

## MEMORANDUM ON NEW I-STOP LEGISLATION

The following is a synopsis of Governor Cuomo's new I-STOP (Internet System for Tracking Over-Prescribing) Act [A.10623 (Rules at request of Cusick) and S. 7637 (Lanza)]. This final bill is a major victory for dentistry, incorporating all the changes that NYSDA sought and is a bill that we can now enthusiastically support.

The key provisions of the bill are:

1. It establishes a Prescription Monitoring Program Registry with information input into the system by pharmacists on a real time basis. Dentists and other practitioners who actually dispense controlled substances must also input that information into the registry. The registry must contain, at a minimum, a six month window of information and a five year maximum window of information, with time periods to be further fleshed out by regulations developed by the New York State Commissioner of Health.
2. The information that must be input into the registry includes all the following: a) patient name; b) patient's address; 3) patient's date of birth; 4) patient's gender; 5) date prescription issued and date dispensed; 6) metric quantity of drug dispensed; 7) supply of drug by number of days; 8) name of prescriber; 9) prescriber's DEA number; 10) name of drug prescribed; and 11) method of payment for the drug by patient.
3. The registry must be secure but easily accessible by dentists and other practitioners. It must also be compatible with electronic prescribing systems. The New York State Department of Health must monitor access to the registry to ensure confidentiality of the information. Regulations from the Department of Health are to come to flesh out how this security and confidentiality will be accomplished.
4. Dentists and other practitioners must consult the registry before prescribing any Schedule II, III, or IV controlled substance. However, dentists and other practitioners may designate an employee or contractor to access the registry on their behalf provided the designee is: a) competent to use the registry; b) the dentist remains responsible; and c) the dentist ensures the designee maintains the confidentiality of the registry information. Immunity from civil liability is granted to dentists and other practitioners for good faith entries made to the registry even if the entries are incorrect.
5. There are exceptions for the need to access the registry when it is not reasonably possible to access the registry, no other prescriber is available who can access the registry, and the drug prescribed is limited to no more than a five day supply. There is also a technological waiver if access to the registry is logistically impossible and if there would be an adverse patient consequence from non-timely access to the registry by the prescriber. Regulations from the Commissioner of Health are to come to flesh out the exception for adverse consequence to the patient.
6. The registry may not be funded in any manner from fees charged to dentists or other practitioners or to patients.
7. The provisions creating the registry will take effect one year after the bill is enacted into law.
8. The bill calls for providing educational guidance to practitioners on the use of the registry and also calls for education to practitioners regarding overprescribing of controlled substances and in general pain management – but the bill calls only for studying these issues and coming up with recommendations by January 1, 2013. No actual continuing education requirement is imposed in the bill. The bill requires taking into account the education provided by professional

schools and residency programs in their regular curricula, but does not specify exactly how that will be done.

9. The bill requires that standards for electronic prescribing of drugs be established prior to December 31, 2012. The bill also requires that two years after that date, all prescriptions to be filled in New York be in electronic format. There are certain limited exceptions for using electronic prescribing where there is some technological failure, where a one year waiver is granted to obtain electronic prescribing capacity, or where electronic prescribing is not practical for a patient in a given case. Regulations from the Commissioner of Health will come to flesh out these electronic prescribing standards.
10. Technical drug schedule changes are made, with the primary item being classifying hydrocodone as a Schedule II substance. Also, certain substances are added to the anabolic steroids classification.
11. Finally, the bill calls for a safe consumer disposal program for unused controlled substances they may possess.

In general, the bill requires that many of the more difficult issues, like security and privacy, be fleshed out by regulations to come. However, all the key elements that NYSDA fought for are included in the bill and still further protections can be achieved through coming regulations. Given the impracticality and onerous burdens of the original bill, this new bill is likely to be genuinely helpful to dentists as prescribers of controlled substances. NYSDA can be thankful that the Governor heard our concerns and took them into account in drafting a sensible piece of legislation to help both patients and practitioners.