



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

MAR 08 2017

Indian Health Service
Rockville, MD 20852

Dear Tribal and Urban Indian Organization Leader:

I am writing to update you on systems enhancements related to the use of electronic prescriptions for controlled substances (EPCS). The Indian Health Service (IHS) has developed a plan and project schedule to bring the Resource and Patient Management System (RPMS) Electronic Health Record (EHR) into compliance with Drug Enforcement Administration (DEA) EPCS requirements. We anticipate software development and testing to occur over the summer of 2017, with the release of the software for implementation by the end of this calendar year.

In 2010, the DEA issued rules on “Electronic Prescriptions for Controlled Substances” (21 CFR Part 1311), providing practitioners with the option of writing prescriptions for controlled substances electronically. The regulations also permit pharmacies to receive, dispense, and archive these electronic prescriptions.

The 2010 regulations do not mandate that practitioners prescribe controlled substances using only electronic prescriptions, nor does it require pharmacies to accept electronic prescriptions for controlled substances for dispensing. Our prescribing practitioners have continued to have the ability to write and manually sign prescriptions for Schedule II, III, IV, and V controlled substances, and our pharmacies are still able to dispense controlled substances based on those written prescriptions.

Under the rules, EPCS are only permissible if both the electronic prescription ordering system and the pharmacy prescription processing application meet DEA’s requirements included in 21 CFR Part 1311. In September 2011, the IHS Director sought a waiver from the DEA to allow the IHS to electronically prescribe and dispense controlled substances through the RPMS by citing multiple layers of controls that the IHS had in place for prescribing and dispensing controlled substances. The IHS Director requested additional time for the IHS to design, develop, and implement software and make hardware changes that would incorporate appropriate controls for using electronic digital signatures to dispense controlled substance prescription orders. The IHS, however, received no response from the DEA. In 2015, the IHS again requested a waiver to ensure that alterations to the IHS EHR system could be purposefully built to meet the needs of system stakeholders, including Tribal Health Programs. Unfortunately, the DEA denied the request in November 2015. For your information, I have enclosed copies of the most recent IHS waiver request and DEA denial letter referenced above.

The IHS continues to work diligently to meet a large list of required EHR software development and enhancement changes. We have prioritized systems development projects competing for limited software development resources. Accomplishments include successfully meeting mandated Meaningful Use certification and International Classification of Diseases, 10th Revision (ICD-10) requirements by established deadlines.

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The IHS has never lost sight of the need to meet DEA's EPCS requirements and fully intends to implement a solution that also ensures continued compliance with requirements for Meaningful Use. In short, the new software functionality must not break the work that has been completed in the past.

The IHS strives to work closely with our stakeholders to find cost efficient and effective solutions that support the delivery of care.

If you have additional questions about the IHS EHR system, please contact CAPT Mark Rives, D.Sc., Chief Information Officer, IHS, by e-mail at cio@ihs.gov.

Sincerely,
/Chris Buchanan/
RADM Chris Buchanan, R.E.H.S., M.P.H.
Assistant Surgeon General, USPHS
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Enclosures