



AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

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October 5, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program: Electronic Prescribing of Controlled Substances; Request for Information [CMS-3394-NC]

Dear Administrator Verma:

On behalf of the more than 5,500 members of the American Academy of Hospice and Palliative Medicine (AAHPM), thank you for the opportunity to offer comments in response to the Centers for Medicare & Medicaid Services (CMS) Request for Information on Electronic Prescribing of Controlled Substances. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for patients facing serious illness, as well as their families and caregivers.

The timely and effective management of pain and other distressing symptoms is central to providing high-quality palliative care to patients with serious or complex chronic illness and those at the end of life, and opioid analgesics are a critical tool in alleviating that suffering. In prescribing these medications, AAHPM members recognize the value of electronic prescribing to support individual and public safety and appropriate prescribing of controlled substances, including during the public health emergency for COVID-19. Indeed, our members report widespread adoption of electronic prescribing as a routine part of their hospice and palliative care practice.

At the same time, AAHPM recognizes that there remain many practitioners who still experience challenges implementing electronic prescribing of controlled substances for a variety of reasons. For example, many community-based palliative care practices furnish a range of services that are not typically reimbursed by payers and, as a result, they may struggle to secure funding to support infrastructure needs. These groups often have not implemented certified EHR technology (CEHRT) to date, given that few electronic health record (EHR) vendors have developed CEHRT that is for

use in hospice and palliative care, in the absence of the kinds of payment incentives that have allowed the proliferation of CEHRT products elsewhere in the market.

As a result, many hospice and palliative medicine providers and practices would experience significant hardship in meeting a requirement to electronically prescribe controlled substances, particularly given the high cost of technological and software solutions that are available to support electronic prescribing. Likewise, there may be free clinics in underserved areas that struggle to maintain operations due to ongoing revenue challenges, or even private practice clinicians who have experienced revenue declines as a result of the COVID-19 pandemic. In such cases, providers may find it difficult to make the technological investments required to implement electronic prescribing. Separately, we note that many of our members may furnish care across multiple settings including nursing facilities, where they are not able to control the availability of health information technology resources.

AAHPM is committed to elevating the knowledge of appropriate prescribing of controlled substances and ensuring timely and appropriate access to medications for patients with serious illness. This includes the prescription of opioids when they are determined to be medically indicated and can be taken safely. *We therefore urge CMS to be mindful as it establishes its policies for electronic prescribing of controlled substances to prioritize access to opioids for treatment of serious illness and care at the end of life. We support a waiver from the electronic prescribing requirement that would be applicable to practitioners due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner (including power or cell phone outages), or other exceptional circumstances demonstrated by the practitioner, including for situations described above. And we would oppose policies that penalize practitioners acting in good faith to prescribe medically necessary controlled substances to patients with serious illness when they are unable to transmit such prescriptions electronically.*

Finally, AAHPM recognizes that electronic prescribing may also serve as a deterrent to inappropriate or abusive prescribing practices. *We would be pleased to work with CMS to develop risk mitigation strategies that sufficiently balance the need to ensure safe and appropriate access to controlled medications.*

Thank you again for inviting stakeholder feedback through this Request for Information. Please direct questions or requests for additional information to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org or 847-375-4841.

Sincerely,



Rodney O. Tucker, MD MMM FAAHPM
AAHPM President