



**Via Electronic Submission to: [www.regulations.gov](http://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)<sup>1</sup> 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

<sup>1</sup> "Medication Management Services (MMS) Definition and Key Points," Joint Commission of Pharmacy Practitioners, <https://jcpp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>

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

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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.

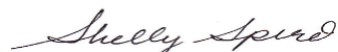
As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-centered care. Supporting and advancing the use, usability, and interoperability of health 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](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 *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](mailto:shelly@pharmacyhit.org).

Respectfully submitted,



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<sup>2</sup> Health IT News, January 2018, <https://www.healthcareitnews.com/news/telepharmacy-rural-hospitals-provides-big-savings-quality-improvements>

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