



Via Electronic Submission to: Telehealth.RFI@mail.house.gov

March 29, 2019

Congressional Telehealth Caucus
United States Congress
Washington, DC

Re: RFI – Revised Telehealth Package

Dear Congressional Telehealth Caucus and Bipartisan Coalition Senators Co-Chairs:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the *RFI: Revised Telehealth Package*.

Pharmacists are users of health IT and telehealth. The Collaborative supports the use of health IT and telehealth, which are important to pharmacists for working with other health care providers to transmit patient information related to overall patient care, transitions of care, immunizations (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 Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicaid and Medicare Services (CMS), developing the national health information technology (HIT) framework since 2010.

Our comments are as follows.

Expand Access to Telehealth and Remote Monitoring; Improve Patient Outcomes; Reduce Health Care Costs

The Collaborative supports the use of telehealth for delivering clinical health and person-centered care, particularly in rural health areas, and including telehealth benefits in any health coverage plan, including Medicare Advantage plans. The Collaborative also supports the current proposed changes under consideration by CMS regarding telehealth being a supplemental benefit to making it a basic benefit; however, there is a concern with the Bipartisan Budget Act of 2018 requirements for Medicare

plans offering additional telehealth benefits that we ask the caucus and bipartisan coalition to review and address in any proposed legislation ensure they complement and don't replace existing patient care relationships.

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 (including telehealth), the Collaborative and its members are concerned that Medicare does not reimburse pharmacists for services provided via telehealth. The reason for this is because pharmacists are not recognized as practitioners (providers) under the Medicare Telehealth Benefit of the Social Security Act, Section 1834(m) [42 C.F.R. § 410.78], and therefore, there are no Medicare payment codes for these services. Pharmacists should be included and recognized as providers of care.

Pharmacists are a part of the health care management teams providing health care and Medicare services and are telehealth providers. 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.

The role of pharmacists in telehealth is expanding. Among the types of telehealth services pharmacists can provide, which are clinically appropriate, and should be included in any telehealth benefit are: medication therapy management, chronic care management (e.g., diabetes, hypertension), medication reconciliation, transitions of care, pharmacogenomics, interpretation of diagnostic tests and providing test results, consultations with patients and health care providers, and ambulatory care services.

Telehealth is a cost-saving option that can expand pharmacy-provided health care services to patients outside traditional community pharmacy practice settings, while complementing existing pharmacy services and expanding access to the expertise of pharmacists across all pharmacy practices. Telehealth and telepharmacy could also provide cost-savings for hospitals, particularly rural hospitals.¹

The Bipartisan Budget Act of 2018 modified and removed limitations relating to geography and patient setting for certain telehealth services. Although there may be some statutory restrictions for Medicare telehealth services, we ask the Telehealth Caucus and Bipartisan Senators to include pharmacists as recognized and compensated providers for not only the Medicare Telehealth Benefit but for any other telehealth proposal that may be considered, as well as adding payment codes for those telehealth

¹ Health IT News, <https://www.healthcareitnews.com/news/telepharmacy-rural-hospitals-provides-big-savings-quality-improvements>

services (as noted previously) that pharmacists provide to Medicare patients and their health care management teams. We believe this request is consistent with the Department of Health and Human Services (HHS) report, "Reforming America's Healthcare System Through Choice and Competition," which states that the federal government should consider legislative and administrative proposals to allow non-physician providers (e.g., pharmacists) to be paid directly for their services. Section 1834(m) grants the secretary the authority to add to the list of allowable telehealth services. This would appear to include telehealth services provided by pharmacists, which are clinically appropriate to be accessible through electronic exchange for additional telehealth benefits.

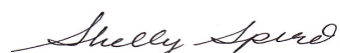
The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate member 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.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *RFI: Revised Telehealth Package*.

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

Respectfully submitted,



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