

Major Legislation Assignment

When I was originally contemplating what problem I was going to address with my bill, I was struck with the realization many of the ideas that I had already were enacted by the real congress. Because of this, I was forced to search major issues to try to find a specific issue that I could attack. When learning about the drug problem facing America, I came across an article about Heath Ledger's death, and how he died because he inadvertently mixed the wrong prescription drugs together. After learning more on the subject, I discovered that there are an estimated 20,000 accidental drug deaths in the United States yearly. Today, it is left largely up to the patient to inform the doctor of previous medications. This can be disastrous if the patient has forgotten a previous prescription or if said person chooses to omit past medical prescriptions. In addition, I learned that while individual pharmacies screen for potential negative side effects of drug interactions, doctors, hospitals, and pharmacies generally don't share information regarding previous patient care, and that as an unintended consequence, people can die. This was an issue that I felt could easily be addressed by Congress. In addition, the bill removes the ability for the patient to remove the "check box option" on new drug prescriptions that allows for the patient to skip the consultation with the pharmacist. This is an important issue because often people will receive their new prescription with little to no knowledge of the potential side effects that can be associated with starting a new prescription.

The Patient Safety Act of 2008 addresses this problem by creating a national database that compiles individual patient prescription information and searches it for potential dangerous cocktails, then alerts the patient as to the potential problem. This is an issue that the federal government should address, as opposed to state governments, because in many cases, when patients move states, their new prescribing doctor loses much information regarding the patients past history and more specifically, the patients previous drug records, both in what was prescribed and which prescriptions were actually filled. It would be difficult for a state government to organize this kind of information because without a national law, one state could not obtain prescription records from another state.

The people that would be most adversely affected by this bill are people who abuse drugs. Because there will be a national database that tracks prescription information, it will be more difficult for a person to go from one Hospital to another and obtain opiates, pain medication, or other prescription drugs that are abused. However, another group of people who will be adversely affected are those without Social Security numbers. The wording of this bill would make it impossible for illegal aliens, for instance, who possess no Social Security numbers, to obtain medical prescriptions, as the bill states that, "must be accompanied by a valid Social Security number, doctor name and information, and maximum number of refills, and require prescribing doctor / pharmacist to send this information to the Director of Prescription Tracking." This unintended consequence will make it more difficult for those without Social Security numbers to obtain medical treatment. The primary beneficiaries will be all people who obtain medical prescriptions. They will benefit by having additional information that could potentially prevent them from accidentally poisoning themselves through unintended drug interaction.

The estimated initial cost for the national database was set at \$75 million dollars a year. This number is meant to support the construction and maintenance of the database, and to pay for a staff to administer it. The bill leaves it largely up to the local pharmacies, doctors, and hospitals to provide for the administrative costs associated with assembling the information for the database.

H.R. 97, The Patient Safety Act of 2008

SECTION 1: SHORT TITLE

This bill may be referred to as The Patient Safety Act of 2008

SECTION 2, FINDINGS

The Congress finds that –

- (1) Prescription drug abuse is a serious problem that effects many Americans, and where as the Partnership for a Drug Free America's annual tracking study finds:
 - a. 1 in 5 teens has abused a prescription (Rx) pain medication
 - b. 1 in 5 report abusing prescription stimulants and tranquilizers
 - c. 1 in 10 has abused cough medication
- (2) Mixing certain prescription drugs can increase the likelihood of a dangerous or fatal response.
- (3) In general, doctors, hospitals, and pharmacies generally don't share information regarding previous patient care as no national system yet exists.
- (4) The Centers for Disease Control (CDC) reports at least an estimated 20,000 unintentional drug poisoning deaths annually by 2004.

SECTION 3, PURPOSE

The National Prescription Drug Database shall –

- (1) To provide for the establishment of the national prescription drug database for the purpose of tracking prescription drug subscriptions, and for other purposes.
- (2) Direct the National Institute of Drug Abuse (NIDA) to appoint a Director of Prescription Tracking to establish a database for the purpose of tracing prescription information.
- (3) Increase patient information about the dangers of mixing prescription drugs and/or alcohol
- (4) Remove the “check the box option” on new drug prescriptions that allows for the patient to skip the consultation with the pharmacist.
- (5) Require that all prescriptions must be accompanied by a valid Social Security number, doctor name and information, and maximum number of refills, and require prescribing doctor / pharmacist to send this information to the Director of Prescription Tracking.
- (6) Require pharmacists to update the Director of Prescription Tracking or whenever a patient orders a refill on a prescription.

SECTION 4: AUTHORIZATION OF ACCESS

- (1) Be it that no one outside the above stated director and staff may access information on the database without a court order or express written permission from the patient.

SECTION 5: AUTHORIZATION OF FUNDS

- (1) There are authorized to be appropriated to the Director of Prescription Tracking \$75,000,000 a year for the database for the purpose of tracing prescription information

SECTION 6: ENACTMENT

- (1) The NIDA will appoint a Director of Prescription Tracking to establish a database for the purpose of tracing prescription information within 90 days of enactment of this bill.

12. Most valuable sources I used

1. http://www.drugfree.org/portal/drugissue/features/prescription_medicine_misuse
2. <http://health.usnews.com/articles/health/2008/02/08/prescription-drugs-how-to-avoid-health-ledgers-fate.html>
3. <http://www.govtrack.us/congress/billtext.xpd?bill=h109-3826>