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May 19, 2008

The Honorable Max Baucus  
Chairman, Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Charles Grassley  
Ranking Member, Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Baucus and Ranking Member Grassley:

On behalf of the 34,000 members of the American College of Cardiology (ACC), I am writing to express the College's strong support for the inclusion of provisions that encourage physician adoption of electronic prescribing ("e-prescribing") in the Medicare package now under consideration. The College views e-prescribing as a very important and necessary tool that will improve patient safety by reducing medical errors, decrease adverse drug events, reduce hospitalizations, improve patient adherence, and increase patient satisfaction. The College remains committed to implementing policies that improve the quality of patient care and we believe the widespread adoption of e-prescribing is a necessary component toward that goal.

In order to successfully achieve widespread adoption and use of e-prescribing, Congress must enact polices recognizing the many challenges physician practices will face transitioning from a paper system to an e-prescribing system. To that end, we offer the following recommendations for the Committee to consider:

1. Support legislation that creates a date-certain (with exceptions) for physician e-prescribing adherence.

**Rationale:** The College supports e-prescribing legislation that creates a reasonable date-certain (no later than December 31, 2011) to require physician e-prescribing allowing for the finalization of standards and transition for physician compliance. We believe the legislation should allow exceptions for those low-volume prescribers, solo and small physician practices with financial or technological hardship, or physicians practicing in rural settings and/or are operationally unable to comply (i.e., hospitals, nursing homes, home-visits) with the requirement.

2. Support an expedited time-period for finalizing the remaining e-prescribing standards.

**Rationale:** Legislation should require that national standards be in place prior to moving toward adoption of e-prescribing. Currently, only 3 out of the 6 e-prescribing standards are final and ready for adoption. Congress should authorize the necessary resources to require the issuance of the remaining standards as soon as possible and by no later than December 31, 2009.

3. Support a reasonable transition phase-in for physician compliance.

**Rationale:** Once all standards have been finalized, a 24-month transition period should be permitted to test the interoperability of those standards. The phase-in period will allow for physician practices to begin the process of acquiring, implementing, testing, and training in preparation for a difficult transition. The phase-in should be completed by no later than December 31, 2011.

*The mission of the American College of Cardiology is to advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy.*

4. Support adequate one-time and on-going incentive payments for physician use of e-prescribing.

**Rationale:** The College supports e-prescribing legislation that recognizes the costs involved in acquiring, implementing, training, periodic upgrades, and practice redesign and negative workflow associated with the adoption of e-prescribing. Therefore, we support offering adequate one-time and on-going bonus payments to incentivize physician adoption and continued use of e-prescribing to ease the difficult transition.

5. Discourage efforts to significantly penalize physicians for the non-use of e-prescribing.

**Rationale:** The College believes that it is not necessary to unreasonably penalize physicians for the non-use of e-prescribing. Physicians already recognize the tremendous patient value in e-prescribing and Congress should instead emphasize the use of financial incentives (one-time and on-going) as a means to encourage the widespread adoption of e-prescribing. We recognize, however, the value to allow consequences for e-prescribing non-adherence and believe conditions, if any, placed on non-use should be reasonable.

6. Support legislation that lifts the Drug Enforcement Administration (DEA) prohibition on the physician e-prescribing of controlled substances.

**Rationale:** Legislation should require the DEA to lift its prohibition on e-prescribing for controlled substances. This would avoid creating dual systems of prescription writing and add an extra layer of protection from fraudulent scripts.

7. Support provisions that seek to protect patients from the data mining of prescription drug information.

**Rationale:** Patients and physicians are becoming increasingly concerned about the use of prescription drug data for marketing and other purposes. The College believes a patient's personal health information should be protected from third-parties for marketing purposes. Therefore, we support Congress taking measures that studies the frequency patients' prescription drug data is being sold to third-parties for marketing purposes.

Again, the ACC greatly appreciates your strong leadership and that of the rest of the Committee, particularly Senator John Kerry, for grasping the significance of physician adoption and use of e-prescribing in the improvement of the quality of patient care. We hope the Committee will include e-prescribing provisions – that take into consideration the College's recommendations – in its Medicare package and we look forward to working with the rest of the Congress to make the widespread adoption and use of e-prescribing a reality.

Sincerely,



W. Douglas Weaver, MD, FACC  
President