

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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American
Association of
Neurological
Surgeons



Congress of
Neurological
Surgeons

CONGRESS OF
NEUROLOGICAL SURGEONS

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President
REGIS W. HAID, JR., MD
Atlanta, Georgia

President
BRIAN L. HOH, MD
Gainesville, Florida

May 17, 2021

The Honorable Terri Sewell
United States House of Representatives
2201 Rayburn House Office Building
Washington, D.C 20515

The Honorable David B. McKinley
United States House of Representatives
2239 Rayburn House Office Building
Washington, DC 20515

The Honorable Ann M. Kuster
United States House of Representatives
320 Cannon House Office Building
Washington, DC 20515

The Honorable Brian K. Fitzpatrick
United States House of Representatives
1722 Longworth House Office Building
Washington, DC 20515

SUBJECT: H.R. 3259, Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act

Dear Reps. Sewell, McKinley, Kuster and Fitzpatrick:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the AANS/CNS Joint Section on Pain and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves, we enthusiastically support H.R. 3259, the Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act. Since neurosurgeons are on the cutting edge of innovative, non-opioid treatments for chronic pain and acute postoperative pain, we commend you for leading this initiative.

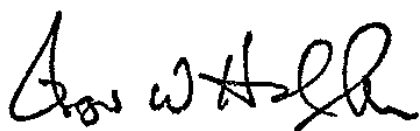
Your legislation would appropriately require the Centers for Medicare & Medicaid Services to provide separate Medicare payments for non-opioid treatments used to manage pain in both the hospital outpatient department and the ambulatory surgery center (ASC) settings. Under the NOPAIN Act, reimbursement for qualifying devices would be similar to the amount paid by a hospital or ASC for a medical device under transitional “pass-through” status. This payment would be implemented by creating new payment categories — Ambulatory Payment Classifications — for qualifying treatments. Also, payment for qualifying drugs and biologics would be equivalent to the current Medicare Part B payment amount for other separately paid drugs and biologics — which is based on a percentage of the product’s Average Sales Price.

Currently, Medicare often denies the use of non-pharmacologic interventions such as neurostimulation to manage pain, despite substantial evidence supporting their use. Pain therapies, such as spinal cord stimulation, peripheral nerve stimulation and peripheral neurectomy, can provide sufficient pain relief to reduce the need for opioids in appropriately selected patients. Neurosurgeons — particularly those providing spine surgery — are also investing in Enhanced Recovery After Surgery, or ERAS, programs, utilizing extended-release local anesthetics (e.g., Exparel), regional infusions, and other agents to reduce the need for acute postoperative opioids. The NOPAIN Act would allow Medicare to provide adequate facility reimbursement for these innovative and effective alternatives to opioids.

As leaders in the fight to end the opioid epidemic, organized neurosurgery has been very concerned about the current lack of financial support for non-opioid pain treatments. If adopted, we are confident that your legislation would help pave the way for these innovative approaches to treating chronic and acute postoperative pain.

Thank you for your efforts on this and other important health policy issues. We look forward to working with you to help move this crucial legislation through the legislative process. In the meantime, if you have any questions or need additional information, please do not hesitate to call on us.

Sincerely,



Regis W. Haid, Jr., MD, President
American Association of Neurological Surgeons



Brian L. Hoh, MD, President
Congress of Neurological Surgeons



William S. Rosenberg, MD, President
AANS/CNS Joint Section on Pain



Domagoj Coric, MD, Chair
AANS/CNS Joint Section on Disorders of
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