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June 1, 2020

Mr. Alex M. Azar, II  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Ms. Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

Attention: CMS-1744-IFC

***Re: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)***

Dear Secretary Azar and Administrator Verma:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to its interim final rule with comment period titled *"Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)"* published on April 6, 2020. We appreciate the opportunity to leverage our members' expertise in offering feedback on this rule.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

We appreciate the actions the administration has taken to address the current COVID-19 public health emergency including allowing additional flexibility for providers to offer telehealth services. Telehealth allows for the delivery of clinical, person-centered care, particularly in rural areas, and is a crucial tool to ensure safe access to care during national, state, and local emergencies. Pharmacists are important members of the health care team providing services to Medicare beneficiaries and they actively utilize telehealth technologies. AMCP has been a strong supporter of the implementation and expanded use of health information technology (HIT), including electronic



health records, electronic prescribing, and the use of technology in the dispensing and delivery of prescription drugs to patients. Pharmacists use telehealth technologies to connect with health care teams and patients about medication regimens and to transmit patient information related to overall patient care such as information to support transitions of care, immunization history, medication lists, medication allergies, drug formulary checking, and electronic prescribing. Current pharmacy management systems allow for the exchange of information about COVID-19 gathered from a telehealth visit, a feature that can play a vital role in helping to combat the current public health emergency.

When pharmacists are recognized as important members of the health care team, patient outcomes improve, patients report higher rates of satisfaction and overall health care costs are reduced.<sup>1,2</sup> Pharmacists provide needed care services to Medicare patients through the Part D prescription drug benefit program and as part of team-based care models across all Medicare programs. However, under current program rules, they are not included in the definition of “provider” and therefore are not eligible for payment for telehealth services provided to Medicare beneficiaries. Medicare covers payment for telehealth services provided by physicians and other non-physician practitioners (i.e. nurse practitioners, physician assistants) and under the current public health emergency declaration has extended coverage of telehealth services to include services provided by additional practitioners such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians.<sup>3</sup> AMCP urges CMS to include pharmacists as eligible telehealth providers under the Medicare program, both for the duration of the declared public health emergency and moving forward.

Pharmacists are playing an increasingly vital role on health care management teams and their use of telehealth is expanding. CMS recognizes the value of both the pharmacist and telehealth technologies in its Part D Medication Therapy Management (MTM) program, in which MTM services, such as the comprehensive medication review (CMR), are permitted to be performed via telehealth. The use of telehealth for pharmacy services has also been shown to reduce costs and help facilitate pharmacist-provider communications as well as allow for pharmacists to provide care services to patients outside of the traditional pharmacy model.<sup>4</sup> CMS should encourage further adoption of telehealth services by pharmacists by including these services for payment in the Medicare program.

Pharmacies are playing a vital role in ensuring that patients receive access to the care and medications that they need during the ongoing COVID-19 public health emergency. According to the results of a recent consumer survey conducted by AMCP and the Alliance of Community Health Plans (ACHP), nearly half of all respondents (49%) report feeling “very comfortable” picking up prescriptions at their local pharmacy and speaking with their pharmacist about their medications. This confidence is critical, particularly as the survey results also showed that consumers are delaying

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<sup>1</sup> Finley PR, Rens HR, Pont T, Gess SL, Louie C, Bull SA, Bero LA. Impact of a collaborative pharmacy practice model on the treatment of depression in primary care. *Am J Health-Syst Pharm.* 2002; 59:1518-26.

<sup>2</sup> Brian Isetts, et al. “Effects of collaborative drug therapy management of patients’ perceptions of care and health related quality of life.” *Research in Social and Administrative Pharmacy.* 2(2006) 129-142.

<sup>3</sup> See: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<sup>4</sup> See: <https://www.healthcareitnews.com/news/telepharmacy-rural-hospitals-provides-big-savings-quality-improvements>



visits with other health care practitioners due to safety concerns (41% report having delayed health care services and 38% report intentions to delay future care, treatment, or procedures). The survey results also show that the use of telehealth services has significantly increased since the beginning of the public health emergency, with 28% of respondents reporting having utilized telehealth in the past 90 days and 89% reporting satisfaction with their use of telehealth. In addition, 46% of respondents reported that they are comfortable using telehealth technologies.<sup>5</sup> These important results demonstrate that consumers are comfortable with both receiving care services from their pharmacist and utilizing telehealth technology. As such, AMCP strongly encourages CMS to include pharmacists as telehealth eligible providers in the Medicare program.

## Conclusion

AMCP appreciates the opportunity to comment on the Information Collection Request *"Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-1744-IFC)."* We are committed to being a valuable resource to CMS on improving access to prescription drugs at lower costs, reducing costs in the health care system, and improving access to pharmacy and telehealth services for Medicare beneficiaries. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-684-2600 or [scantrell@amcp.org](mailto:scantrell@amcp.org).

Sincerely,

Susan A. Cantrell, RPh, CAE  
Chief Executive Officer

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<sup>5</sup> See: <https://achp.org/research-breakdown-of-changes-in-consumers-health-care-behavior-during-covid-19/>