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The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services Attention: CMS-3394-NC P.O. Box 8013 Baltimore, MD 21244-8010

RE: CMS-3394-NC

Dear Administrator Verma:

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,200 physicians and associated health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act's (SUPPORT Act) requirement that prescriptions for controlled substances covered under a Medicare Part D prescription drug plan or Medicare Advantage Prescription Drug Plan (MA/PD) be transmitted by a health care practitioner electronically. ASAM understands that CMS is seeking information about whether it should include exceptions to the electronic prescribing of controlled substances (EPCS) requirement and under what circumstances, and whether it should impose penalties for noncompliance with this mandate in its rulemaking, and what those penalties should be.

As addiction medicine specialists, ASAM members often prescribe controlled medications to treat addiction. In general, ASAM supports EPCS as a way to assure quality and reduce errors and fraud in the transmission of prescriptions from the prescribing health care practitioner to the dispensing pharmacist. EPCS eliminates the possibility that a patient loses or a pharmacist misreads a physical prescription note. EPCS can also facilitate reporting of prescriptions to prescription drug monitoring programs (PDMPs).

While ASAM generally supports EPCS, we note that it may not be financially feasible for small practices to implement the required technology. ASAM appreciates that the SUPPORT Act specifies some circumstances under which the Secretary may waive the EPCS requirement, including due to demonstrated economic hardship. ASAM recommends CMS consider the financial impact of this requirement on small practices that do not yet have electronic systems in place that allow for EPCS, and extend the waiver timeline as well as provide additional resources or incentives for these practices to adopt such technology.

Thank you again for the opportunity to provide comments on this important issue. Please contact Susan Awad, Director, Public Policy and Regulatory Affairs at sawad@asam.org or 301-547-4106 with any questions about our comments. We look forward to continuing to work with CMS to expand access to evidence-based addiction treatment services.

Sincerely,

Paul Earley, MD, DFASAM

Paul H Earley M.D.

President, American Society of Addiction Medicine