

# 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

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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 struckthrough.~~]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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.

CHAPTER 117  
SB 122 - FINAL VERSION

2011 SESSION

11-1047  
10/03

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20 Approved: May 31, 2011

21 Effective Date: May 31, 2011

# Committee Minutes

**SENATE CALENDAR NOTICE  
HEALTH AND HUMAN SERVICES**

Senator Jeb Bradley Chairman  
 Senator Tom De Blois V Chairman  
 Senator Molly Kelly  
 Senator Gary Lambert  
 Senator Andy Sanborn

For Use by Senate Clerk's Office ONLY	
<input type="checkbox"/>	Bill Status
<input type="checkbox"/>	Docket
<input type="checkbox"/>	Calendar
Proof: <input type="checkbox"/>	Calendar <input type="checkbox"/> Bill Status

**Date: February 3, 2011**

**HEARINGS**

**Thursday**

**2/10/2011**

**HEALTH AND HUMAN SERVICES**

**LOB 102**

**1:00 PM**

(Name of Committee)

(Place)

(Time)

**EXECUTIVE SESSION MAY FOLLOW**

1:00 PM	SB164	relative to the personal needs allowance of residents of nursing homes.
1:20 PM	SB72-FN	establishing a comprehensive cancer plan fund.
1:40 PM	SB122	establishing a committee to study the laws relating to electronic prescriptions.
2:00 PM	SB171	relative to prescription drug benefits for the treatment of pain.

**Sponsors:**

**SB164**

Sen. Sylvia Larsen  
 Rep. Robert Williams

Sen. Molly Kelly  
 Rep. Mary Gile

Sen. Amanda Merrill  
 Rep. James Pilliod

Sen. Matthew Houde  
 Rep. James MacKay

**SB72-FN**

Sen. Molly Kelly

**SB122**

Sen. Nancy Stiles

Sen. Andy Sanborn

Rep. Rich DiPentima

Rep. Frank Case

**SB171**

Sen. Sharon Carson

Sen. Nancy Stiles

Rep. Cindy Rosenwald

Rep. Frank Case

# Health and Human Services Committee

## Hearing Report

**TO:** Members of the Senate

**FROM:** Robyn Dangora, Legislative Aide

**RE:** Hearing report on SB 122 – establishing a committee to study the laws relating to electronic prescriptions.

**HEARING DATE:** 2/10/11

**MEMBERS OF THE COMMITTEE PRESENT:** Senator Sanborn,  
Senator Kelly, Senator Bradley

**MEMBERS OF THE COMMITTEE ABSENT:** Senator De Blois

**Sponsor(s):** Sen. Stiles, Dist 24; Sen. Sanborn, Dist 7; Rep. DiPentima,  
Rock 16; Rep. Case, Rock 1

**What the bill does:** This bill establishes a committee to study the laws relating to electronic prescriptions.

**Who supports the bill:** Sen. Stiles, Dist 24; Jim Demers, Pfizer; Jennifer Monahan, Regional Extension Center of New Hampshire

**Who opposes the bill:** No one

**Summary of testimony received:**

*Hearing opened at 1:50 PM*

**Senator Nancy Stiles, D. 24: Prime Sponsor**

- First of all, the New Hampshire Citizens Health Initiative should be commended for their early work this area as should the Department of Health and Human Services for its preliminary development of the state's Health Information Exchange and 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 project that over 3 billion prescriptions are written each year and the adoption of ePrescribing across the country would save the \$27 billion annually.



- The Medical Institute estimates that nearly 1.5 Americans are injured each year by medical errors and a quarter of those could be eliminated with improvements in the prescribing process.
- The New Hampshire ePrescribing initiative began in 2006 with a goal of having all of New Hampshire's 1,477 licensed primary care physicians gain access to the technology by fall of 2007 and the states 2,034 specialty care physicians gain access by fall 2008.
- Approximately 75% of the state's primary care physicians have access to basic ePrescribing capabilities through electronic medical records (EMR) systems provided by New Hampshire hospitals, federally qualified health centers, and physician groups.
  - For those without EMR systems, there are web-based and wireless handheld ePrescribing tools readily available.
  - Both Anthem Health Plans of New Hampshire and the New Hampshire Local Government Center offered handheld devices to physicians in 2007.
- ePrescribing involves clinical prescribers, pharmacies, health plans, government payers, and Surescripts—the national electronic exchange of prescription information
- Until recently, most EMR systems faxed prescriptions to pharmacists or printed it for patients. Today, many practices have upgraded their EMR systems so they can send prescriptions to pharmacists electronically and receive refill requests electronically.
  - This improves efficiency for providers and pharmacies and convenience for patients.
- ePrescribing technology can also edit prescriptions for allergies and adverse drug reactions, which will significantly improve patient safety.
- Medicare is offering incentives for ePrescribing between 2009 and 2011 and will assess penalties for not using ePrescribing as of 2012.
- EMR and ePrescribing are also incentivized by many of New Hampshire's payer's pay-for-performance programs.
- Today, only about 25% of New Hampshire licensed physicians use ePrescribing and although 96% of New Hampshire pharmacies have the capabilities only 12% take advantage of ePrescribing technology. This needs to be improved.
- The goal of this committee will be:
  - to shed light on the need to get more providers to ePrescribe
  - to seek input on why the penetration rate is so low in New Hampshire
  - to suggest ways to improve the prescribing process, such as real-time prior authorizations of prescribed drugs
  - to address better communication between physicians and pharmacists and the role of ePrescribing in reverse communication to physicians
- New Hampshire has already great steps toward ePrescribing and passing SB 122 will help further improve the system so we can all benefit from lower costs, greater efficiency, and improved quality and safety.

**Jim Demers, Pfizer, Inc.**

- In support, Electronic prescribing is an important piece of the Health Information Technology (HIT) system.
- ePrescribing systems have the potential to improve patient safety and healthcare quality while reducing healthcare costs and enhancing efficiency
- The Citizen Health Initiative has worked to make ePrescribing systems in New Hampshire free from commercial influence, advertizing and instant messaging detracting from usability.
- The usability rate of 12% in New Hampshire is well below the national average.
  - A study committee could hear from those who use the technology and those who do not to understand why penetration levels are so low
  - The study committee could study real-time prescription authorization and the use of alerts regarding adverse allergic reactions as physicians are writing prescriptions, an added incentive to use ePrescribing systems
- This study committee will help address the goals of Section 318:47-c to ensure protection of patients, privacy of information, and promotion of systems that preserve the usability of ePrescribing systems to maximize their efficiency.
- ePrescribing can help achieve the goal of patient and privacy protection, usability, and efficiency, by:
  - requiring important information is provided to health care providers, such as real-time information about medical history
  - ensuring that appropriate information regarding medical decisions is available at the time and place of care
  - requiring the capability to print prescription receipts
  - requiring the capability of executing real-time prior authorization
- Pfizer supports the use of ePrescribing based on its ability to optimize patient care, improve patient safety, and bring further efficiencies to the health care system
- Senator Bradley asked: Legislation was filed last year that moved to mandate the use of ePrescribing, wouldn't that legislation move forward on these issues without a study committee?
  - Response: The Department of Health and Human Services has been working on this project as well. The first step they will be rolling out is pretty elementary and does not have advance communication systems addressed today. This committee would look at the next steps to take beyond what was voted on last year
- Senator Bradley asked: Is the infrastructure in place already? Is it more of a software issue that needs to be put in place?
  - Response: As Senator Stiles mentioned, Anthem and others have provided the necessary software, the main issue is figuring out how to get healthcare providers to use the software.
- Senator Kelly asked: In lines 10-11, speaking to the duties of the bill, it was written that the committee would look toward improving and encouraging

use of ePrescriptions. Does this speak to the committee's goal not to start the process but to improve upon what has been rolled out?

-Response: Yes, the state has reached the first step, but there is still little use so the committee would look at how to improve this.

**Rep. DiPentima, Rock. 16**

•Co-sponsor, it is prudent to study the implications, benefits, and unintended consequences of electronic prescribing

-If we do this, we want to do it right with security and privacy in mind

-We want all concerns addressed so we can craft the best legislation possible.

**Jennifer Monahan, Regional Extension Center of New Hampshire**

•In support, the Massachusetts EHealth Collaborative applied for a federal grant for New Hampshire in order to fund the process for New Hampshire physicians to implement their EMR properly.

-They educate physicians on meaningful use and to how to use it

• In order to receive incentive payments from the federal government for Medicaid or Medicare, physicians must ePrescribe

•Senator Bradley asked: In the future, if states do not ePrescribe, they will have a diminishing level of Medicaid reimbursement from the federal government?

-Response: Yes. There are 62 other regional extension centers in the U.S. that are federally funded under the ARRA act.

•Senator Kelly asked: Could you explain the organization you work for?

-Response: The Massachusetts EHealth Collaborative is a nonprofit organization that applies for federal grants. New Hampshire did not have an organization applying for this grant so the Massachusetts applied for the grant on the state's behalf.

*Hearing closed at 2:09 PM*

**Funding: N/A**

**Action:** The Committee went into executive session. Senator Sanborn made a motion of ought to pass; the motion was seconded by Senator Luther. Senator Sanborn will report the bill out of committee.

**RMD**

[file: SB 122 report]

Date: 2/14/11

# Speakers





# Testimony

**Statement of Senator Nancy Stiles**  
**SB122 establishing a committee to study the laws relating to electronic prescriptions**  
**before the Senate Health & Human Services Committee**  
**February 10, 2011**

Thank you Mr. Chairman.

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 sent electronically to the pharmacy but refill requests are received electronically. 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.

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 improve.

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 like 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 could 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 get more healthcare providers as users. We will all benefit from lower costs, greater efficiency and improved quality and safety.

Thank you Mr. Chairman.

**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 10, 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.<sup>i</sup>
  - The PA process can also lead to delays in patients getting access to their necessary prescriptions, potentially leading to adverse health impacts.<sup>ii</sup>
  - 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,

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<sup>1</sup>Wegner, 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](http://www.ajmc.com/articles/managed-care/2009/2009-12-vol15-n12/AJMC_decWegnerWbX_e115finl).

<sup>2</sup>Source: 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](http://healthit.ahrq.gov/images/erx_meeting_20080218/attachment4/attachment4_files/textmostly/slide5.html)).

**From:** Monahan, Jennifer [mailto:jmonahan@maehc.org]  
**Sent:** Monday, February 14, 2011 1:43 PM  
**To:** Bradley, Jeb  
**Subject:** Explanation: e-prescribing under ARRA

Senator Bradley,

I wanted to follow-up on a question you posed during last Thursday's hearing on SB 122, regarding e-prescribing initiatives in New Hampshire.

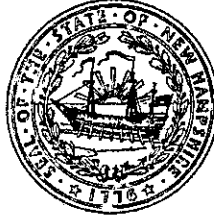
On September 28, 2010, the Office of the National Coordinator for Health Information Technology (ONC) announced the award of the New Hampshire Regional Extension Center to the Massachusetts eHealth Collaborative (MAeHC). As part of the HITECH/ARRA Act, the New Hampshire Regional Extension Center will help New Hampshire's primary care providers to quickly become Meaningful Users of electronic health records so they may access incentive payments from Medicare and Medicaid.

Electronic Prescribing capabilities are a requirement of Meaningful Use. Providers who do not e-prescribe will face Medicare penalties in 2015. Right now the largest barrier to providers is the cost of setting up such a system, not lack of interest or education.

For specific information on the national Health Information Technology Extension Program please see the [U.S. Department of Health and Human Services](#) website.

Thank you for your time,

Jennifer Monahan  
Project Coordinator  
Regional Extension Center of New Hampshire  
c/o The New Hampshire Medical Society  
7 North State Street  
Concord, NH 03301  
(p)603.717.5420 (f)866.440.3007  
[jmonahan@maehc.org](mailto:jmonahan@maehc.org)



Clerk of the Senate

Rec 10-20-2011

PETER BRAGDON  
PRESIDENT OF THE SENATE

THE GENERAL COURT  
OF  
NEW HAMPSHIRE  
CONCORD 03301

WILLIAM L. O'BRIEN  
SPEAKER OF THE HOUSE

**SB 122**  
**Chapter 117:1, Laws of 2011**

*An Act establishing a committee to study the laws relating to  
electronic prescriptions.*

**FINAL REPORT**

The above-named Joint Legislative Study Committee selected to study issues relative to electronic prescriptions in New Hampshire, having duly met offers the following final report:

**FINDINGS**

1. Electronic prescribing has the advantage of providing more efficient and secure transmissions of prescriptions from the physician's office to the pharmacy.
2. Electronic prescribing is capable of handling both controlled and non-controlled prescriptions.
3. There are additional security provisions already in place when controlled medications are electronically prescribed (SAS 70).

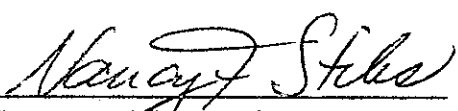
4. Currently only one software vendor has met DEA audit standards (Sure Scripts in both California and Virginia).
5. It is anticipated that additional software companies will be authorized as e-prescribing becomes more accepted and as more physicians and their practices get on board.
6. Moneys (\$6 million) have been made available from the federal government to a non-profit organization in New Hampshire to enable physicians to switch to electronic records and prescribing.
7. No funds are available for doctors or medical practices to purchase the software.
8. Some parties are concerned with the component of prior approval for some medications. Two states, North Dakota and Minnesota, have enacted legislation as part of their statutes on electronic prescriptions which mandate a prior authorization process be included in e-Rx.
9. The use of e-prescribing continues to grow exponentially each year.
10. If physicians participate in Part B of Medicare or accept Medicaid, they must use e-prescribing.
11. Penalties will be imposed at the federal level for practices which have not moved to electronic record-keeping by the year 2015.


## RECOMMENDATIONS


1. In order for New Hampshire to have the best competitive advantage in supporting and expanding the use of electronic prescriptions, the Committee recommends that no legislation should be introduced which could place additional restrictions above and beyond what is being discussed on a national scale.
2. New Hampshire should continue this study in order to monitor the legislation in North Dakota and Minnesota mandating that prior authorizations be processed as part of the electronic prescription process.
3. The developments by DEA and other federal agencies as they establish controls, security and guidelines surrounding the use and promotion of e-prescribing should be monitored by interested parties including manufacturers and pharmacy benefits management companies and an interested legislator to report back to the committee on their joint work no later than June 1, 2012.
4. The extended committee shall report its findings and any recommendations for proposed legislation to the President of the Senate, the Speaker of the House of Representatives, the Senate Clerk, the House Clerk, the Governor and the State Library on or before September 1, 2012. It is requested that both the Senate President and House Speaker forward the report to the individual chairpersons in the House and Senate whose committees would be dealing with electronic prescription services.

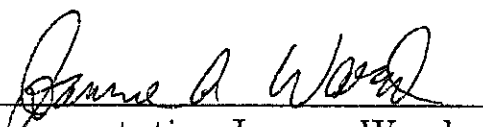


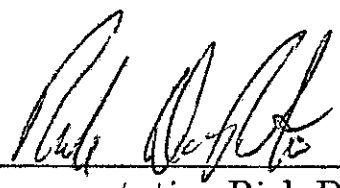
Respectfully submitted,

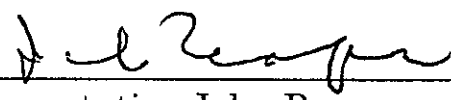
  
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Senator Nancy Stiles  
CHAIR  
District 24

  
\_\_\_\_\_  
Senator Andy Sanborn  
District 7

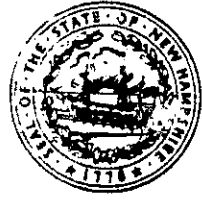
  
\_\_\_\_\_  
Representative Ross Terrio  
Hillsborough District 14

  
\_\_\_\_\_  
Representative Joanne Ward  
Rockingham District 13

  
\_\_\_\_\_  
Representative Rich DiPentima  
Rockingham District 16

  
\_\_\_\_\_  
Representative John Reagan  
Rockingham District 1

Dec 8-28-2012



THE GENERAL COURT  
OF  
NEW HAMPSHIRE  
CONCORD 03301

PETER BRAGDON  
PRESIDENT OF THE SENATE

WILLIAM L. O'BRIEN  
SPEAKER OF THE HOUSE

**SB 122**  
**Chapter 117:1, Laws of 2011**

*An Act establishing a committee to study the laws relating to  
electronic prescriptions.*

**FINAL REPORT**

The above-named Joint Legislative Study Committee selected to study issues relative to electronic prescriptions in New Hampshire, having duly met offers the following final report:

**Findings**

1. The medical community is focusing on the transition to electronic medical records. Once that priority has occurred the next focus and priority will be e-prescribing.
2. Since our last full committee meeting a report by SureScripts, Inc. revealed that New Hampshire rose to fifth place nationally for electronic prescription use.
3. The National Council for Prescription Drug Programs (NCPDP) a not-for-profit American National Standards Institute (ANSI) represents multiple entities for the health care industry.
4. NCPDP has been involved with the process of nearly all electronic standards. If the standards for electronic prior authorization are to be unified as national they must be adopted by this entity.

5. The technology to institute prior authorization is available.
6. NCPDP has a standard draft and is waiting for pilot testing but not all stakeholders are motivated.
7. There are several industries that benefit from a delay in prior authorization because the bureaucracy benefits formulary compliance which supports the market control.
8. Speedy review of prior authorization will favor patient specific therapies and open new avenues of treatment for practitioners, albeit more expensive.
9. Not all prior authorizations are equal, some need to be approved immediately because of the situational urgency while others should only be instituted after primary, cost effective protocols fail, while some rightfully should be declined.
10. The complexity of pharmaceutical therapy selection, formulary development and placing authorization urgency into categories should be developed by the stakeholders and NCPDP; however the necessity for timely decisions, regardless the process, should be expedited.
11. The states of MN, CA, ND, MA and VT have prior authorization legislation and the AMA has a model policy.

## **Recommendations**

1. The subcommittee recommended there was no need for legislation regarding increasing the use of e-prescribing at this time.
2. The subcommittee recommended that it would be worth pursuing legislation that forces authorizations to be determined by a time limit or the request is defaulted to approval. This would not most likely speak to individual prescriptions but to identify a process for approval/disapproval.
3. The committee agreed that after the General Election in November that surviving members of the committee should work with the stakeholders to consider submission of legislation that would speak to efficiency in the pre-authorization approval.

Respectfully submitted,



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Senator Nancy Stiles  
*CHAIR*  
District 24

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Senator David Boutin  
District 16

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Representative Ross Terrio  
Hillsborough District 14

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Representative Joanne Ward  
Rockingham District 13

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Representative Rich DiPentima  
Rockingham District 16

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Representative John Reagan  
Rockingham District 1

[file: FINAL REPORT SB 122. Laws of 2011]

# Committee Report



## New Hampshire General Court - Bill Status System

**Docket of SB122**

Docket Abbreviations

**Bill Title:** establishing a committee to study the laws relating to electronic prescriptions.*Official Docket of SB122:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/19/2011	S	Introduced and Referred to Health and Human Services, <b>SJ 3</b> , Pg.37
2/3/2011	S	Hearing: 2/10/11, Room 102, LOB, 1:40 p.m.; <b>SC10</b>
2/14/2011	S	Committee Report: Ought to Pass, 2/23/11; <b>SC12</b>
2/23/2011	S	Ought to Pass, MA, VV; OT3rdg; <b>SJ 7</b> , Pg.74
2/23/2011	S	Passed by Third Reading Resolution; <b>SJ 7</b> , Pg.78
3/16/2011	H	Introduced and Referred to Commerce and Consumer Affairs; <b>HJ 28</b> , Pg.882
3/22/2011	H	Public Hearing: 4/14/2011 1:15 PM LOB 302 Insurance/Consumer Protection Div ==Work Session May Follow==
4/12/2011	H	Subcommittee Work Session: 4/21/2011 10:00 AM LOB 304 Insurance/Consumer Div
4/12/2011	H	Executive Session: 4/21/2011 1:15 PM LOB 302
4/26/2011	H	Committee Report: Ought to Pass for May 4 (Vote 17-1; CC); <b>HC 36</b> , PG.1245
5/4/2011	H	Ought to Pass: MA VV; <b>HJ 42</b> , PG.1418
5/4/2011	H	Enrolled; <b>HJ 42</b> , PG.1492
5/11/2011	S	Enrolled; <b>SJ 16</b>
6/2/2011	S	Signed by the Governor on 05/31/2011; Effective 05/31/2011; Chapter 0117

NH House

NH Senate



# Other Referrals

# COMMITTEE REPORT FILE INVENTORY

SB/22 ORIGINAL REFERRAL \_\_\_\_\_ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

DOCKET (Submit only the latest docket found in Bill Status)

COMMITTEE REPORT

CALENDAR NOTICE

HEARING REPORT

HANDOUTS FROM THE PUBLIC HEARING

PREPARED TESTIMONY AND OTHER SUBMISSIONS

SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

\_\_\_\_ - AMENDMENT # \_\_\_\_      \_\_\_\_ - AMENDMENT # \_\_\_\_  
\_\_\_\_ - AMENDMENT # \_\_\_\_      \_\_\_\_ - AMENDMENT # \_\_\_\_

ALL AVAILABLE VERSIONS OF THE BILL:

AS INTRODUCED      \_\_\_\_ AS AMENDED BY THE HOUSE  
 FINAL VERSION      \_\_\_\_ AS AMENDED BY THE SENATE

OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): \_\_\_\_\_

IF YOU HAVE A RE-REFERRED BILL, YOU ARE GOING TO MAKE UP A DUPLICATE FILE FOLDER

DATE DELIVERED TO SENATE CLERK

8/11/11

BY COMMITTEE AIDE

Raleyn (Gay Swann)