Via Electronic Submission to: www.regulations.gov

June 1, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1744-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CMS-1744-IFC: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

Dear Administrator Verma:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding CMS-1744-IFC: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicare & Medicaid Services (CMS), developing the national health information technology (HIT) framework since 2010.

Pharmacists provide essential services to Medicare patients through the Part D prescription drug benefit program and as part of team-based care models in Medicare Part A, B, and C programs. Additionally, pharmacists are users of telehealth and health IT, and in particular, e-prescription(eRx) and EMR (EHR) systems. The Collaborative supports the use of these systems, which are important to pharmacists in working with other health care providers to provide needed medications and transmit patient information related to overall patient care, transitions of care, immunization (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The following are our comments regarding the CMS-1744-IFC: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, which concern the telehealth provisions of the interim final rule.
Payment for Medicare Telehealth Services

The Collaborative supports the use of telehealth for delivering clinical health and person-centered care, particularly in rural health areas, and especially during times of national, state, and local emergencies, such as the COVID-19 outbreak. Telehealth will continue to move health care delivery forward, particularly after the current pandemic, and the Collaborative encourages CMS to make telehealth a permanent part of the Medicare payment rules for health care practitioners, which should also include pharmacists.

Pharmacists are a part of the health care management teams providing Medicare services and are also telehealth providers. The technology for exchanging COVID-19 information from a telehealth visit is available through pharmacy management systems. Telehealth enables pharmacists to connect with established health care management teams and patients, particularly when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients and their caregivers.

Although Medicare routinely pays physicians and other health care providers and practitioners (e.g., social workers, dieticians; see 42 C.F.R. §410.73 and §410.134 respectively) for several kinds of services provided via interactive communication technology, the Collaborative and its members believe pharmacists should also be paid for the telehealth services they provide, especially during a public health emergency such as COVID-19. The Collaborative supports the efforts of the national pharmacy organizations for ensuring payments to pharmacists when billing for telehealth services.

The role of pharmacists in telehealth is expanding. Many types of medication management services (MMS)\(^1\) provided by pharmacists are clinically appropriate for telehealth, including: medication therapy management, chronic care management (e.g., diabetes, hypertension), medication reconciliation, transitions of care, pharmacogenomics, interpretation of diagnostic tests and providing test results, and consultations with patients and health care providers.

Telehealth is a cost-saving option that can expand pharmacist-provided health care services to patients outside of traditional community pharmacy practice settings, while complementing existing pharmacy services and expanding access to the expertise

of pharmacists. Telehealth and telepharmacy could also provide cost-savings for hospitals, particularly rural hospitals.²

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The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative’s membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and 14 associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists’ services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative’s vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-centered care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists’ use of health IT; provides resources, guidance, and support for the adoption and implementation of standards driven health IT; and guides health IT standards development to address pharmacists’ needs. For additional information, visit www.pharmacyhit.org.

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the CMS-1744-IFC: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,

Shelly Spiro, RPh, FASCP
Executive Director, Pharmacy HIT Collaborative
shelly@pharmacyhit.org

Susan A. Cantrell, RPh, CAE  
Chief Executive Officer  
Academy of Managed Care Pharmacy  
scantrell@amcp.org

Janet P. Engle, PharmD, Ph.D. (Hon), FAPhA, FCCP, FNAP  
Executive Director  
Accreditation Council for Pharmacy Education (ACPE)  
jangle@acpe-accredit.org

Lynette R. Bradley-Baker, Ph.D., CAE, R.Ph.  
Senior Vice President of Public Affairs and Engagement  
American Association of Colleges of Pharmacy  
lbbaker@aaccp.org

Ilisa BG Bernstein, PharmD, JD, FAPhA  
Senior Vice President, Pharmacy Practice and Government Affairs  
American Pharmacists Association (APhA)  
lberstein@aphanet.org

Arnold E. Clayman, PD, FASCP  
Vice President of Pharmacy Practice & Government Affairs  
American Society of Consultant Pharmacists  
aclayman@ascp.com

Amey C. Hugg, B.S.Pharm., CPHIMS, FKSHP  
Director, Section of Pharmacy Informatics and Technology Member Relations Office  
American Society of Health-System Pharmacists  
ahugg@ashp.org

Brad Tice, PharmD, MBA, FAPhA  
Senior Vice President Pharmacy Practice  
Aspen RxHealth  
bradt@aspenrxhealth.com

Paul Wilder  
Executive Director  
CommonWell Health Alliance  
paul@commonwellalliance.org

Samm Anderegg, Pharm.D., MS, BCPS  
Chief Executive Officer  
DocStation  
samm@docstation.com

Stacy Sochacki  
Interim Executive Director  
Hematology/Oncology Pharmacy Association  
ssochacki@hoparx.org

Rebecca Snead  
Executive Vice President and CEO  
National Alliance of State Pharmacy Associations  
rsnead@naspa.us

Ronna B. Hauser, PharmD  
Vice President, Pharmacy Policy & Government Affairs Operations  
National Community Pharmacists Association (NCPA)  
ronna.hauser@ncpanet.org

Stephen Mullenix, RPh  
Senior Vice President, Communications & Industry Relations  
National Council for Prescription Drug Programs (NCPDP)  
smullenix@ncpdp.org

Rebecca Chater, RPh, MPH, FAPhA  
Director, Clinical Health Strategy  
Omnicell, Inc.  
rebecca.chater@omnicell.com
Reid Kiser  
Senior Vice President Performance Measurement & Research  
Pharmacy Quality Alliance (PQA)  
rkiser@pqaalliance.org

Parmjit Agarwal, PharmD, MBA  
Director, Pharmacy Development  
Pfizer  
Parmjit.Agarwal@pfizer.com

Jeff Newell  
Chief Executive Officer  
Pharmacy Quality Solutions, Inc.  
jnewell@pharmacyquality.com

Michelle M. Wong, PharmD  
Chief Executive Officer  
Pharmetika  
mwong@pharmetika.com

Josh Howland, PharmD, MBA  
VP Clinical Strategy  
PioneerRx  
Josh.Howland@PioneerRx.com

Mindy Smith, BSPharm, RPh  
Vice President Pharmacy Practice Innovation  
PrescribeWellness  
msmith@prescribewellness.com

Ed Vess, RPh  
Director Pharmacy Professional Affairs  
Smith Technologies  
ed.vess@smithtech.com

Ken Whittemore, Jr., RPh, MBA  
Vice President, Professional & Regulatory Affairs  
Surescripts  
ken.whittemore@surescripts.com

Steve Gilbert, R.Ph., MBA  
Vice-President, Performance Improvement  
Tabula Rasa HealthCare  
sgilbert@trhc.com