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Subject: Fwd: SB 74 and the AK PDMP
Date: Thursday, February 25, 2016 2:04:12 PM

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Date: February 25, 2016 at 1:50:59 PM AKST
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Subject: Fwd: SB 74 and the AK PDMP

Esteemed Members of the Senate Finance Committee,

Thank you for including ACEP (Alaska College of Emergency Physicians) in the review of Medicaid structure and all of your work and effort on this important bill. In general we are very supportive of the bill as you wrote it. We appreciate all of the support regarding mental health, substance abuse, access to primary care and improved care management as well as support of the Prescription Drug Base.

If we may suggest some amendment to the legislation that might accomplish the goal of having increased use of the data base, but also may prevent the legislation for unintended risk (like not stabilizing a trauma patient who needs an emergent CT but can not hold still because of pain). By saying "reviewing information" it would allow a practitioner to review what was pushed to us, or pulled by a delegate rather than personally accessing the data base. We also fear that if you leave it the way it is, it may also affect EMS as they may not be able to give a narcotic to a patient with a broken leg as part of a long transport. The other area the inpatient setting, if you have a series of providers (like hospilist) administering medication, it is unclear if the data base would have to be accessed every time by the provider, or anesthesiologist before giving meds before every case. We would also mention, that there are varying views from the ED physicians regarding any mandate regarding accessing the data base all together. Some feel it makes sense for prescribing, others feel like this is very limiting. Regardless, making it mandator for administering controlled substance is very problematic. Dr. Heine was also able to testify regarding this topic to this today.

We would suggest either taking out the mandate all together or changing it to something like this:

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(4) that a pharmacist or practitioner shall [access the database] **review the information in the data base** to check a patient's prescription records before dispensing or prescribing [or administering] a controlled substance to the

patient. **It is recommend that the data base be accessed prior starting administration of controlled substances, but recognizes that emergent patient care must come first.**

Regarding the rest of the ED bill here are some other changes that we would suggest to clarify the language to really see the benefits that Washington State found.

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Sec. 47.07.038. Collaborative, hospital-based project to reduce use of emergency department services. (a) On or before December 1, 2016, the department shall collaborate with a statewide professional hospital association to establish a hospital-based project to reduce the use of emergency department services by medical assistance recipients. The statewide professional hospital association shall operate the project. The project may include shared savings for participating hospitals. The project must include

(1) an **interdisciplinary** process for defining, [and] identifying and **minimizing** frequent users of emergency department services,

(2) to the extent consistent with federal law,

(A) a system for **real time** electronic exchange of patient information, **including but not limited to recent emergency department visits, hospital care plans for frequent utilizers and data from the Prescription Drug Data Base** [among emergency departments];

[(B) a process to disseminate lists of frequent users to hospital personnel to ensure that frequent users can be identified through the electronic information exchange system] ; - (I would remove all of B if included in A)

(3) a procedure for educating patients about the use of emergency departments and appropriate alternative services and facilities for nonurgent care;

(4) a process for assisting [frequent] users of emergency department [services with plans of care and for assisting patients] in making appointments with primary care providers within 96 hours after an emergency department visit;

(5) [strict] guidelines **that are uniform throughout the state** for prescribing narcotics **from the emergency department**;

[(6) a prescription drug monitoring program; and] - (it seems as though this should come out as it is covered elsewhere)

(7) designation of medical personnel to review (feedback reports) **success and challenges** regarding **appropriate** emergency department use.

(b) The department shall adopt regulations necessary to implement this

section, request technical assistance from the United States Department of Health

and Human Services, and apply to the United States Department of Health and Human Services for waivers or amendments to the state plan as necessary to implement the projects under this section.

Thank you all for your time and including us as part of this discussion, I can't explain how excited I am to help implement these changes and make our system more efficient, save the state money and improve care for our patients.

Anne

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