APhA
American Pharmacists Association

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Stephanie Carlton
Deputy Administrator
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244-1850

Steven Posnack
Acting Assistant Secretary for Technology Policy
Acting National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
200 Independence Ave SW
Washington, DC 20201

**RE: Request for Information; Health Technology Ecosystem (CMS-0042-NC; RIN 0938-AV68)**

Dear Deputy Administrator Carlton and Acting Assistant Secretary Posnack,

The American Pharmacists Association (APhA) appreciates the opportunity to provide comments to CMS, the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC), and the Department of Health and Human Services (HHS) regarding its request for information, "Health Technology Ecosystem." APhA shares HHS's desire to increase data availability to all of a patient's health care providers to achieve better patient health outcomes. As such, APhA encourages CMS, ASTP/ONC, and HHS to consider the vital role that pharmacists have in a patient's overall health, work towards promoting the interoperability of electronic health information (EHI) with pharmacies and pharmacists, and recognize pharmacists as health care providers to prevent information-blocking.

APhA is the largest association of pharmacists in the United States, advancing the entire pharmacy profession. APhA represents pharmacists, scientists, student pharmacists, and pharmacy technicians in all practice settings, including but not limited to community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

**Patient and Caregivers**

**PC-2. Do you have easy access to your own and all your loved ones' health information in one location (for example, in a single patient portal or another software system)?**

Patients often lack access to all their health information in a single medical record or patient portal. A study found that "half of individuals had more than one online medical record or patient portal with different organization/provider types."[1] Additionally, only 23% of individuals report that they have pharmacy online medical records or portals.[2] Given the multiple patient portals or records providers are using and the underutilization of pharmacy online medical records and portals, it is not surprising that studies show that it is common for medication lists within these sources to be inaccurate.[3] One study highlighted that patients reported that 43% of the medications within their electronic health record were inaccurate, noting that 29% of the medications had been stopped and 14% had been changed.[4] These errors and inconsistencies can lead to medication errors, adverse drug events, and increased health care costs. As such, APhA supports mechanisms and processes that establish secure, portable, and interoperable electronic health care records that are accessible to pharmacists and interoperable with every pharmacy's medical records to ensure patients have the most accurate depiction of their current medication regimen, vaccination history, and clinical patient notes from the direct patient care services and interventions provided by the patient's personal pharmacist. Not only will this information enable patients to make better decisions regarding their health, but it will also provide health care providers with a more comprehensive picture of the patient's current care, enabling them to make more personalized medical decisions.

**PC-8. In your experience, what health data is readily available and valuable to patients or their caregivers or both?**

Patients want access to all their health data in one central location, as it will ease the burden of managing multiple patient accounts or portals and provide the most comprehensive assessment of their current health. One thing that is often inaccurate or missing from a patient's medical

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[1] *Individuals' Access and Use of Patient Portals and Smartphone Health Apps, 2022*, Assistant Secretary for Technology Policy (Oct. 2023). Available at: https://www.healthit.gov/sites/default/files/2023-10/DB69_IndividualsAccess-UsePatientPortals_508.pdf.

[2] *Id.* Available at: https://www.healthit.gov/sites/default/files/2023-10/DB69_IndividualsAccess-UsePatientPortals_508.pdf.

[3] Maria Staroselsky, et al., *An Effort to Improve Electronic Health Record Medication List Accuracy Between Visits: Patients' and Physicians' Response*, 77 International Journal of Medical Informatics 153 (2008). Available at: https://www.sciencedirect.com/science/article/abs/pii/S1386505607000470#:~:text=This%20study%20confirms%20earlier%20reports,and%2014%25%20having%20been%20changed.

[4] *Id.* Available at: https://www.sciencedirect.com/science/article/abs/pii/S1386505607000470#:~:text=This%20study%20confirms%20earlier%20reports,and%2014%25%20having%20been%20changed.

record is an accurate medication list. There are numerous reasons why a patient's medication list is prone to errors and inaccuracies, including patients visiting multiple providers and pharmacies for care and the inability or difficulty of each of these providers to access electronic health records from each other. As most patients know, one of the first questions a health care provider will ask is, "What medications are you currently taking?" before starting the patient on new medication for their current ailments. Having this medication list is also vital for caregivers who may be caring for a loved one who cannot remember the names or doses of the medications they need to manage their conditions. When this list is inaccurate or providers cannot obtain the most up-to-date list, patients will be at greater risk of medication errors, adverse drug events, and increased health care costs. Accordingly, APhA stresses the importance of technologies and guidelines that establish secure, portable, and interoperable electronic patient health records, including pharmacist and pharmacy medical records, to provide patients and the rest of their health care team with an up-to-date picture of the patient's medication regimen.

Further, the inclusion of pharmacy medical records into the patient's electronic health record is essential, as pharmacists nationwide are providing increasingly more direct patient care services and interventions that patients want records of and that other health care providers should be aware of when holistically assessing the patient. This point is further discussed in PR-3.

**PC-13. How can CMS encourage patients and caregivers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would increasing reporting of complaints advance or negatively impact data exchange?**

ASTP/ONC's Information Blocking Portal allows the public to submit information-blocking complaints. Between April 5, 2021, and May 31, 2025, the portal received 1,321 submissions, over half of which came from patients.[5] Patients aware that an entity is interfering with or preventing the sharing of their EHI should be able to utilize this portal to report their concerns. Additional education on the portal and how to identify information blocking may be necessary for more patients to use it. However, the information provided should give ASTP/ONC an insight into specific instances of information blocking and a better understanding of the current landscape of information blocking.

**Providers**

**PR-3. How important is it for healthcare delivery and interoperability in urban and rural areas that all data in an EHR system be accessible for exchange, regardless of storage format (for example, scanned documents, faxed records, lab results, free text notes, structured data fields)? Please address all of the following: (a) Current challenges in accessing different data**

[5] *Information Blocking Claims: By the Numbers*, Assistant Secretary for Technology Policy (May 2025). Available at: https://www.healthit.gov/data/quickstats/information-blocking-claims-numbers#2.

**formats; (b) Impact on patient care quality; (c) Technical barriers to full data accessibility; (d) Cost or privacy implications of making all data formats interoperable; (e) Priority level compared to other interoperability needs.**

No matter where or in what setting patient care is delivered, those health care professionals providing the care and patients receiving the care want access to comprehensive health records and data. Currently, many pharmacists have limited access to a patient's full electronic health record at the pharmacy, which requires them to request access to records, labs, and other relevant information, causing significant disruptions in workflow and delays in care. Despite these challenges, pharmacists make meaningful interventions to patient medication regimens and offer direct patient care services daily under their state's scope of practice. Depending on the state, pharmacists can provide smoking cessation counseling, health and wellness screenings, immunizations, and various other services related to preventive care, disease state management, and medication management. Additionally, pharmacists are permitted to prescribe buprenorphine, naloxone, HIV PrEP and PEP, hormonal contraceptives, and oral antivirals in numerous states across the country. The breadth of care that pharmacists provide is vital to meeting unmet patient health care needs, especially in underserved and rural communities. As such, pharmacists administering these services and other health care providers caring for these patients in subsequent encounters need access to comprehensive electronic patient health records, including medical and pharmacy records. Accordingly, APhA encourages CMS, ASTP/ONC, and HHS to promote mechanisms that enhance the interoperability of electronic health information to pharmacists and pharmacies to enable more coordinated patient care. APhA urges CMS, ASTP/ONC, and HHS to recognize pharmacists as health care providers for information-blocking purposes to help effectuate this change, as the conduct of other health care providers and health IT developers, exchanges, and networks will not change without a push (i.e., monetary penalties and disincentives for violations). These points are further discussed in PR-6.

Accessing different data formats and ensuring full data accessibility may present challenges and technical barriers that may be costly to overcome initially. However, a stepwise approach that incentivizes health care practitioners and organizations to comply with data formats and protocols that guarantee full data accessibility could accelerate the implementation of such procedures. APhA supports a stepwise approach that incentivizes entities that can swiftly adopt technologies, policies, and procedures that ensure full data accessibility to pharmacies and pharmacists. In time, these data formats and policies would become second nature, and patients and providers would benefit from accessing all relevant patient data in one place.

Ensuring pharmacies and pharmacists have access to patient electronic health records should be a top priority for CMS, ASTP/ONC, and HHS compared to other interoperability needs. The United States is facing a shortage of primary care providers, which is only expected to worsen.[6]

[6] *State of the Primary Care Workforce, 2024*, HRSA Health Workforce (Nov. 2024). Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf.

The National Center for Health Workforce Analysis estimates that by 2037, there will be a shortage of 87,150 full-time equivalent primary physicians.[7] Further, they noted that this shortage will be "particularly acute in nonmetro areas."[8] Pharmacists in both urban and rural areas are in a prime position to help alleviate this shortage, given their extensive training and expertise, and patient access, as almost 90% of Americans live within 5 miles of a community pharmacy.[9] Pharmacists are already helping bridge the gap in health care disparities by offering the many direct patient care services discussed above. To help ensure that the inability to share electronic health records among all of a patient's health care providers does not play a contributing factor in limiting access to health care provided by pharmacists at all sites of care, CMS, ASTP/ONC, and HHS should prioritize interoperability of pharmacies and pharmacists with other health care systems.

It is also important to note that many patients see their pharmacy as their "medical home." This is due to various reasons, including the fact that pharmacists are accessible without an appointment. Americans today struggle to find and book appointments with primary care physicians, resulting in patients seeking out the help of pharmacists. In addition to helping patients alleviate minor ailments by selecting over-the-counter medications, pharmacists can also prescribe certain medications depending on the state where they practice. Thus, enhanced interoperability, which includes sharing EHI with pharmacies and pharmacists and pharmacy records with other health care providers, is necessary for the coordination of care.

**PR-6. Is TEFCA currently helping to advance provider access to health information?**

In October 2024, APhA commented on ONC's proposed rule, "Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability." Within this proposed rule, ONC moved to incorporate the Public Health Service Act (PHSA) section 3000 definition of "pharmacist" into the definition of "health care provider" for information-blocking purposes. APhA "commend[ed] ONC for taking steps to enhance the interoperability of EHI amongst health care providers" and "support[ed] pharmacists being recognized as providers in relation to information-blocking regulations discussed in the proposed rule **as long as pharmacists also have access to EHI to ensure the delivery of pharmacist-provided patient care services** [emphasis added]."[10] APhA also requested ONC to

[7] *Id.* Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf.
[8] *Id.* Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf.
[9] Lucas A. Berenbrok, et al., *Access to Community Pharmacies: A Nationwide Geographic Information Systems Cross-Sectional Analysis*, 62 Journal of the American Pharmacists Association 1816 (2022). Available at: https://www.japha.org/action/showPdf?pii=S1544-3191%2822%2900233-3.
[10] *APhA Comments on HTI-2 Proposed Rule*, American Pharmacists Association (Oct. 4, 2024). Available at: https://s3.amazonaws.com/cdn.pharmacist.com/CDN/PDFS/APhA%20Comments%20on%20HTI2%20Proposed%20Rule.pdf?AWSAccessKeyId=AKIAQNYDT252YKJO7IYX&Expires=1749662719&Signature=F3GguTRlp8aYKZT6AMC3LjQOd98%3D.

require other health care providers and developers of health IT certified under the final rules to be prohibited from information blocking EHI to pharmacists and penalize developers for doing so. APhA reiterates these points to CMS, ASTP/ONC, and HHS within this request for information, as it is urgent that pharmacists gain real-time access to essential electronic health information of their patients because information blocking causes delays in patient care and prevents health care providers from having a complete picture of the patient's health, which can lead to inefficient and ineffective care.

**PR-12. Should ASTP/ONC consider removing or revising any of the information blocking exceptions or conditions within the exceptions (45 CFR part 171, subparts B through D) to further the access, exchange, and use of electronic health information (EHI) and to promote market competition?**

Information blocking can cause delayed care, inappropriate treatments, duplicate care, fragmented care, and increased health care costs.[11] APhA encourages ASTP/ONC to remove or revise any exceptions or conditions that make it easier for other entities to not share EHI with pharmacists and pharmacies. Removing and revising such conditions or exceptions will ensure that comprehensive EHI is more easily shared once pharmacists are recognized as health care providers for information-blocking purposes.

**PR-13. For any category of healthcare provider (as defined in 42 U.S.C. 300jj(3)), without a current information blocking disincentive established by CMS, what would be the most effective disincentive for that category of provider?**

As stated above, information blocking can lead to poor patient care and increased health care costs. Accordingly, those who engage in information-blocking practices should be subject to the disincentives established by CMS. While APhA does not advocate for creating disincentives for additional providers, it does encourage CMS to ensure that disincentives are appropriately given to those who interfere with the access and exchange of EHI. In the interim, APhA asks CMS and ASTP/ONC not to create disincentives for pharmacies until requirements and criteria for interoperability in pharmacies have been established. This aligns with CMS's and ASTP/ONC's current policies, as only those participants in the Medicare EHR Incentive Program, which pharmacists are not, can be subject to disincentives for information blocking.

**PR-14. How can CMS encourage providers to submit information blocking complaints to ASTP/ONC's Information Blocking Portal? What would be the impact? Would it advance or negatively impact data exchange?**

ASTP/ONC's Information Blocking Portal allows health care providers to report claims of information blocking. Of the 1,321 claims submitted between April 5, 2021, and May 31, 2025,

[11] Jay Anders, *HHS's Information Blocking Disincentives are a Necessary Step Toward Better Patient Care*, MedCity News (Aug. 12, 2024). Available at: https://medcitynews.com/2024/08/hhss-information-blocking-disincentives-are-a-necessary-step-toward-better-patient-care/.

only 160 were submitted by health care providers. Educating health care providers about the signs and risks of information blocking and how to use the Information Blocking Portal may provide ASTP/ONC with greater insight into the amount of information blocking currently occurring. APhA encourages ASTP/ONC to provide educational resources and FAQs related to the Information Blocking Portal that APhA can then share with the nation's over 300,000 pharmacists, pharmacy technicians, and student pharmacists.

**Technology Vendors, Data Providers, and Networks**

**TD-7. To what degree has USCDI (United States Core Data for Interoperability) improved interoperability and exchange and what are its limitations?**

USCDI provides pharmacists with a standardized set of data elements for exchanging EHI, which may assist participating pharmacists who complete medication reconciliations and work on patient continuity of care. APhA notes that USCDI v4 includes "care team members," "clinical notes," and "facility information," which further supports interoperability of and pharmacist access to electronic health records by technology vendors, as pharmacists must have access to EHI from other providers to coordinate and implement comprehensive patient care plans and to enter in their "clinical notes," which is vital as "care team members."[12]

APhA appreciates the opportunity to provide CMS, ASTP/ONC, and HHS with additional insight into the role of pharmacists and their need for greater access to EHI. APhA recommends that CMS, ASTP/ONC, and HHS collaborate to promote interoperability across all patient care sites, including pharmacies, so patients and other health care professionals can access records of the meaningful interventions and care pharmacists provide. Further, APhA urges CMS, ASTP/ONC, and HHS to recognize pharmacists as health care providers for information-blocking purposes to ensure a safe continuum of patient care services that pharmacists and other health care professionals provide. If you have any questions or would like to meet with APhA to discuss our comments, please contact Corey Whetzel, APhA's Senior Manager, Regulatory Affairs, at cwhetzel@aphanet.org.

Sincerely,

Michael Baxter

Michael Baxter
Vice President, Government Affairs

[12] *United States Core Data for Interoperability*, Office of the National Coordinator for Health Information Technology (Mar. 2025). Available at: https://www.healthit.gov/isp/sites/isp/files/2023-10/USCDI-Version-4-October-2023-Errata-Final.pdf.