

September 1, 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 David Han, MD. I am a Board-Certified Vascular Surgeon who works in Hershey, PA taking care of patients with limb- and life-threatening vascular occlusive disease (PVD) as well as aneurysmal disease, and patients with end stage renal disease (ESRD) who require both acute and chronic management and maintenance of their hemodialysis access.

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 services performed in the non-facility office-based vascular centers. I have significant concerns that these cuts will measurably affect the ability of these non-facility offices to provide critical access to this vulnerable population. And while I do not provide care in these non-facility office-based settings, if these cuts are implemented on January 1, 2022, the resulting shift to facility-based hospital settings such as mine will cause an even greater burden on an already overwhelmed system and subsequently adversely affect our ability to provide the right care to the right patient at the right time.

While the PFS proposed rule provides for a long overdue and much needed update to the clinical labor rates, the burden of this proposal is being disproportionately distributed among a small number of services performed within the fee schedule. While one can argue the inherent unfairness of an across-the-board payment correction being supported by a small group, my greatest concern is the effect it will have on the quality and timeliness of care that will be provided to our patients with PVD and ESRD, patients who are already underserved in their access to care.

The current pandemic and subsequent public health emergency has shined a much needed light on the disparities and inequity in access to care. Additionally, we have seen many examples of patients deferring their care, resulting in a greater severity of illness when they finally reach their much needed health care provider. While this is a complex problem without a simple solution, the net effect of the PFS proposed rule will make it all the more difficult for our colleagues who provide care in the office-based setting to continue to provide the critical access to these patients.

The resulting shift to a facility-based setting such as mine will create greater delays in care in an inpatient environment that is already performing a significant number of elective, urgent, and emergent cases after hours. Where, how, and when will I be able to care for these patients? While the staff that works with me to do these cases are not my staff in the sense that they are not on my payroll, they are my team. And I have to care for them just as I would my own employee. Burnout is real, and we can ask them to continue to do more, but for only so much longer. What is the most typical reason for not being able to do a procedure? It used to be that there were no procedure rooms available. Now, there are rooms, but not enough staff.

Finally, I would ask you to consider the additive, multiplicative, and sometimes exponential downstream effects of a delay in care as it relates to our patient population. Maintaining a patient's hemodialysis access is much more effective than having to replace it. Intervening on a patient's arterial tree to treat disabling symptoms can not only alleviate their suffering, but also prevent them from progressing to limb loss, which is a devastating outcome both physically, emotionally, and financially.

To the extent that the proposed 20% cuts in Medicare reimbursement for procedures performed in non-facility office-based vascular centers result in the shift of high quality care from the office based setting to the hospital setting, the outcomes will be devastating. PLEASE DO NOT IMPLEMENT the proposed Medicare cuts.

Sincerely,

A handwritten signature in black ink that reads "David Han" with a small flourish at the end.

David Han, MD

Board Certified Vascular Surgeon