

May 16, 2017

Cameron McNamee
Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

Mr. McNamee:

Thank you for the opportunity to again provide comments on draft amendments to OAC sections 4729-5-30, 4729-37-04 and 4729-37-05 on behalf of the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP). Ohio ACEP is a state medical specialty society representing emergency medicine (EM) with more than 1,500 emergency physician members.

Ohio ACEP commented on these rules during the drafting period. Our comments dated April 19, 2017 are reattached here for your reference. Our concerns and comments have not changed based on what was submitted to the Common Sense Initiative for review.

Complying with these rules would be overly burdensome in the emergency department for the reasons outlines in the April 19th letter. **We ask again for an exemption to the ICD-10 code requirement on all opiate prescriptions in emergency settings.**

Physicians by nature focus on their patients. Thoughts of the “business” end of medicine are not on the forefront of the minds of our members. However, we understand that the mission of the Common Sense Initiative is to analyze rules for adverse impacts on business. Therefore, we are compelled to draw your attention to the negative implications of these rules.

The Business Impact Analysis (BIA) does recognize that there will be a cost associated with compliance with these rules. There would most certainly be a very large cost associated with compliance. In order for an emergency department to comply, they could face several expensive costs. Electronic medical records and systems would require expensive redesigns to account for ICD-10 code inclusion on prescriptions. Emergency departments would possibly have to hire coding specialists to be on staff at all times to comply. This could increase staffing costs and result in higher overtime utilization.

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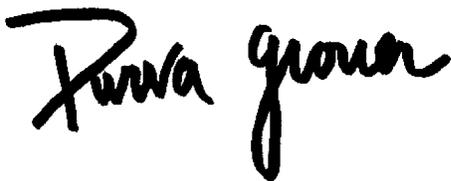
You often hear people complain about overly crowded emergency departments and long wait times to get treatment. This rule could ultimately add to patients wait times. It could also result in a physician being able to see less patients during a shift, resulting in a decrease in the reimbursable services.

The BIA states that “Board of Pharmacy staff is available by telephone and e-mail to answer questions. Board staff members also provide presentations to groups and associations who seek updates on current regulations. Additionally, staff are trained to educate licensees on compliance with all Board of Pharmacy rules and regulations.” However, emergency medicine is a 24 hours a day, 7 days a week practice environment. What is an emergency physician to do if they have a question on Saturday evening? A patient with legitimate acute pain, could possibly be denied a prescription because the physician doesn’t want to put themselves and their license at risk.

Again, Ohio ACEP understands the spirit of this rule package. However, requiring an ICD-10 code on all opiate prescriptions out of the emergency department is overly burdensome.

Ohio ACEP thanks you for your consideration of these comments. The emergency department is a unique practice environment for physicians. We hope that the Board and CSI will take that into consideration as you further review these rules. Our patients deserve appropriate and timely care when they need it most.

Sincerely,



Purva Grover, MD, FACEP
Ohio ACEP President

CC: Common Sense Initiative

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