

October 5, 2022

Shalanda Young, Director
U.S. Office of Management and Budget
725 17th Street NW.,
Washington, DC 20503

RE: Medicare and Medicaid Programs: Calendar Year 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Medicare Shared Savings Program Requirements, etc.

Dear Ms. Young,

I am writing on behalf of StopAfib.org, the world's largest patient-led atrial fibrillation organization. As founder and CEO of StopAfib.org, I represent atrial fibrillation patients on Medicare throughout the US. We, afib patients, ask you to request that Medicare withdraw their planned cuts and pay EPs appropriately for catheter ablation procedures. We afib patients need to preserve access to vital, life-saving catheter ablations.

The proposed decrease in reimbursements will disincentivize electrophysiologists from doing the complex catheter ablations required to eliminate our afib, making it more challenging for afib patients to get these life-saving procedures. As a result, afib patients may find themselves living with afib, which is not living at all.

I founded StopAfib.org to provide information sharing, support, and education to afib patients. As a result, we have become the most trusted afib resource. We have consistently been the most visited arrhythmia-related website and in the top heart condition sites worldwide. We also collaborate with the American Heart Association on MyAFibExperience.org.

Afib patients know that it is hard for anyone to truly understand what afib does to them unless they have had it themselves. However, let me share just a few things it does.

First, afib takes a physical toll on you. Imagine how you feel when you exercise. Your heart starts racing, and you can hardly catch your breath. However, when you stop exercising, your heart slows down and returns to normal. But if you have afib, it feels like you're running a marathon 24 hours a day as you try to work, exercise, or sleep. You can never catch your breath. Once it's over (presuming it ever stops), you're so exhausted that all you want to do is sleep for days.

Second, afib takes an emotional toll on you. You're constantly looking over your shoulder, waiting for the afib beast to strike. You're reluctant to make plans for fear of disappointing family and friends when you have to cancel them yet again. The depth of anxiety and depression accompanying afib cannot be understood by those who have not experienced it.

Finally, afib takes a financial toll. We're the frequent flyers of the emergency department, with huge medical bills and co-pays. Many with afib lose their jobs as they're considered unreliable. They can never anticipate when afib will strike, prevent them from going to work, or even worse, put them in the hospital. Losing jobs also means losing cars, houses, and sometimes even families and loved ones. Afib turns your life upside down.

Those with afib are primarily seniors. We've worked hard all our lives and have looked forward to retirement so we can travel, pursue hobbies, and spend time with our kids and grandkids. But now, that has all been taken away from us. Instead, afib has taken over our lives. And, we have to fear the potential of a stroke, heart failure, or even dementia.

Catheter ablation is our hope and our salvation. For so many, a successful ablation means getting their lives back and returning to doing the things they love. Please don't let Medicare take that away from us.

Between the actual cuts last year and the proposed 2023 cuts, the cumulative decrease in payments to EPs for doing afib catheter ablations would be a draconian 40% cut! That would not only hurt EPs, but it would also hurt afib patients.

Doing an afib catheter ablation takes a great deal of skill. These skills can take a decade or more to develop. These new rates wouldn't pay for an EP's time to do a thorough afib catheter ablation.

This huge disincentive will have disastrous results for afib patients because of the following actions that will likely result from these cuts:

- Existing EPs will be reluctant to do catheter ablations as they can make more by doing other procedures.
- Afib catheter ablations will be harder to get, and waiting lists will get longer and longer and longer. This will be a massive disservice to afib patients by making access to ablations much harder.
- The low reimbursement rates will result in some EPs completely abandoning doing afib catheter ablations, which will further lengthen waiting times.
- With payments slashed dramatically, doctors will not want to invest the time to specialize and become an EP, so there will be far fewer EPs. As EPs retire, there will not be new EPs to take their place.

This is a recipe for disaster. Currently, in the US, there is one electrophysiologist for every 6,500 afib and arrhythmia patients. The number of afib patients is expected to double by 2030. If the number of EPs doing catheter ablations decreases as expected (likely up to half), that could mean one EP for every 25,000 afib and arrhythmia patients. That would be the worst ratio in the developed world and mimic the developing world.

If that happens, waits for ablations will stretch to years and be devastating for afib patients.

What is most shocking, however, is that, apparently, Medicare made an egregious error in deciding on this reimbursement rate for afib catheter ablation. Here is what the letter sent to the Majority and Minority Leaders of Congress by the Heart Rhythm Society, American College of Cardiology, and other organizations, including StopAfib.org, said:

"It is our understanding that, in developing its recommendation, CMS errantly relied on a comparison to the time necessary for a dissimilar procedure – lower limb revascularization. The risk of working on an isolated area of the leg versus ablating tissue in a beating heart (with adjacent vital structures) seems incomparable from a clinical or patient perspective. For the sake of Medicare AF patients, an appropriate review should be conducted using relevant data that reflects the full scope of physician resources – including work, intensity, complexity, and necessary skill for cardiac ablation – with the goal of restoring payments to be more consistent with 2021 reimbursement."

This is truly stunning as a complex afib ablation does not compare to the more simple peripheral artery disease treatment!

Thus, on behalf of the afib patient community, we request that you ask Medicare to withdraw the planned cuts and pay electrophysiologists appropriately for these procedures to preserve our access to afib catheter ablations.

People in the afib patient community have shared that it feels heartless to consider removing the incentive for electrophysiologists to do the complex ablations that afib patients need. These ablations give them their lives back. They are concerned that they will not be able to get a catheter ablation in the coming years. Please don't let Medicare take that away from them.

Thank you for the opportunity to provide this feedback on behalf of the afib patient community. If you have questions, I can be reached at 940-466-9898 or mhills@stopafib.org.

Sincerely,



Mellanie True Hills
CEO and Founder