, go to <http://www.usqualitymeasures.org>. For more information on this event, please go to the "**Downloads**" section of the "**CMS Sponsored Calls**" link at left.

February 15, 2011, National Provider Call with Question & Answer Session; 2:30 pm – 4:00 pm EST. (02-04-2011)

The Centers for Medicare & Medicaid Services' Provider Communication Group hosted a National Provider Conference Call on the 2011 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program. The presentation materials are available on the "**CMS Sponsored Calls**" link at left.

Registration for February 9, 2011 Town Hall Meeting is Closed (01-31-2011)

Registration for the Physician Quality Reporting System Town Hall Meeting on Wednesday, February 9, 2011, is now closed.

For more information on this event, please go to the "**Downloads**" section at the bottom of the "**CMS Sponsored Calls**" link at left.

January 27, 2011 National Provider Call for Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Payment (01-21-2011)

The Centers for Medicare & Medicaid Services' (CMS) Provider Communication Group hosted a National Provider Conference Call on the 2010 Physician Quality Reporting System and Electronic Prescribing Incentive (eRx) Program. The presentation materials are available on the "**CMS Sponsored Calls**" link at left.

January 25, 2011, Special Open Door Forum; 1:30 - 3:30p.m. ET. (01-21-2011)

The Centers for Medicare & Medicaid Services (CMS) hosted a Special Open Door Forum on the 2011 Physician Quality Reporting System (previously known as PQRI) and eRx Incentive programs. The presentation materials are available on the "**CMS Sponsored Calls**" link at left.

Maintenance of Certification Program Incentive Guidance (01-12-2011)

CMS has issued the Physician Quality Reporting System Maintenance of Certification Program Incentive Guidance to clarify participation requirements, which is located under the "**Downloads**" on the "**Overview**" page at link.

The 2012 Physician Quality Reporting System Call for Measures and/or Measures Groups submission period is now closed (12-23-10)

Registry Requirements for Submission of 2011 Physician Quality Reporting System Data on Behalf of Eligible Professionals (12-21-10)

CMS will, in February and March 2012, accept quality measure results and numerator and denominator data for 2011 Physician Quality Reporting measures submitted by qualified registries on behalf of their participants. More information is available by visiting the "**Downloads**" section on the "**Alternative Reporting Mechanism**" link at left.

EHR Vendor Qualification Requirements for the 2012 Physician Quality Reporting Program Year (12-21-10)

The self-nomination and vetting process for EHR vendors for 2012 Physician Quality Reporting will occur in 2011. This document describes the requirements for self-nomination including important deadlines for qualification. More information is available by visiting the "**Downloads**" section on the "**Alternative Reporting Mechanism**" link at left.

2012 Physician Quality Reporting System Measures Town Hall Meeting (12-20-10)

The Centers for Medicare & Medicaid Services (CMS) is hosting a Town Hall Meeting to discuss the Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI). The purpose of the Town Hall Meeting is to solicit input from participating stakeholders on individual quality measures and measures groups being considered for possible inclusion in the proposed set of quality measures for use in the 2012 Physician Quality Reporting System and key components of the design of the Physician Quality Reporting System. For more details click on the "**CMS Sponsored Calls**" link at the left.

The Physician Quality Reporting System Maintenance of Certification Program Incentive Requirements of Self-Nomination for 2011 (12-20-10)

CMS is introducing a new Maintenance of Certification Program Incentive. Beginning in January 2011, physicians who are incentive eligible for the Physician Quality Reporting System can receive an additional 0.5% incentive payment when Maintenance of Certification Program Incentive requirements have also been met. Please visit the "**Download**" section on the "**Overview**" page link at left for more information.

2011 Qualified Electronic Health Record (EHR) Vendors for the Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program (12-10-10)

A list of EHR vendors that have been qualified to submit quality data to CMS by eligible professionals for the 2011 Physician Quality Reporting System program year is now posted in the "**Downloads**" section below.

2010 Physician Quality Reporting System Edit Messages (12-10-10)

The 2010 Physician Quality Reporting System Edit Messages is now available under the "**Downloads**" section on the "**Alternative Reporting Mechanisms**" page link at left.

Downloads

[2009 Physician Quality Reporting System Incentive Payments Announcement \[PDF 40KB\]](#)

[2010 Physician Quality Reporting System 6-month Reporting Participation \[PDF 78KB\]](#)

[2010 E-Prescribing Participation \[PDF 67KB\]](#)

Related Links Inside CMS

[E-Prescribing Incentive Program](#)

[2011 Physician Quality Reporting System Call for Measures](#)

Related Links Outside CMS

There are no Related Links Outside CMS

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Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 122

BILL TITLE: establishing a committee to study the laws relating to electronic prescriptions.

DATE: 4-21-11

LOB ROOM: 302

Amendments:

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

Motions: OTP OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Coffey

Vote: 17-1 (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Consent or Regular (Circle One)

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 122

BILL TITLE: establishing a committee to study the laws relating to electronic prescriptions.

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Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. *Neovina*

Seconded by Rep. *Cofley*

Vote: *17-1* (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Consent or Regular (Circle One) *17-1*

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Jim Headd, Clerk

COMMERCE AND CONSUMER AFFAIRS

Bill #: SB 122 Title: _____

PH Date: ____/____/____

Exec Session Date: 4/21/11

Motion: OTY

Amendment #: _____

MEMBER	YEAS	NAYS
Hunt, John B, Chairman	✓	✓
Coffey, Jennifer R, V Chairman	✓	
Belanger, Ronald J <u>SOVA</u>	✓	
Flanders, Donald H	✓	
Quandt, Matt J	✓	
Headd, James F, Clerk	✓	
Nevins, Chris F	✓	
Palfrey, David J	✓	
Sullivan, James M	✓	
Bergevin, Jerry E <u>KAPLER</u>	✓	
Manuse, Andrew J	✓	
Mauro, Donna C	✓	
McGuinness, Sean M	✓	
Rice, Frederick C	✓	
Taylor, Kathleen N	✓	
Meador, David R	✓	
Gidge, Kenneth N	✓	
Schlachman, Donna L	✓	
	17	1
TOTAL VOTE:		

Committee Report

CONSENT CALENDAR

May 4, 2011

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on COMMERCE AND CONSUMER
AFFAIRS to which was referred SB122,

AN ACT establishing a committee to study the laws
relating to electronic prescriptions. Having considered
the same, report the same with the recommendation
that the bill OUGHT TO PASS.

Rep. Chris F Nevins

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	COMMERCE AND CONSUMER AFFAIRS
Bill Number:	SB122
Title:	establishing a committee to study the laws relating to electronic prescriptions.
Date:	April 26, 2011
Consent Calendar:	YES
Recommendation:	OUGHT TO PASS

STATEMENT OF INTENT

This bill seeks to improve and encourage the use of electronic prescriptions with private medical practices. Currently most New Hampshire hospitals already have such a system which has proven to be successful at reducing costs and eliminating errors. A committee will be established to study the laws relating to electronic prescriptions and will report its findings by Nov. 1, 2011.

Vote 17-1.

Rep. Chris F Nevins
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

COMMERCE AND CONSUMER AFFAIRS

SB122, establishing a committee to study the laws relating to electronic prescriptions. **OUGHT TO PASS.**

Rep. Chris F Nevins for COMMERCE AND CONSUMER AFFAIRS. This bill seeks to improve and encourage the use of electronic prescriptions with private medical practices. Currently most New Hampshire hospitals already have such a system which has proven to be successful at reducing costs and eliminating errors. A committee will be established to study the laws relating to electronic prescriptions and will report its findings by Nov. 1, 2011. **Vote 17-1.**

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: Commerce

BILL NUMBER: SB 122

TITLE: ESTABLISHING A COMMITTEE TO STUDY THE LAWS RELATING TO ELECTRONIC PRESCRIPTIONS.

DATE: 4/21/11 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No. _____

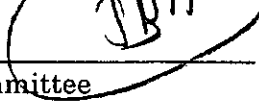
STATEMENT OF INTENT:

THIS BILL SEEMS TO IMPROVE AND ENCOURAGE THE USE OF ELECTRONIC PRESCRIPTIONS WITH PRIVATE MEDICAL PRACTICES. CURRENTLY MOST NH HOSPITALS ALREADY HAVE SUCH A SYSTEM AND WHICH HAS PROVEN TO BE SUCCESSFUL AT REDUCING COSTS AND ELIMINATING ERRORS. A COMMITTEE WILL BE ESTABLISHED TO STUDY THE LAWS RELATING TO ELECTRONIC PRESCRIPTIONS AND WILL REPORT ITS FINDINGS BY NOV 1, 2011.

COMMITTEE VOTE: 17-1

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. CHRIS NEVINS 
For the Committee