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Department of Anesthesiology

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Dear Dr. Singh,

I am writing to you in your role as Chief Medical Officer (CMO) of Health and Human Services (HHS) as well Chair of the newly created "Pain Management Best Practices Interagency Taskforce", I write today as a physician and advocate to expand coverage of continuous peripheral nerve block (cPNB) in the home setting via electronic ambulatory pump, in lieu of opioids for post-surgical, acute pain patients.

Through my work as an Anesthesiologist and Professor of Anesthesiology at Duke as well as through personal experience, the realities of the damage opioids can cause is all too familiar to me. I was first exposed to opiates at age 15 in 1985 when I was hospitalized with ulcerative colitis for almost a year and underwent emergent surgery. I experienced addiction and withdrawal that went unrecognized following prolonged opiate exposure after surgery when the opiates were stopped abruptly after many weeks of treatment. Unfortunately, I was placed in a locked adult psychiatric unit for two weeks labelled as an "anxious teenager", the reality that this was opiate withdrawal was never recognized. Since then I have undergone 22 surgeries due to my illness and the resulting complications and intestinal obstructions. I have subsequently suffered opiate withdrawal on many occasions, but none so severe as the withdrawal from the "new drug" oxycodone I received in 2003 after 3 emergent surgeries. The withdrawal was like nothing I had ever experienced, it was like being possessed by a "demon" and the anxiety and other symptoms were crippling. Even with my professional awareness of what was occurring I felt helpless to overcome the withdrawal on my own and I knew I needed help. I voluntarily entered a rehabilitation center to help me recover from this opiate dependence and am grateful for the care I received there. I had a great deal of help as a physician-patient and I fear every day for the plight of most of our patients who have no idea the persistent anxiety and suffering they are feeling after surgery is all to often opiate withdrawal- until they present with opiate overdoses to our emergency rooms. Unfortunately, we as a medical community have not given our patients the tools to recover from this epidemic or even warned them it is possible. We must urgently find another approach to address post-operative pain. Recently, I required major abdominal surgery again and for the for the first time my experience was entirely different. I utilized regional anesthesia and pain catheters rather than solely relying on opiates and for the first time in my life I did not spend weeks withdrawing from opiate painkillers. I subsequently have had orthopedic procedures following a family ski trip accident and again the use of regional peripheral nerve blocks made my experience and recovery entirely different from all of my many past surgical experiences. I strongly recommend all of my patients utilize cPNB for all their surgical procedures and feel this is one of the most significant advances in post-operative care since I had my first surgery over 30 years ago. **From personal and professional experience, regional anesthesia techniques like cPNBs are far superior to opiates at providing post-operative pain relief and truly could be a major innovation in addressing the opiate epidemic as we know it- and likely will save many lives.**

As you know from the tragic current statistics on opiate addiction and related-deaths resulting from the use of prescription opioids after surgery, opioids can no longer be considered the preferred standard of care. Continuous peripheral nerve block (cPNB) for post-surgical patients in the home setting has emerged as a

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significant alternative to the use of opioids. CPNB significantly reduces patient pain scores and expedites recovery time for patients. Non-addictive medications safely delivered by smart ambulatory pumps to patients can reduce exposure to opioids during and after surgery and can potentially eliminate the need for opioid use in these circumstances. This type of solution needs to be prioritized and acted upon by the Center for Medicare and Medicaid Services (CMS) immediately to start addressing this growing epidemic.

With your help as Chair of the taskforce and as Health and Human Services Chief Medical Officer, we can work to ensure the Center for Medicare and Medicaid Services (CMS) undertake aggressive efforts to guarantee reimbursement of FDA approved devices and therapies for patients like myself and post-surgical patient populations nationwide that use alternative means for effective pain management. CMS has the authority to update the Medicare fee schedule database on a quarterly basis. In the recent Chemotherapy example, a new G code was developed to ensure patients are able to receive short-term home infusion therapy that is initiated in the physician office, by portable pump. This treatment is similar to cPNB, also a therapy best performed in the home to allow for optimal recovery. CMS is currently lagging behind private insurers who often cover home infusion therapies, such as cPNB. In light of our current epidemic, CMS cannot afford to wait any longer to take the important step of providing a code for cPNB.

As a follow-up to this letter, I would be happy to come in and brief you, the taskforce and other members of the HHS and CMS team of my firsthand experience with the terror that is recovery from opiate addiction and withdrawal post-surgery and the success of continuous peripheral nerve block over opioids. My personal and my patients' success stories are the reason for my passion and enthusiasm. Nothing is more important than ensuring we are able to treat every patient with the best possible care throughout the U.S.

I'd like to thank you for your time and immediate attention in this matter. I look forward working together to take this important step towards fighting the opioid epidemic.

Sincerely,

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