

**Testimony In support of**  
**HB 143, relative to an electronic prescription drug program**  
February 16, 2021

Good morning, Mr. Chairman and members of the Committee. I am Gina Balkus, CEO of the Granite State Home Health & Hospice Association, which advocates on behalf of home care, hospice and palliative care providers in New Hampshire and the people they serve. HB 143 was reviewed by our Legislative Committee and several hospice medical directors in our Association. We support HB 143 as a way to enhance patient safety and reduce the potential for drug diversion. However, we would ask the committee to consider some clarifications.

First, we believe HB 143 should include an exception for electronic prescribing of compounded medications with controlled substances. This is a significant concern for hospices, as compounded medications are used frequently in hospice care and generally cannot be ordered via e-prescribe platforms. It is not clear if lines 17 -19 cover this scenario. While lines 27-30 would still allow pharmacists to dispense medications that are otherwise validly written, oral or faxed, a specific exception for compounded medications would provide more clarity in the bill.

Secondly, we want to be sure that this bill does not impact the timely prescribing of controlled medications for dying patients. It is not unusual for a hospice nurse to contact their hospice medical director after hours, when the physician might not have access to their e-prescribe platform. This happens when a hospice has a new patient admitted who is actively dying, when a patient runs out of medication unexpectedly due to a dosage change, or when there is a delay in delivery from a mail order pharmacy. I suggest amending lines 11-12 to include or “other circumstances when the prescriber cannot access electronic prescribing.”

I wanted to share that the hospice medical directors who reviewed HB 143 were surprised by sections of the bill that deal with clinical decision support alerts in e-prescribing programs. None of them were aware of any alerts that were designed to increase prescriptions for controlled medications. Their experience was that e-prescribing has no impact on doses or amounts of medications prescribed. One physician stated that alerts generally tamp down prescription patterns.

Lastly, I would recommend that the committee check the citation on lines 25-26. I looked up this RSA and there is no 318-B:2, VI-a. I think the proper reference may be in 318-B:1, not B:2.]

I am happy to work with the sponsor and the committee on language to address our concerns. Thank you for the opportunity to speak.