

Brandi Ring, MD written testimony on HB18-1279

Chair and members of the Committee,

Thank you for allowing me to provide written testimony on HB18-1279: Electronic Prescribing Controlled Substances.

Allow me to introduce myself – my name is Brandi Ring, MD and I am private practice physician practicing Obstetrics and Gynecology in Denver, CO. Let me tell you about my practice, we are a group of six physicians that take care of women from all walks of life, we have a large Medicaid population and a large urban city population. We provide both obstetrical care and surgical care. My practice has been open for 65 years and we have served our community well. We see 300-400 patients a week and write at least that many prescriptions.

Our practice does not have an electronic medical system, we still have paper-based charts and take care of all of our patients with the same care as we always have. We hand our patients their prescription at the end of their visit or call or fax it to their pharmacy depending on their preference. The burden to my small practice of being required to adopt electronic prescribing would put our practice out of business.

The cost of purchasing not just an EHR software, but the computers, employee training and IT costs would not be sustainable for my practice. A new HER would cost upwards of \$60,000 to purchase and the costs to my office for training, IT costs including data protection and equipment updates would add another \$100,000.

In addition, there is no indication that this would provide greater care for my patients. E-prescribing is not without its own flaws, there are many times when my patient takes their prescription to their corner pharmacy only to find that they are out of that medicine or that the pharmacist working refuses to fill that prescription due to religious beliefs. With a paper prescription my patient has the right to take that prescription to another pharmacy where she can get it filled. With an electronic prescription there is no mechanism for transferring that prescription to another pharmacy to be filled. This would hinder access to care for medications for patients.

I also see patients in the emergency room and at Rose Medical Center – these are patients that I care for but may not have access to their outpatient clinic data or they may not have been seen in my office and not have any outpatient data as they are often visiting Colorado on vacation. Often these are patients that need emergency surgery for ectopic pregnancy or life-threatening bleeding, they may require controlled substances prescriptions after surgery and not know any pharmacies in the area, or may be going home to fill their prescriptions to a pharmacy that is out of state. Currently most EHRs do not have the ability to prescribe to an unknown pharmacy and are limited to other states.

This bill would be disastrous to my practice and to my patients. I urge you not to pass this bill.

Thank You!
Brandi Ring, MD