



January 15, 2018

The Honorable Denise C. Garlick
House Chairwoman
Massachusetts State Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street
Room 33
Boston, Massachusetts 02133

Dear Chairwoman Garlick:

The American Osteopathic Association (AOA) and the Massachusetts Osteopathic Society (MOS) are writing regarding HB 4033. This bill enacts the Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions, and Enhancing Prevention. The AOA and MOS strongly support the spirit of this bill and its attempt to mitigate the effects of the opioid crisis through increased access to naloxone. We are concerned, however, that the requirement that all controlled substances be prescribed electronically creates an unnecessary administrative barrier that could prevent patients with legitimate medical needs from receiving appropriate and timely care.

The AOA represents nearly 140,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. MOS is a professional medical organization that represents over 1,000 DOs providing patient care in Massachusetts.

The AOA and MOS appreciate the bill's goal of addressing opioid misuse, abuse and diversion, and we support increased access to naloxone as well as liability protections for naloxone prescribers and dispensers. We are concerned however, about the broad implications of requiring electronic prescriptions for all controlled substances, and believe that this could unnecessarily impede patients with legitimate medical needs from accessing prescription medications in a timely manner.

As an example, the bill states that electronic prescriptions must be transmitted electronically to a pharmacy designated by the patient, but many emergency department patients do not know the specific pharmacy where they will get their prescription filled. Transmission to the wrong pharmacy could then require a return trip to the emergency department for another prescription. Other examples exist that are similarly not covered by the bill's limited exceptions (which do not even include prescriptions issued to hospice, palliative care or postoperative patients) to the mandatory electronic prescribing requirement; for this reason, we support allowing electronic prescribing on a *voluntary* basis as a complement, but not a replacement, to traditional hard-copy prescriptions.

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The AOA and MOS appreciate your consideration of our concerns regarding HB 4033.

Should you need any additional information, please feel free to contact Raine Richards, JD, Director, State Government Affairs at rrichards@osteopathic.org or (800) 621-1773, ext. 8199.

Sincerely,



Mark A. Baker, DO
President, AOA



Mekkin Lynch, DO
President, MOS

CC: William S. Mayo, DO, President-elect, AOA
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