

Congress of the United States
Washington, DC 20515

April 9, 2019

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 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 medications 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 fundamentally limits patient choice.

Under the Hospital Outpatient Prospective Payment System 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. As a result of these policies, CMS is incentivizing use of pharmacy-dispensed opioids over use of physician-administered non-opioid alternatives.


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 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 the Hospital Outpatient Department (HOPD) setting by changing this packaging policy without increasing out-of-pocket costs for Medicare beneficiaries. CMS clearly understands the need to make non-opioid treatments more accessible to reduce unnecessary opioid

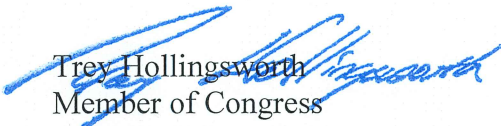
prescribing and abuse, and we hope that you will continue your mission to ending the opioid epidemic by making these needed changes.


If you should have any questions, please contact Hillary Beard with Congresswoman Terri Sewell at Hillary.Beard@mail.house.gov or Christopher Buki with Congressman David B. McKinley, P.E. at Christopher.Buki@mail.house.gov.

Sincerely,



David B. McKinley, P.E.
Member of Congress

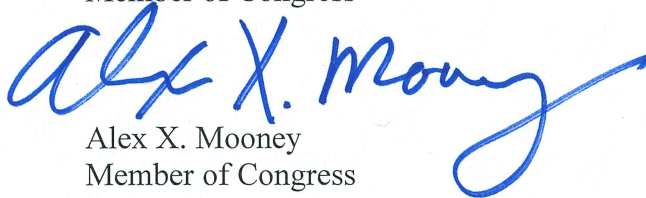

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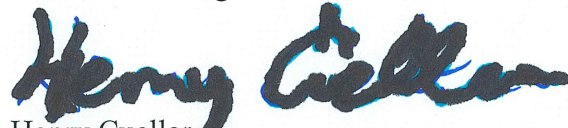

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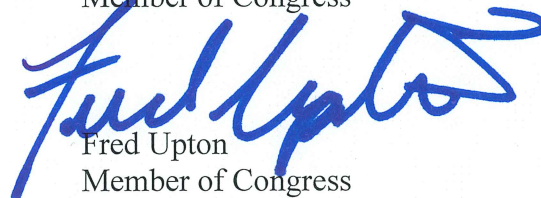

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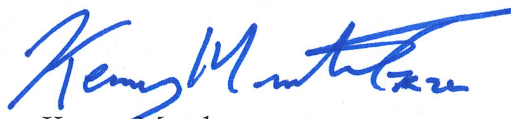

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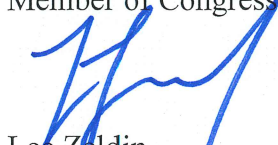

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