AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS

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March 23, 2021

The Honorable Shelley Moore Capito United States Senate 172 Russell Senate Office Building Washington, D.C 20510

The Honorable Rob Portman United States Senate 448 Russell Senate Office Building Washington, DC 20510 The Honorable Jeanne Shaheen United States Senate 506 Hart Senate Office Building Washington, DC 20510

The Honorable Joe Manchin United States Senate 306 Hart Senate Office Building Washington, DC 20510

SUBJECT: S. 586, Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act

Dear Senators Capito, Shaheen, Portman and Manchin:

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 S. 586, 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.

Senators Capito, Shaheen, Portman and Manchin Neurosurgery Endorsement of NOPAIN Act March 23, 2021 Page 2 of 2

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,

John A. Wilson, MD, President

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American Association of Neurological Surgeons

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

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