ASIPP Footprint

- ASIPP currently has 4,200 doctors nationwide
- Membership in all 50 states
- ASIPP Political Action Committee (PAC) Formed in 2000
- ASIPP PAC has contributed \$3.5 million in political donations since
 2000
- ASIPP Physicians have contributed over a million dollars in personal contributions since 2000

ASIPP 2021 Successes

End of Year Package

- Waive PAYGO ASIPP successfully lobbied to prevent will a 4% payment reduction from taking effect as Congress including language to waive the PAYGO requirements in the end of year package.
- ASIPP supported Congressman Larry Bucshon (R-IN) and Congresswoman Ami Bera (D-CA) legislation to extend Medicare payment increase for doctors. Language was added to extend the Medicare physician adjustment of 3% for 2022. This in response to CMS conversion factor that needed to be addressed.

CMS Telehealth Visits

Influenced CMS to pay telehealth visits on par with in-person visits.

Epidural LCD Outreach

CAROLYN B. MALONEY, NEW YORK

ONE HUNDRED SEVENTEENTH CONGRESS

JAMES COMER, KENTUCKY RANKING MINORITY MEMBER

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND REFORM 2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-6074

MINORITY (202) 225-6074

September 14, 2021

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid services Department of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

As Members of the House Committee on Oversight and Reform, we write today to express our concerns over the proposed multijurisdictional Local Coverage Determination (LCD) for epidural interventions. The proposed changes are in contradiction to the 21st Century Cures Act and the reversal of multiple existing coverage policies will adversely affect access to care and increase costs to patients and the program.

We have heard from many physicians and patients about the proposed LCD for interventional pain management techniques that illustrates the existing problems. This LCD will result in patients losing access to non-opioid treatments – despite the evidence that the treatments are effective

Specifically, we have received concerns in the following areas:

- (1) There is overwhelming evidence that shows epidural injections should be covered for multiple conditions and performed closer together in the diagnostic phase. The first procedure provides on average less than 6 weeks of pain relief and the second procedure 10 weeks of relief, on average. The proposed LCD calls for these procedures to be performed after 3 months of relief and limits patient's access as well as detrimentally impacting their health. Physicians and patients must be able make informed decisions regarding the timing of intervention to best provide the best patient outcomes.
- (2) The proposed denial of coverage for a procedure known as percutaneous adhesiolysis, a technique useful in treating chronic persistent low back and lower extremity pain, even

though there is significant clinical evidence supporting the procedure and it is approved for Medicare patients, will detrimentally impact patient care.

(3) The proposed LCD unnecessarily prohibits multiple treatments from being performed during the same day. This fails to consider patients often have multiple regions involved when experiencing pain and will unnecessarily drive-up patient costs by forcing repeated visits to the clinic – resulting in more copays and travel expenses. This is particularly harmful for low-income patients and those who live in rural settings.

Due to the proposed LCD, many patients will lose access to the care they need. It is important that coverage polices are based on evidence with input from relevant experts. Beneficiaries in all parts of the country should have access to safe and effect treatments to manage their complex chronic pain conditions in a safe and appropriate setting.

We request that you rescind the proposed LCD and revise the proposed policies to ensure patients can have access to save and effective care and doctors have the tools they need to treat their patients.

To ask any follow-up or related questions, please contact Committee on Oversight and Reform Republican staff at (202) 225-5074. The Committee on Oversight and Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate "any matter" at "any time" under House Rule X. Thank you in advance for your cooperation with this inquiry.

Sincerely,

James Comer

Ranking Member Committee on Oversight and Reform

Virginia Foxx Member of Congress

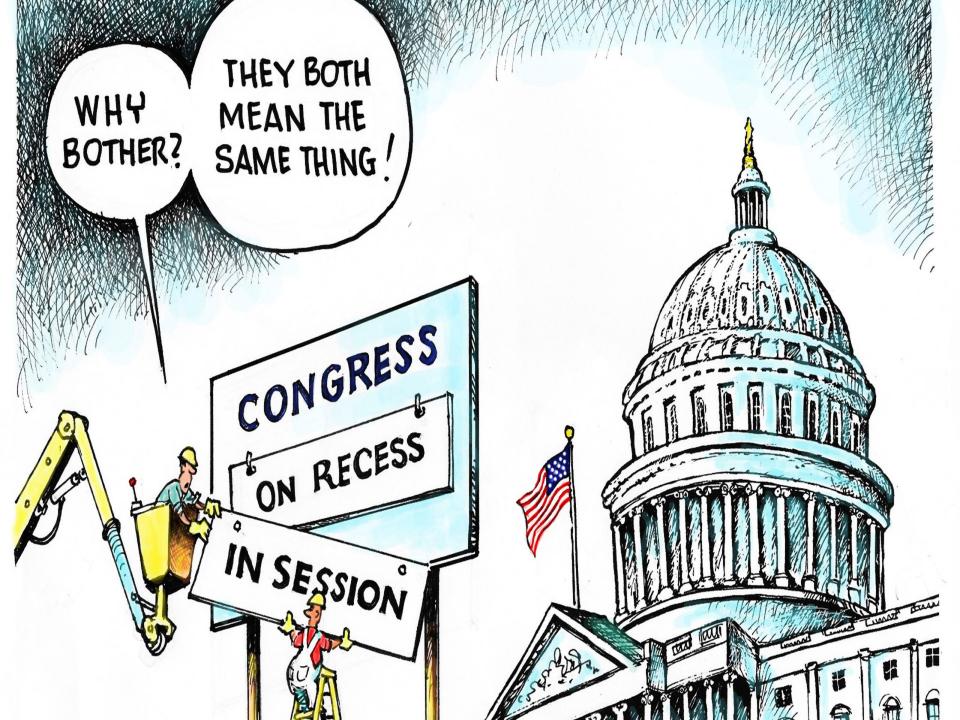
Fred Keller Member of Congress Mishael Cloud (
Ranking Member
Subcommittee on Economic and
Consumer Policy

Bob Gibbs

Member of Congress

Andy Biggs Member of Congress

¹ DL 39095, Epidural Procedures for Pain Management, Cent. Medicare and Medicaid Services, (Aug. 31, 2021), https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39094&ver=6



Practice Trends

- According to a recent study by Avalere Health, nearly 70% of U.S. physicians are now employed by hospital systems and corporate entities like private equity firms and health insurers.
- The study, which looked at data between January 1, 2019, to January 1, 2021, found that the COVID-19 pandemic accelerated a long-term national trend of hospitals and corporate entities acquiring physician practices and employing physicians.
- During the two-year period, these entities acquired 20,900 additional physician practices. Forty-eight thousand additional physicians left independent practice for employment by hospital systems or other corporate entities.

Insurers Taking Over



























Specialty **Pharmacy**













Provider Services





Cigna Collective Care¹







- 1. Cigna partners with providers via its Cigna Collaborative Care program. However, Cigna does not directly own healthcare providers.
- 2. AllianceRx Walgreens Prime is jointly owned by Prime Therapeutics and Walgreens Boots Alliance.

Source: Drug Channels Institute research; The 2019 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Chapter 5.



Challenges

- Every aspects of Health care is micromanaged
- Reimbursement Issues
- Medicare Administrative contractor
- HHS Regulations
- CMS Conversion Factor
- Local Coverage Determinations (LCDs)
- Documentation
- State & Federal Laws

"The Importance of Our Presence in Washington."



Getting Involved

- Participate in ASIPP Hill Days
- Engage your Federal Representatives
- ➤ Host Congressional staff at your clinic
- Share issues impacting your patients

Access & Relationships



House
Leadership
Energy &
Commerce
Ways and Means



Agencies
Department of Health & Human
Services (HHS)
Center for Medicare & Medicaid Studies
(CMS)
Food & Drug Administration (FDA)







Senate
Leadership
Finance Committee
Health, Education, Labor & Pensions
(HELP)



The White House
Office of Domestic Policy
Office of Management & Budget
(OMB)
Office of Legislative Affairs (OLA)

Final Thoughts

"When you can't make them see the light, make them feel the heat."

Ronald Reagan



Thank You

Contact Information

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