

## Prescription Reporting Program Concerns

September 2008

**Background:** Prior to Sept. 1, 2008, pharmacies reported to DPS information about 4.5 million prescriptions of highly addictive drugs that are called Schedule II drugs (or CII drugs). Now the new prescription reporting requirements that were enacted by SB 1879 (78<sup>th</sup> Legislature) will cause pharmacies to report about *45 million or more* prescriptions to DPS. The DPS system is not equipped to handle this data. Currently, due to the way the data is collected and processed, the data could be around 45 days old by the time DPS is able to use it.

The current database system also does not perform all necessary searches nor does it allow instant access for prescribers and pharmacists so that they can quickly identify and stop patients who may be doctor-shopping, pharmacy-hopping or otherwise abusing, selling or illegally using drugs. DPS is in the process of upgrading their database system, and now is the time to make improvements to reflect current technology and prescribing trends, and to make sure we build the best system at the best price.

**Please help pharmacists and doctors – and Texas citizen safety – by supporting:**

- 1. Use of the National Provider Identification (NPI) or the Drug Enforcement Agency (DEA) number and *not* the DPS registration number on reported prescriptions:**
  - Benefit: Ease of compliance by pharmacists and prescribers; allows the transmission of more accurate and timely data; balances public policy goals of collecting more data without unduly increasing administrative effort and costs.
  - The DEA number is required on all prescriptions for controlled substances. The NPI is *now* required for all prescribers and pharmacists for billing purposes. Both have become universal, widely accepted numbers that are part of routine recordkeeping for both physicians and pharmacists.
  - Prescribers may have more than one DPS number and they are not required to write their DPS number on CIII-CV drugs, only on CII drug prescriptions (and the DPS number is usually typed on the prescription pad). Pharmacies must take extra steps to find and report prescribers' DPS number.
  - *Required reporting of the DPS number could delay patient care, increase pharmacy liability and increase errors in the DPS database system.*
  - The DPS number is only used by DPS. Texas should build a system that neighboring states and other appropriate government agencies can use in their law enforcement activities.
  - Constructing an automated crosswalk of NPI or DEA numbers to DPS numbers would not be a difficult task, especially within the development of a new database system.
- 2. Help oversee and fund the development of good reporting and database systems that address DPS and stakeholder concerns.** Create a good system *now*, instead of spending tax dollars on a system that will have to be replaced or updated.
  - Because pharmacies transmit most prescription purchases by electronic claims, capitalizing on pharmacy electronic capabilities and information will give the state CII-CV data with maximum accuracy and minimum effort.
  - A good, seamless and automated reporting system can reduce costs to the state and local pharmacies and improve the success of law enforcement activities. Timely data is essential for rapid law enforcement response and health care provider decision making.
  - Pharmacist and prescriber access to patient information via a secure web site will help public safety by preventing drug abusers and other criminals from obtaining addictive drugs.
  - The federal government and other states are developing or interested in developing similar reporting systems. Let's make sure we develop a system that allows Texas law enforcement and health care providers to access information from other government agencies and vice versa.