



January 11, 2022

The Honorable Anne Milgram
Administrator
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Re: Transfer of Electronic Prescriptions for Schedules II-V Controlled Substances Between Pharmacies for Initial Filing (Docket No. DEA-637)

Dear Administrator Milgram:

On behalf of the American College of Physicians (ACP), we are pleased to share our comments on the Drug Enforcement Administration's notice of proposed rulemaking regarding transfer of electronic prescriptions for schedule II-V controlled substances between registered retail pharmacies for initial filling. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College strongly supports DEA's proposal to amend regulations to allow the transfer of electronic prescriptions for controlled substances (EPCS) between registered retail pharmacies for initial filling. As DEA notes, the proposed rule would lessen administrative tasks and result in cost savings for clinicians who prescribe controlled substances. Under current practice, when a pharmacy receives an EPCS it cannot fill, several steps must be taken by affected parties, including that: (1) the prescriber must receive a call from the patient requesting a new prescription; and (2) the prescriber must cancel the EPCS at the first pharmacy and issue a new EPCS at an alternate pharmacy. Under the proposed rule, the patient would not need to contact the prescriber to request a new prescription, and the prescriber would not need to issue a new EPCS nor cancel the initial EPCS.

The College seeks clarification, however, on the "one-time basis" limitation imposed by the proposed rule. We ask DEA to clarify what the "one-time basis" language would mean in various contexts, including in cases where refills are issued with the initial prescription. For example, are refills on the same prescription transferred along with the initial prescription, or do the refills remain with the original pharmacy? Also, what happens if in the future the controlled substance prescription is again sent to the original pharmacy, and the original pharmacy again cannot fill it? Can the pharmacy transfer the prescription? We would very much appreciate clarification on these points and other issues implicated by the "one-time basis" language in the final rule.

The College thanks DEA for including an analysis of benefits and costs to entities affected by the proposed rule. As an association of physicians and frequent prescribers, the College appreciates this analysis and consideration of downstream effects of the proposed changes on physician workflow. ACP

agrees with DEA's conclusion that the proposed changes will result in net cost savings overall and believes the net cost savings will be even higher than DEA's estimates.

DEA's cost savings estimates assume that a prescriber's administrative staff would handle calls from patients requesting new prescriptions. However, because not all prescribers (especially those in small and independent physician practices) can afford to employ administrative staff, some prescribers must personally handle calls requesting new prescriptions. Thus, cost savings for this activity will likely be higher than DEA's estimate of \$2.10 per transfer, which is based on the median hourly wages of medical secretaries and administrative assistants. Based on DEA's methodology and data from the Bureau of Labor Statistics (BLS), the College estimates that for prescriber activities the total cost savings per transfer could be as high as \$16.43¹ rather than \$6.81. Under such circumstances, net cost savings could be as high as \$11.38 per transaction (rather than \$1.76)² and total annual net cost savings would exceed DEA's projected savings of \$22 million over the analysis period of 2022 through 2026.³

In addition to cost savings, the proposed rule would reduce administrative burden by doing away with required activities that contribute to clinician stress and burnout. This proposed shift to a more streamlined process for transferring EPCS lessens clinician burden and serves as an excellent example of how health information technology (i.e., electronic transfer of EPCS) can alleviate rather than contribute to clinician burden.

The College applauds DEA for considering alternative, less burdensome ways of transferring prescriptions for controlled substances. This change coincides with principles set forth in the College's Patients Before Paperwork [initiative](#) and our associated [position paper](#), "Putting Patients First by Reducing Administrative Tasks in Health Care." In this paper, we recommend that all key stakeholders should collaborate in making better use of existing health information technologies, as well as developing more innovative approaches to facilitate the elimination, reduction, alignment, and streamlining of administrative tasks. With this proposed rule, DEA pushes for important regulatory changes that are aligned with the College's recommendations for improving patient care by lessening administrative burdens for clinicians.

Thank you for this opportunity to comment on DEA's notice of proposed rulemaking regarding the transfer of EPCS between pharmacies. ACP is confident the proposed changes will help promote access to affordable care for patients, while dually supporting physicians in their ability to deliver innovative care. The College appreciates the opportunity to offer our feedback and looks forward to continuing to work with DEA to implement policies that support and improve the practice of internal medicine. Please contact Brian Outland, Director, Regulatory Affairs for ACP, at boutland@acponline.org or (202) 261-4544 with comments or questions about the content of this letter.

¹ The prescriber's loaded hourly rate of \$141.24 multiplied by the DEA's estimated time for receiving a new prescription request phone call from the patient of 0.083 (5/60) hours results in a cost of \$11.72 per transfer. Not requiring this step results in cost savings of the same amount. Along with the DEA's estimated cost savings from the provider not having to issue a new prescription (\$4.71) there would be a total cost savings for provider activities of \$16.43 per transfer. These estimates are based on BLS data from May 2019.

² Total costs of \$8.80 minus total cost savings of \$20.18 is equal to \$11.38 in net cost savings per transaction.

³ These figures are based on DEA's estimate of 12.5 million total annual EPCS transfers.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Fox".

William Fox, MD, FACP
Chair, Medical Practice and Quality Committee
American College of Physicians

A handwritten signature in blue ink, appearing to read "Z. Rajput".

Zeshan A. Rajput, MD, MS
Chair, Medical Informatics Committee
American College of Physicians