September 24, 2018

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

RE: CMS-1695-P and Docket CMS-2018-0078:
Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Systems

Dear Administrator Verma:

Thank you for the opportunity to comment on the rule entitled, "Proposed Changes to the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment Systems and Quality Reporting Systems." We commend your evaluation of potential barriers to the utilization of non-opioid options. CMS is proposing to take an important step forward in combatting the opioid overdose and misuse epidemics in America by increasing patient access to non-opioid approaches to acute pain management in the ASC setting. We encourage you to finalize this policy to provide separate payment for non-opioid pain management drugs provided in ASCs.

However, given that the majority of surgeries – and associated opioid prescribing – occur in the hospital outpatient setting, we also urge CMS to adopt further policies that remove barriers to non-opioid options to ensure that we maximize the potential reduction in unnecessary opioid use and provide **all** patients with access to these therapies.

We appreciate that CMS solicited comments on the ability of non-opioids to reduce prescription opioid use, and the connection between prescription opioid use and opioid dependence. The data points are clear: The operating room has become an inadvertent gateway to the opioid misuse and overdose in America. Surgical patients are at risk of becoming persistent users themselves, as well as unintentionally diverting unused pills for abuse. American patients who undergo surgery receive an average of 80 opioid pills, whether they need them or not.[1] Studies have shown that six percent of surgical patients are still using opioids more than three months after their surgery – which could mean up to three million new persistent users every year.[2] Increasing the use of non-opioid options that decrease the need for prescription opioids will tackle these issues head on.

CMS proposes a separate payment for non-opioid therapies for patients receiving treatment in an ASC. This is a positive step in the right direction; however, the rule did not go far enough to

[1] Bicket M, et al. Prescription opioid oversupply following surgery. Journal of American Pain Society 2017.
[2] Brummett CM, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg. 2017 June 21; 152(6)

ensuring that all patients have access to these therapies by extending a similar policy change to patients receiving treatment in a hospital outpatient setting. The current hospital outpatient policy continues to present a barrier to providers and patients seeking non-opioid options.

By failing to extend this policy change to the outpatient setting, CMS is unnecessarily limiting Medicare beneficiary access to non-opioid therapies since many common procedures they receive – including certain joint replacement and other major orthopedic surgeries – are not reimbursed in the ASC setting. In fact, because the majority of Medicare patients are treated in a hospital outpatient setting, the proposed rule would mean that approximately 8 million Medicare beneficiaries would have very limited – or no – access to non-opioid therapies.[3]

According to data from the Substance Abuse and Mental Health Services Administration, rates of opioid misuse among the elderly nearly doubled between 2002 and 2014. We would urge you to adopt a change to hospital outpatient payment policy similar to that proposed in the ASC to ensure that **all** patients have access to these therapies, regardless of where their procedure is performed.

It is clear from the data – and CMS has recognized – that reducing the number of opioids prescribed to patients after surgery can make a meaningful impact on our nation's opioid overdose and misuse epidemics. We are committed to working together on commonsense solutions to these epidemics, including by limiting patient exposure, where appropriate, to opioids after surgery. In doing so, we can stem the epidemic gripping our country, prevent opioid overdoses, and decrease the risk of opioid misuse, abuse, and diversion.

Thank you for your consideration of this request.

Sincerely,

Academy of Integrative Pain Management
Healthcare Leadership Council
Middle Tennessee School of Anesthesia
National Association of County & City Health Officials
National Hispanic Medical Association
National Transitions of Care Coalition
Partnership for Drug-Free Kids
RetireSafe
Shatterproof
The Society for Opioid Free Anesthesia

[3] Hall, MJ, Schwartzman A, Zang J. Liu X. Ambulatory Surgery Data from Hospitals and Ambulatory Surgery Centers: United States, 201. Natl. Health Stat Report. 2017 Fe;(102) 1-15.