September 27, 2019

Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: CMS-1717-P: CY 2020 Hospital Outpatient PPS Policy Changes and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates

Dear Administrator Verma:

Thank you for the opportunity to comment on the rule entitled, "Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs", as published in the *Federal Register* on August 9, 2019. We appreciate all the work that CMS has done to understand and evaluate potential barriers to utilization of non-opioid pain management approaches. Suffering from acute and chronic pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual's quality of life. We believe that there are treatments for pain that utilize a patient-centered, multidisciplinary, multimodal treatment approach that can reduce the reliance on opioids as a primary pain management modality, thus helping curb the prescribed opioid epidemic. Unfortunately, the rule, in its current state, does not do enough to appropriately incentivize the utilization of all evidence-based, medically appropriate non-opioid pain management approaches, especially for patients treated in the hospital outpatient (HOPD) setting.

Last year, CMS wisely adopted a policy change that would provide separate reimbursement for pain management approaches provided to patients treated in an Ambulatory Surgery Center (ASC). Specifically, CMS in the final rule issued on November 2, 2018, "finalized the proposed policy change to unpackage and pay separately… for the cost of non-opioid pain management drugs that function as surgical supplies when they are furnished in the ASC setting for CY 2019."

This was a welcomed change that appropriately incentivizes the utilization of non-opioid therapies. Unfortunately, because the majority of surgeries performed in the United States every year occur in a HOPD setting[i], the draft rule does little to ensure that these patients can access available pharmacologic and non-pharmacologic non-opioid approaches to

alleviate their acute pain. For example, many common orthopedic procedures take place in the HOPD setting and while these procedures may not be appropriate in the ASC generally, or for specific patients, this means that absent going to the inpatient setting, more than 8 million Medicare beneficiaries are potentially unable to reasonably access non-opioid pain management approaches every year.[ii]

Given that the majority of these procedures – and associated opioid prescribing – take place in the HOPD setting, we urge CMS to revise the current draft to adopt policies that better incentivize the utilization of non-opioid approaches for patient pain management. Specifically, our hope is that CMS will, in the final iteration of this rule, incentivize the utilization of non-opioid approaches by providing separate reimbursement for pain management therapies administered to patients treated in a HOPD setting. We believe that, in doing so, CMS has the opportunity to provide safe and effective alleviation of pain with optimal opioid stewardship and provide **all** patients with the necessary access to the plethora of available pharmacologic and non-pharmacologic non-opioid approaches and therapies.

Non-opioid approaches provided by a wide array of highly qualified and trained health professionals offer patients many benefits, including in helping patients recover function more quickly after surgery, reducing hospital lengths of stay[iii], reducing postsurgical opioid consumption[iv], and reducing overall health system costs. Unfortunately, these approaches are vastly underutilized because of inadequate reimbursement for these approaches, especially when compared to utilizing opioids to help patients manage their postsurgical pain.

One such non-opioid approach to managing pain is with enhanced recovery after surgery (ERAS®) protocols and is used by a number of providers. Comprehensive acute pain management begins pre-procedure and continues after discharge by using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacological approaches, and non-opioid based pharmacologic measures. Careful assessment and treatment of acute pain, which may include appropriate opioid prescribing, can decrease the risk of acute pain transitioning to chronic pain or the development of opioid dependency and abuse.[v]

Unfortunately, all too often in the last 3 decades in the United States, the status quo for helping patients alleviate postsurgical pain is to prescribe opioids. In fact, we know that these patients receive 80 opioid pills on average to help them alleviate pain,[vi] which is well above what most people use both in the United States and in other countries.[vii] All told, this leads to more than 10.5 billion opioid pills being prescribed in the United States every year[viii] and nearly three million new daily opioid users after surgical procedures.[ix]

We know that reducing patient exposure to opioids after a surgical procedure can have a meaningful impact on our nation's opioid epidemic. We, the undersigned, are committed to working together with CMS to advance common sense solutions to this epidemic, including those that properly incentivize increased utilization of non-opioid approaches to treat postsurgical pain. CMS has already done this for those patients treated in an ASC. Now, we

hope that CMS will take the steps necessary to ensure that **all** patients can access these approaches, including those treated in the HOPD setting. By doing so, we believe that CMS can maximize the opportunity in front of them to take simple steps to reduce unnecessary over-prescription of opioid pills and stop the opioid addiction epidemic facing our nation.

Thank you for your consideration of these comments.

Sincerely,

Voices for Non-Opioid Choices
Advanced Medical Technology Association (AdvaMed)
Ambulatory Surgery Center Association
American Alliance of Orthopaedic Executives
American Association for the Surgery of Trauma
American Association of Orthopaedic Surgeons
American Association of Nurse Anesthetists
American Chiropractic Association
American Massage Therapy Association
American Psychological Association
Community Anti-Drug Coalitions of America (CADCA)
Cover2 Resources
Healthcare Leadership Council
Medicaid|Medicare|CHIP Services Dental Association
National Certification Commission for Acupuncture and Oriental Medicine
National Hispanic Medical Association
National Safety Council
National Transitions of Care Coalition
Outpatient Ophthalmic Surgery Society
Overdose Lifeline, Inc.
Partnership for Drug-Free Kids + Center on Addiction
RetireSafe
Society for Opioid Free Anesthesiology
Students for Opioid Solutions
Will Bright Foundation

[i] Hall, MJ, Schwartzman A, Zhang J. Liu X. Ambulatory Surgery Data from Hospitals and Ambulatory Surgery Centers: United States, 2014. Natl Health Stat Report. 2017 Fe;(102) Table A.

[ii] Hall MJ, Schwartzman A, Zhang J. Lui X. Ambulatory Surgery Data from Hospitals and Ambulatory Surgery Centers: United States, 2014. Natl Health Stat Report. 2017 Fe;(102) 1-15.

[iii] Asche, CV. et al. 2018. Impact of liposomal bupivacaine on opioid use, hospital length of stay, discharge status, and hospitalization costs in patients undergoing total hip arthroplasty. Journal of Medical Economics. DOI: 10.1080/13696998.2019.1627363

[iv] Sethi P et al. Liposomal bupivacaine reduces opiate consumption after rotator cuff repair in a randomized controlled trial. Journal of Shoulder and Elbow Surgery. May 2019 Volume 28, Issue 5, Pages 819-827 DOI: https://doi.org/10.1016/j.jse.2019.01.008

[v] AANA Position Statement, "A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment." July 2016. Available at: www.aana.com/HolisticPainMgmt.

[vi] Bicket M, et al. Prescription opioid oversupply following surgery. Journal of American Pain Society 2017.

[vii] Bicket M, et al. Association of new opioid continuation with surgical specialty and type in the United States. 2019. The American Journal of Surgery, DOI: 10.1016/j.amsurg.2019.04.010.

[viii] CM data INSERT citation

[ix] Brummett CM, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017 June 21; 152 (6)