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Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-4189-P

RE: Medicare Program; Secure Electronic Prior Authorization for Medicare Part D.

Dear Administrator Verma:

The American Psychiatric Association (APA), the national medical specialty society representing more than 38,500 psychiatric physicians, appreciates the opportunity to submit comments on the Centers for Medicaid & Medicare Services (CMS) proposed rule regarding the 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 Act for Patients and Communities Act," or the "SUPPORT Act." The SUPPORT Act contained numerous provisions that begin to address clinical and administrative issues around electronic prescribing. The APA supports transitioning the version 2017071 of the National Council for Prescription Drug Programs (CDPDP) SCRIPT standard for use in Electronic Prior Authorization (ePA) transactions with prescribers regarding Part D covered drugs to Part D-eligible individuals as a way of not only addressing the crisis around opioid prescribing, but also in closing the gaps in general around ePA.

Prior to the SUPPORT Act being enacted, Part D's authorizing statute required electing standards (e.g., X12 278; NCPDP Telecommunications 2.0) around e-Rx that were compatible with the HIPAA standard, thus curtailing the adoption of the SCRIPT standard. Unfortunately, this led to many gaps in ePA and placed undue burden on clinicians relying on ePA at the point-of-care. For example, the X12 standard was unable to support attachments for ePA determinations, incorporate free text in certain fields, allow functionality for real-time messaging, and relied on sending information in batches—the latter two of which preclude processing ePA in real time. This can result in delays in care. Even though this proposed rule would not change the ePA transaction standards that may be used outside of the Part D context, this is a good first step at closing the aforementioned gaps in care around ePA.

Transitioning to the SCRIPT standard will also begin to align with ONC's revised certification for electronic prescribing, as detailed in the ONC's 21st Century Cures Interoperability and Information Blocking Proposed Rule. This will improve interoperability between EHRs and Prescription Drug Monitoring Program (PDMPs) software. However, as the APA noted in our letter to the ONC, the current certification criteria as detailed in that rule do not appear to be able to handle medication assisted treatment for opioid use disorder (OUD) and other long-acting medications, which is crucial to clinical care and patient safety. Hopefully transitioning to this standard for ePA for Part D programs will begin to lay a foundation in that process.

Thank you, again, for the opportunity to comment on this proposed rule. If you have any questions, please contact Nathan Tatro, Associate Director of Digital Health, ntatro@psych.org, (202) 559-3680.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin". The signature is written in a cursive style with a horizontal line underneath the name.

Saul Levin, M.D., M.P.H., FRCP-E