

The Electronic Prescribing of Controlled Substances Coalition

December 4, 2020

Honorable Michael Bennet
United States Senator
261 Russell Senate Office Building
Washington, DC 20510

Honorable Katherine Clark
United States Congresswoman
2448 Rayburn House Office Building
Washington, DC 20515

Honorable Pat Toomey
United States Senator
248 Russell Senate Office Building
Washington, DC 20510

Honorable Markwayne Mullin
United States Congressman
2421 Rayburn House Office Building
Washington, DC 20515

Honorable Elizabeth Warren
United States Senator
309 Hart Senate Office Building
Washington, DC 20510

Dear Senators Bennet, Toomey and Warren and Representatives Clark and Mullin:

On behalf of The Electronic Prescribing of Controlled Substances (“EPCS”) Coalition (the “Coalition”), I write to express our continuing appreciation for your work to encourage the electronic prescribing of controlled substances, including your efforts to ensure timely and effective implementation of Section 2003 of the SUPPORT for Patients and Communities Act (the “SUPPORT Act”). As you know, this provision mandates that beginning January 1, 2021, all prescriptions for controlled substances covered by Medicare Part D (or a Medicare Advantage prescription drug plan) must be transmitted electronically.

While the Centers for Medicare & Medicaid Services (“CMS”) recently announced important progress toward full-scale implementation of Section 2003, there is significant work remaining. On December 1, 2020, in the [CY 2021 Physician Fee Schedule Final Rule](#), CMS announced that although the effective date of the EPCS requirement will be January 1, 2021 as Congress directed in the SUPPORT Act, CMS will take no compliance actions until **January 1, 2022**. In the Final Rule, CMS made clear that it will need to conduct additional rulemaking to implement exceptions and penalties, which CMS indicated will be effective “*no earlier than* January 1, 2022,” suggesting that CMS could elect to further delay implementation.

As the congressional champions of EPCS, we hope that you will work to ensure that CMS promptly undertakes the requisite rulemaking so that the agency is able to establish a January 1, 2022 deadline for EPCS compliance.

As CMS itself noted in the CY 2021 Physician Fee Schedule Final Rule, there are many reasons why implementing an EPCS mandate is critical:

- EPCS reduces burden for patients, particularly during the COVID-19 Public Health Emergency, as patients with a paper prescription might need to make multiple trips to providers and pharmacies to receive and fill needed prescriptions – trips that could potentially put seniors at risk of exposure.
- EPCS reduces the burden of prescribers who would otherwise need to coordinate and manage paper prescriptions between staff, patients, facilities, other care sites, and pharmacies. EPCS also reduces prescriber burden by creating a single electronic workflow for prescribing both controlled and non-controlled drugs.
- EPCS can deter and help detect prescription fraud and irregularities as a result of the extra layer of identity proofing required to send an electronic prescription for a controlled substance.
- EPCS minimizes the likelihood that a prescription can be tampered with, as electronic prescriptions are securely transmitted directly to pharmacies.
- EPCS is more timely and accurate than paper prescriptions, avoiding data entry errors and pharmacy calls to a prescriber to clarify written instructions.
- EPCS (dispensed medication) data is transmitted to Prescription Drug Monitoring Programs (PDMPs), which can help inform providers of patients' medication history and aid in clinical decision making.

Despite recognizing the superiority of EPCS over paper prescriptions, and the vast increase of adoption of EPCS in states that have mandated it, we are concerned that CMS could nevertheless delay EPCS implementation further if it fails to timely promulgate an EPCS regulation to establish the exceptions and penalties.

As the recognized leaders of EPCS in the Congress, your active leadership will be vital to ensuring that further delay is not an option. The COVID-19 pandemic, with its adverse impact on mental and psychological health and the risk of substance use, is contributing to a rise in fatal drug overdoses. Indeed, the Centers for Disease Control and Prevention reports nearly 74,000 overdose deaths between April 2019 and March 2020, up from the 68,000 reported for the comparable period one year earlier. The American Medical Association determined recently that more than 40 states have experienced increases in opioid-related overdose deaths during the COVID-19 pandemic. These unfortunate trend lines underscore the increasing importance of EPCS.

The EPCS Coalition applauds your history of leadership in advancing EPCS and looks forward to working with you to ensure that CMS adheres to its January 1, 2022 deadline for compliance with the EPCS requirement.

The EPCS Coalition is composed of a broad group of health plans, pharmacy benefit managers, pharmacies, patients *[if National Consumers League signs on again]*, and

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vendors of health information technology solutions. The Coalition's mission is to advocate policies and practices that support the use of electronic prescribing for controlled substances to improve patient safety, reduce administrative burdens, and prevent the filling of fraudulent prescriptions. We have attached a list of the Coalition's membership as Appendix A.

Please contact me at schapman@thornrun.com or 202.510.1996 or Emily Katz at emily.katz@bcw-global.com with questions.

Sincerely,

Stuart Chapman

Appendix A

List of Organizations in the EPCS Coalition

AmerisourceBergen
Association for Behavioral Health and Wellness
Cigna
Healthcare Leadership Council
HIMSS
Imprivata
Magellan Health
National Association of Chain Drug Stores
National Community Pharmacists Association
National Consumers League
Pharmaceutical Care Management Association
Prime Therapeutics
Surescripts