

January 17, 2020

[Submitted electronically via PatientsOverPaperwork@cms.hhs.gov]

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244–8016

Re: Request for Feedback on Scope of Practice

Dear Administrator Verma:

Thank you for the opportunity to submit comments regarding the Centers for Medicare & Medicaid Services' request for additional input and recommendations, under Executive Order #13890 – “Protecting and Improving Medicare for Our Nation’s Seniors,” regarding elimination of specific Medicare regulations that require more stringent supervision than existing state scope of practice laws, or that limit health professionals from practicing at the top of their license. The pharmacy profession continues to advocate for pharmacist provider status in all aspects of practice and payment.

Pharmacists are the most accessible health care provider and provide care and services in a wide variety of practice settings in communities across our nation – making us uniquely qualified to reduce clinical burdens and improve patient health. In addition to being medication experts, we also provide a broad array of services beyond dispensing medications, including disease state and medication management, smoking cessation counseling, health and wellness screenings, preventive services, and immunizations. In my practice, **[insert additional details about your practice and how you help patients]**.

Current federal regulations severely limit my ability to best serve my patients. To allow me to provide the best patient care, I ask CMS to consider the following recommendations:

- a. Use inclusive provider language in rulemakings, programs, and policies.
- b. Issue a Center for Medicaid & CHIP Services Information Bulletin where payers could utilize pharmacists to better address needs for patients.
- c. Attribute and understand contributions of pharmacists to health outcomes of Medicare beneficiaries.
- d. Expand service models utilizing pharmacist-provided patient care services using CMS Innovation Center Data.
- e. Incorporate and/or test an alternative model at the Innovation Center in rural and medically underserved areas/populations focusing including pharmacists as part of coordinated care delivery.

- f. Ensure pharmacists can engage in remote patient monitoring.
- g. Implement a general supervision requirement vs. direct supervision for services delivered by highly trained pharmacists.
- h. Align Medicare service requirements with the most robust pharmacist state scopes of practice.
- i. Clarify physicians and other qualified practitioners can bill for “incident-to” services provided to Medicare beneficiaries by pharmacists at levels higher than evaluation and management code 99211.
- j. Address challenges for pharmacists and pharmacies to deliver diabetes self-management services (“DSMT”).
- k. Allow pharmacist-initiated electronic prior authorization.
- l. Allow pharmacists to be Drug Addiction Treatment Act of 2000 (“DATA”)-waived providers.

Thank you for the opportunity to provide feedback to CMS regarding barriers to allowing pharmacists to practice at the top of their license/profession. If you have any questions, you can contact me at [email/phone]. I look forward to working with CMS to reduce regulatory burdens that inhibit patient access and limit care quality.

Sincerely,

[Name]