

SUBJECT: Restricting use of practitioners' DEA identifier numbers

COMMITTEE: Public Health — favorable, without amendment

VOTE: 5 ayes — Gray, Delisi, Glaze, Maxey, Uresti
0 nays
4 absent — Coleman, Capelo, Hilderbran, McClendon

SENATE VOTE: On final passage, Local and Uncontested Calendar, April 8 — 30-0

WITNESSES: For — Michael S. Parish, M.D., Texas Medical Association
Against — None
On — Walter C. Eeds, Department of Public Safety, Narcotics Service

BACKGROUND: The federal Drug Enforcement Agency (DEA) maintains registration numbers to record authorized possession of and responsibility for controlled substances. The registration was designed as a closed system for distribution of controlled substances from the point of manufacture to the point at which they are dispensed to the ultimate user.

DIGEST: SB 1235 would require the director of the Department of Public Safety (DPS) to establish rules to prohibit a person from using a practitioner's DEA number for a purpose other than described by federal law or by Health and Safety Code, chapter 481. This prohibition would extend to anyone regulated by the Texas Department of Insurance under the Insurance Code or Texas' other insurance laws.

A person who violated this rule would commit a Class C misdemeanor, punishable by a maximum fine of \$500.

This bill would take effect September 1, 1999. The DPS director would have to adopt the required rules by January 1, 2000.

**SUPPORTERS
SAY:**

Insurers and pharmacies should not use DEA registration numbers as physician identifiers. SB 1235 would require DPS to establish rules to prohibit this practice.

Insurance companies sometimes require practitioners to supply their DEA numbers to be used for tracking reimbursement. Similarly, pharmacies occasionally ask for the number for tracking purposes before filling a prescription for non-controlled substances. These practices are not consistent with the intended use of DEA numbers. They can lead to wider dissemination of the numbers, which, in turn, can lead to more fraud, misuse, and illegal acquisition of controlled substances. As a result, the federal government also is considering regulations prohibiting misuse of DEA identifier numbers.

**OPPONENTS
SAY:**

The best alternative to the use of DEA numbers as physician identifiers would be a national provider identification number. This program is in development but has been delayed because of concerns over the Y2K computer software problem. The effective date of SB 1235's provisions should be delayed so as not to interfere with this development effort.