

September 01, 2021

Ms. Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1751-P  
P.O. Box 8016  
7500 Security Boulevard  
Baltimore, MD 21244-8016  
*Submitted electronically:* <http://www.regulations.gov>

Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021)

Dear Administrator Brooks-LaSure:

My name is Daniel McDevitt, MD. I am a Board-Certified Vascular Surgeon who works in Stockbridge (Atlanta), Georgia taking care of elderly and disabled patients. My community has a large minority population with significant risk factors for PAD as well as many other co-morbidities. My practice involves caring for these patients to reduce the risk of PAD related complications including stroke, limb loss and death. In addition, I care for a large population of hemodialysis patients who cannot tolerate the absence of care for more than a short period of time and cannot travel to larger institutions.

I am writing regarding the Centers for Medicare and Medicaid Services (CMS) 2022 Physician Fee Schedule (PFS) proposed rule, released on July 13, 2021, which in its present form will result in cuts as high as 20% to critical vascular surgery services. If the CMS proposals go into effect as written, they will without a doubt limit access to care for Medicare patients and will force many Medicare beneficiaries into the facility-based system at a significantly higher cost to the Medicare program and its patients.

Sadly, we have learned many lessons from COVID19. One of these lessons was that hospitals can be overwhelmed with patients to the point where they cannot offer routine services. Many patients with vascular disease and those on hemodialysis can develop urgent problems that become life threatening if not cared for. Since these problems are often considered to be not immediately life or limb threatening, they have been placed in limbo until hospital care is once again available.

Office-based vascular intervention centers, which are heavily discounted in the current proposal, have been a lifeline to these unfortunate individuals. We have been able to support the critical need for such care in our office lab while the hospital has been essentially “locked down.”

If the proposed cuts go through, office-based vascular intervention will soon be a thing of the past. These elderly and frail patients will still need care but will be left with inconvenient, possibly inaccessible, and extremely expensive alternatives.

Nearly 15 years ago, CMS made the wise decision to invest in office-based vascular intervention for the benefit of patients and for significant cost savings. This has returned all that was asked for and more.

A shift in care to the facility-based hospital settings will cause great burden on an already overwhelmed hospital system and will adversely affect physicians' ability to provide the right care to the right patient at the right time. **Please DO NOT implement the Medicare rates as proposed.**

Sincerely,

*Daniel T McDevitt MD FSVS FACS*  
Board Certified Vascular Surgeon