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June 8, 2022

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1765-P, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities To Establish Mandatory Minimum Staffing Levels

Administrator Brooks-LaSure,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide comments on CMS' proposed rule *Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities To Establish Mandatory Minimum Staffing Levels*.

NCPA represents America's community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a \$67 billion healthcare marketplace, employ 215,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.

Independent community pharmacists are true partners with staff in LTC facilities in caring for the nation's roughly fifty-four million seniors. Pharmacists provide medications and medication-related care for seniors in skilled nursing facilities (SNFs). They also provide specific services needed by many seniors, such as nutrition assessment and support, durable medical equipment, ostomy supplies, and pain management. By building local relationships, independent community pharmacists provide needed services. In 2020, 47 percent of independent community pharmacists provided LTC services to their patients and serviced an average of fifty-seven beds for SNFs.

1. The Value of Consultant Pharmacists in SNFs

NCPA responds to the following question in the RFI:

What fields and professions should be considered to count towards a minimum staffing requirement?¹

While the value of any minimal staffing requirement is beyond the scope of our comments, we would like to take this comment opportunity to demonstrate the value of consultant pharmacists in SNFs. Consultant pharmacists serve several key roles, including:

Enhancing Medication Management and the Effectiveness of Medication Review

There is great value to the consultant pharmacist drug regimen review process in SNFs. Drug regimen reviews by consultant pharmacists provide protections to beneficiaries. SNFs can leverage consultant pharmacists to strengthen attending physicians' (and other prescribers') medication management and prescribing practices to ensure the best quality of care for the nursing home resident. One form of such medication management is admission medication regimen review (aMMR). Pharmacists are the lead practitioners that can provide aMMR, but NCPA supports pharmacists doing so in conjunction with an interdisciplinary team.²

NCPA believes that medical directors at SNFs should have some responsibility and accountability within the facility to oversee medication management activities. For instance, if a consultant pharmacist makes a recommendation to try a dose reduction and the attending prescriber responds by saying that the patient is stable, the medical director is an appropriate liaison to discuss with the attending prescriber, peer-to-peer, the LTC clinical rationale for trying a dose reduction. If attending physicians (or other prescribers) fail to engage in appropriate / adequate medication management activities for long-term care residents, the medical director should be encouraged to serve as a liaison and provide the appropriate follow-up (education or discussion) with the attending prescriber.

In addition, we would also like to note that reports authored by consultant pharmacists currently require a response by the prescriber.

Consultant pharmacists can also play a role in helping to educate prescribers who practice

¹ "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities To Establish Mandatory Minimum Staffing Levels." *Centers for Medicare and Medicaid Services*. April 15, 2022. Page 22795. Available at: [2022-07906.pdf \(govinfo.gov\)](#)

² See also "ASCP Position Statement: Admission Medication [Drug] Regimen Review in Nursing Facilities." *American Society of Consultant Pharmacists*. Available at: [ASCP aMRR Position Statement Final BOD.pdf \(ymaws.com\)](#).

outside the LTC environment as it relates to clinical rationale and nursing home regulations.

Detecting and Preventing Diversion of Controlled Substances

Consultant pharmacists play a key role in detecting and preventing diversion of controlled substances.³ Consultant pharmacies are integral in establishing safeguards for proper storage, accounting, and dispensing of controlled medications in SNFs, and ensuring the maintenance of accurate records. Consultant pharmacists work to prevent adverse consequences, staff abuse of controlled medications and diversion.

Under 42 CFR § 483.45(b)(1) and the State Operations Manual, consultant pharmacists in nursing facilities are required to:

- (1) Provide consultation on all aspects of the provision of pharmacy services in the facility;
- (2) Establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
- (3) Determine that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.⁴

Safeguarding Safe and Effective Medication Use, and Coordination of Pharmacy Services

According to the State Operations Manual, the consultative services of a pharmacist can promote safe and effective medication use. A pharmacist, in collaboration with facility staff, establishes, evaluates and coordinates all aspects of pharmaceutical services provided to all residents within a facility by all providers (e.g., pharmacy, prescription drug plan, prescribers). A pharmacist can also help in the development of medication-related documentation procedures, such as identification of abbreviations approved for use in the facility and can help guide the selection and use of medications in accordance with the authorized prescriber's orders, applicable state and federal requirements, manufacturers' specifications, characteristics of the resident population, and individual resident conditions.⁵

Resident Assessment and Care Planning

As a member of the interdisciplinary team, the consultant pharmacist also plays a key role in resident assessment and care planning. In addition to these roles, the consultant pharmacist designs and implements a pharmaceutical care plan that identifies desired therapeutic and/or

³ See "Policy Statement: The Role of the Consultant Pharmacist in Preventing and Detecting Diversion of Controlled Substances in Nursing Facilities," *American Society of Consultant Pharmacists*. Available at: [Microsoft Word - jbeditsfinal_Dec13_Drug Diversion policy\[1\].docx \(ymaws.com\)](#).

⁴ State Operations Manual, Appendix PP, page 452. Available at: [Appendix PP - November 22, 2017 \(cms.gov\)](#).

⁵ State Operations Manual, Appendix PP, page 454. Available at: [Appendix PP - November 22, 2017 \(cms.gov\)](#).

functional outcomes for each medication prescribed and the potential for drug-related problems.⁶

Use of Psychotropic Medications in New Admissions

The consultant pharmacist also works with in collaboration with the attending physician to re-evaluate residents using psychotropic medications, and consider whether the medication can be reduced or discontinued upon admission or soon after admission.⁷

2. Influenza Vaccination Coverage Among Healthcare Personnel Measure

In this proposed rule, CMS is seeking to adopt a new process measure, the Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure for the SNF QRP, beginning with the FY 2025 SNF QRP. The proposed Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the Centers for Disease Control and Prevention (CDC) to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31 of the following year. If adopted as proposed, SNFs will submit the measure data through the CDC National Healthcare Safety Network with an initial data submission period from October 1, 2022, through March 31, 2023.

NCPA supports this proposal so long that it does not create an administrative burden for community pharmacies, long-term care pharmacies, and consultant pharmacists in long-term care settings. NCPA supports CMS' aim to increase influenza vaccination coverage in SNFs, promote patient safety, and increase the transparency of quality of care in the SNF setting.

Long-term care pharmacies can and do administer vaccines to residents and staff alike as part of their scope of practice. Long-term care pharmacists are grateful to be able to contribute to a higher standard of care and safety in SNFs.

Long-term care pharmacies experience staffing issues when they take pharmacists out of their stores to do on-site vaccinations. We have members of long-term care pharmacies that will set up immunization clinics staffed by a pharmacist or nurse to immunize SNF residents and staff for SNFs that lack nursing staff to do immunizations. We also have members that sell stock vials at competitive rates to SNFs that are sufficiently staffed to immunize.

As a separate issue, NCPA also requests that HHS continue to allow pharmacists to administer vaccines following the end of the public health emergency (PHE). HHS

⁶ See "Policy for the Role of the Consultant Pharmacist in Resident Assessment and Care Planning," *American Society of Consultant Pharmacists*. Available at: [Microsoft Word - final Dec13 Role of RPh Assess\[2\].docx \(ymaws.com\)](#).

⁷ State Operations Manual, Appendix PP, page 489-490.

authorized all state-licensed pharmacists and pharmacy interns to order and administer vaccines for patients aged 3 through 18 years during the COVID-19 public health emergency. We ask that HHS preserve the 1135 waiver allowing pharmacies to bill for influenza, COVID and pneumococcal immunizations through the end of the 2022-23 flu season.

3. SNF QRP Quality Measures Under Consideration for Future Years: Request for Information (RFI)

While NCPA is not commenting on the value of a COVID–19 Vaccination Coverage measure that would assess whether SNF patients were up to date on their COVID–19 vaccine, NCPA advocates that HHS continue to allow pharmacists to administer COVID-19 vaccines beyond the end of the PHE and to reimburse pharmacists fairly for such immunizations. HHS authorized all state-licensed pharmacists and pharmacy interns to order and administer the COVID-19 vaccine for patients aged 3 years and older during the COVID-19 public health emergency.

4. Support of the Efforts of Project PAUSE

We also support the metric that is currently being formulated by Project PAUSE for the clinical use for the treatment of dementia. Project PAUSE is a coalition of interested stakeholders that seek to update a metric for the prescribing of psychoactive drugs for patients. Currently, Project PAUSE is reviewing data to present to CMS a proper metric for clinical use for the treatment of dementia. We support the American Society of Consultant Pharmacists (ASCP) and the Aging Alliance in these efforts, and support ASCP’s comments to this proposed rule against the current anti-psychotic measure.⁸

Conclusion

Pharmacists are experienced and well-versed in helping SNFs with managing their prescriptions and vaccinations. NCPA stands ready to work with CMS to offer possible solutions and ideas for collaboration to address SNFs’ pharmacy concerns. Please contact me with any additional questions or clarification at steve.postal@ncpa.org or (703) 600-1178.

Sincerely,



Steve Postal, JD
Director, Policy & Regulatory Affairs
National Community Pharmacists Association

⁸ See [Project Pause - American Society of Consultant Pharmacists \(ascp.com\)](https://www.ascp.com), March 1, 2022.