AMERICAN ACADEMY OF FAMILY PHYSICIANS

August 7, 2019

Alex M. Azar II, Secretary
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–4189–P
P.O. Box 8013
Baltimore MD 21244–8013

Dear Secretary Azar:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the proposed rule titled, "Secure Electronic Prior Authorization for Medicare Part D" as published by the Centers for Medicare & Medicaid Services (CMS) in the June 19, 2019 *Federal Register*.

In it, CMS proposes a new transaction standard for the Medicare Prescription Drug Benefit program's (Part D) e-prescribing program as required by the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (*SUPPORT Act)." The Act requires HHS to adopt standards for Part D e-prescribing program to ensure secure electronic prior authorization request and response transmissions by using version 2017071 of the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard for use in electronic Prior Authorization (ePA) transactions with prescribers regarding Part D covered drugs to Part D-eligible individuals.

The AAFP commends CMS for addressing substance use-disorder and opioid recovery in the Part D program. We understand that high levels of misuse and addiction persist with devastating consequences despite annual decreases in the number of opioids prescribed in the United States since 2010. However, we are opposed to CMS prematurely mandating version 2017071 of the NCPDP SCRIPT standard for use in ePA transactions. Instead HHS should pursue thoughtful and appropriate e-prescribing flexibility which should balance the need for security and efficacy with the challenges inherent in the practice of rural medicine, which can be impacted by limited or inconsistent technological capabilities. There should be safe harbors for those prescribers that incur significant administrative burden and/or access issues to prescribing software that supports the new SCRIPT version. Additionally, CMS should allow for parties to use newer versions of standards if both parties are agreeable. As currently proposed, prescribers would be mandated to only use 2017071 until CMS revises their regulations to allow for use of newer versions of this standard.

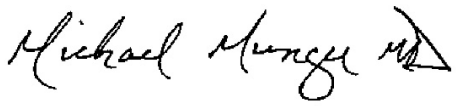
On this topic, the AAFP strongly encourages HHS to harmonize e-prescribing and Prescription Drug Monitoring Programs (PDMP). The same standards to exchange information about controlled substances should be used. Technically, it makes no sense to have a separate

1133 CONNECTICUT AVE., N.W., STE. 1100 | WASHINGTON, DC 20036-4305 | (800) 794-7481 | (202) 232-9033

PDMP exchange infrastructure within practices, when an established and robust e-prescribing infrastructure is in place. The current proposed regulation does not have the same mandates for PDMP to use 2017071 SCRIPT. Physicians and other clinicians should be able to seamlessly access controlled drug fulfillment and prescribing history from within their EHR aggregated across multiple states; this is hindered by PDMP exchange not forming to the same standards as e-prescribing.

We appreciate the opportunity to comment. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 rbennett@aafp.org with any questions.

Sincerely,



Michael Munger, MD, FAAFP
Board Chair