



**Via Electronic Submission to: [www.regulations.gov](http://www.regulations.gov)**

December 31, 2019

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
Department Of Health and Human Services  
Attention: CMS-1720-P  
P.O. Box 8013  
Baltimore, MD 21244-1850

**Re: CMS-1720--P Medicare Program; Modernizing and Clarifying  
the Physician Self-Referral**

Dear Administrator Verma:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the *Medicare Program; Modernizing and Clarifying the Physician Self-Referral*.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC), developing the national health information technology (HIT) framework since 2010.

Pharmacists provide essential patient-centered care and services and are users of health IT. 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 *Medicare Program; Modernizing and Clarifying the Physician Self-Referral*.

**11. Electronic Health Records Items and Services (§411.357(w))**

**a. Interoperability**

**(1) The “Deeming Provision” (pages 227-28)**

The Collaborative supports updating the definition of interoperable to require that donated software provided is to be certified and current under the Office of the National Coordinator's (ONC) certification program on the date the software is donated.

**(2) Information Blocking and Data Lock-in (§411.357(w)(3)) (page 229-30)**

The Collaborative supports the proposed modifications that recognize the updates to the 2013 EHR final rule and §411.357(w)(3) that prohibits the software donor (or anyone on the donor's behalf) from engaging in a practice constituting information blocking, as defined in section 3022 of the Public Health Safety Act.

**b. Cybersecurity (pages 231-32)**

The Collaborative supports modifying the current EHR exception to include software that protects electronic health records, included services related to cybersecurity.

**d. Definitions (pages 234-37)**

The Collaborative supports modifying the definitions of interoperability and electronic health record, as suggested by the OIG and as based on ONC's proposed definition of electronic health information and the statutory definitions in the Cures Act.

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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 17 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-center 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](http://www.pharmacyhit.org).

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Medicare Program; Modernizing and Clarifying the Physician Self-Referral*.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at [shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org).

Respectfully submitted,



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