June 22, 2020

Drug Enforcement Administration
Attn: DEA Federal Register Representative/DPW
8701 Morrissette Drive
Springfield, VA 22152

Submitted electronically at: http://www.regulations.gov

RE: Electronic Prescriptions for Controlled Substances

Dear DEA Federal Register Representative,

OCHIN is grateful for the opportunity to respond to this issue regarding electronic prescriptions for controlled substances (EPCS). As we are directly impacted by the two-tiered system imposed by this rule, and are currently facing harms because of it, we believe a substantial overhaul is due to reduce inequitable burdens.

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative, and a national leader in promoting high-quality health care in historically underserved areas across the country. OCHIN is a system of hundreds of ambulatory health centers on an electronic health record instance, with many utilizing EPCS. We support Federally Qualified Health Centers (FQHCs), Rural health Centers (RHCs), correction facilities, Ryan White Centers, and public health agencies.

Q: What types of issues have registrants encountered during the adoption and implementation of EPCS into their workflow, particularly where a prescriber uses an electronic health record (electronic medical record)?

Before practitioners can receive required two-factor authentication credentials issued by the DEA for signing EPCS orders, they must complete an identity proofing process. Two types of identity proofing are certified by the DEA; institutional and individual. Institutional identity proofing can only be conducted in person by DEA-registered institutional practitioners. Individual identity proofing requires identity proofing for individual practitioners using an approved certification authority (CA) or credential service provider (CSP).

Each state has unique proofing requirements for becoming an approved certification authority which generally do not allow ambulatory practices to become DEA-registered institutional practices, but instead require them to use individual identity proofing, which poses significantly greater administrative burden on ambulatory providers. This creates two systems with different standards, adding significant cost and complexity to the systems supporting
ambulatory providers. To ensure equality in process, we urge the DEA to establish parity between the two credentialing systems by standardizing the requirements nationally.

We appreciate your consideration of our concerns. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
EVP, Government Relations and Public Affairs
OCHIN