New State Law Requires Electronic Prescriptions Starting October 2021

On July 8, 2020, Governor Whitmer of Michigan signed House Bill 4217 and Senate Bills 248 and 258 into law. These bills will require prescribers within the state (of Michigan) to use electronic prescribing starting October 21, 2021. Prescribers who cannot switch to electronic prescribing by the set date can apply for an exemption. According to the sponsors, the goal of the bills was to minimize prescription fraud and help fight the opioid crisis that is currently plaguing their state. According to one pharmacist who oversees multiple pharmacies in Michigan, prescription fraud has always been a problem, but it has become an even bigger problem in the wake of COVID-19. The second-guessing of a prescription's authenticity has also caused his staff to be under additional stress during the pandemic.¹

This law has several implications on different healthcare providers. Michigan prescribers currently not using an electronic system will have to spend the money to obtain this technology. According to a 2007 study, it would cost \$42,332 in the first year and an additional annual cost of \$14,725 to set up and run an e-prescribing system for an office of 10 prescribers.² Pushing these costs onto prescribers may cause them to have to close because of the added expense. An example problem this law may cause would be if a doctor is on the verge of retirement, a bill like this may force them to retire early as they cannot justify spending the money to stay open for only a few more years. Given the disparities in the availability of care in different parts of the state, the closure of a facility or two may cause people to go without care. Besides the additional costs associated with the new laws, training may also be a reason why some prescribers and their employees may be hesitant to make the switch.

Although the costs of obtaining an e-prescribing system is a barrier for some, there are multiple advantages associated with the passage of this bill. The process of getting a prescription would become more uniform, and procedures can become even more standardized. Several states have already implemented e-prescribing as a requirement for controlled substances, which has allowed for easier tracking of them through drug monitoring programs. Additionally, according to one estimate by Geisinger Health Systems, the implementation of a electronic prescribing system can result in a 50% reduction in the number of opioid prescriptions and \$1,000,000 in savings each year.³

As technology continues to advance, more and more states (that have not already) will likely adopt similar legislation. Healthcare providers will need to embrace these changes to ensure they provide their patients with the best care and that they are being as efficient as possible.

References

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