August 16, 2019

The Honorable Seema Verma
Administrator
Center for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: RIN 0938-AT94

Dear Administrator Verma:

Prescriptions for a Healthy America (P4HA) appreciates the opportunity to respond to the Medicare Program; Secure Electronic Prior Authorization for Medicare Part D proposed rule. P4HA is a multi-stakeholder alliance representing patients, providers, pharmacies, and life science companies. We joined together to raise awareness of the growing challenges posed by medication nonadherence and to advance public policy solutions that will help reduce health care costs and improve the lives of patients across the nation. To that end, we strongly support tools—such as electronic prior authorization (ePA)—that improve the time to therapy and reduce primary nonadherence.

General Comments

P4HA strongly supported Section 6062 of the SUPPORT for Patients and Communities Act (SUPPORT Act) last year as a vital policy to improve efficiencies within Medicare and help speed beneficiaries’ access to prescribed medications. We recognized that a more efficient prior authorization (PA) process would help to improve primary medication adherence and health outcomes and reduce overall health costs. We are therefore pleased to see the enacted bill include ePA language and are supportive of the Centers for Medicare and Medicaid Services (CMS) efforts to implement the provision in a timely and efficient manner.

SCRIPT Standard Comments

The SUPPORT Act gives the Secretary the authority to set one or more standards by which ePA transactions will function for Medicare Part D and MA-PD plans. In the proposed rule, CMS named the NCPDP SCRIPT Standard Version 2017071 as the only standard for ePA transactions, stating it is the main standard capable of facilitating ePA already used by most of industry.

While P4HA supports the inclusion of the NCPDP SCRIPT standard as the model standard for industry to adopt in order to facilitate a functioning ePA process in real-time, we were disappointed that CMS only considered two standards (X12 and NCPDP). P4HA comprises member companies that utilize additional standards, such as HL7 FHIR or APIs, to facilitate ePA. We believe that by omitting these additional standards from consideration in the proposed rule and only discussing X12 and NCPDP SCRIPT, CMS is
unnecessarily and prematurely limiting the scope of public consideration and comment. We encourage CMS to address the capabilities and functionality of all standards and processes—specifically HL7 FHIR and APIs—being employed by industry today before CMS finalizes a single standard as the only means for transmitting ePA in the Medicare program.

Conclusion

P4HA strongly supports efforts to streamline the PA process via ePA standards to ensure patients are able to fill and take their prescribed drugs as quickly as possible. We also recognize the importance of ePA in reducing administrative burdens for prescribers, plans, and pharmacists. We recognize the need to name electronic standards in regulations in order to guide industry in the same direction so the ePA process is not unduly complicated. We are nevertheless concerned that CMS is not considering the full picture of current industry practice. By only considering a subset of the available standards for ePA and by only naming one version of one standard, CMS is limiting future innovation and running contrary to other agencies’ efforts—such as ONC’s work to encourage true interoperability via the use of FHIR and open APIs. We hope CMS can rectify this in future rulemaking.

Thank you for your consideration, P4HA appreciates the opportunity to comment on this proposed rule and we look forward to continuing our work with CMS to ensure the ePA process is successful.

Sincerely,

Sloane Salzburg
Executive Director