The Honorable Alex M. Azar II Secretary U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201

Dear Secretary Azar:

Thank you for your dedication to fighting the opioid epidemic. We write today to call your attention to important policy work still to be done, focusing on the reduction of unnecessary opioid utilization through increased access to non-opioid pain management.

We urge you to work with the Centers for Medicare & Medicaid Services (CMS) to revise reimbursement policies that limit patient access to non-opioid drugs, biological products, and medical devices used to treat postsurgical and chronic pain. Leading experts across the federal government are calling for these changes, including the President's Commission on Combating Drug Addiction and the Opioid Crisis, and more recently, the Pain Management Best Practices Inter-Agency Task Force. The Task Force's draft report concluded that non-opioid alternatives are underutilized, and that public and private payers should reconfigure reimbursement policies to encourage the use of non-opioid options. Most importantly, we hear from our experts --physicians, patients and community leaders -- that this reimbursement problem limits patient choice.

Under the Hospital Outpatient Prospective Payment System (OPPS) rule, Medicare packages payment for drugs and supplies used to manage postsurgical pain with payment for the surgical procedure, providing hospitals with the same payment regardless of whether they incur the additional cost of a non-opioid postsurgical pain management treatment. Similarly, under the comprehensive APC (C-APC) policy, CMS packages payment for physician-administered postsurgical pain management treatment provided in connection with specific outpatient procedures. In contrast, pharmacy-dispensed opioids prescribed after surgery, for use in the ambulatory care setting and at home, can be covered separately by Medicare Part D, incentivizing their use.

We commend you for Medicare's policy change in the Ambulatory Surgery Center (ASC) setting last year, which reversed this packaging policy for procedures performed in the ASC for certain non-opioid drugs, though more can be done to include other non-opioid alternative modalities for post-operative pain management. We urge you to take the opportunity to make an even more impactful change in both the ASC and in the Hospital Outpatient Department (HOPD) setting by changing this packaging policy without increasing out-of-pocket costs for Medicare beneficiaries.

In the case of medical device alternatives to opioids, payment for devices proven to effectively manage chronic pain are packaged into a procedure payment in the hospital outpatient and ASC settings, limiting hospitals' and ASCs' incentive to offer advanced technologies – even for those

devices where peer-reviewed published evidence has demonstrated their ability to reduce or eliminate the use of prescription opioids. We urge you to move forward with payment policy revisions for evidence-based, opioid-sparing pain management devices, consistent with Section 6082 of HR 6, the SUPPORT for Patients and Communities Act (PL 115-271).

CMS clearly understands the need to make non-opioid treatments more accessible to reduce unnecessary opioid prescribing and abuse, and we look forward to working with you to achieve that goal.

If you should have any questions, please contact Jeff Lucas at Jeff_Lucas@cassidy.senate.gov Sincerely,

B:11 Cassidy MD

United States Senator

United States Ser

United States Senator

Shelley Moore Capito

Shelley More Capita

United States Senator

Jeanne Shaheen

United States Senator

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