

August 30, 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 Matthew Sideman. I am a Board-Certified Vascular Surgeon who works in San Antonio, Texas taking care of patients with vascular disease. My community has a large minority population with an epidemic of diabetes and kidney disease. These are significant risk factors for peripheral arterial disease (PAD) and renal failure requiring hemodialysis (HD). My practice involves caring for these patients to reduce the risk of PAD related complications including limb loss and death. This represents approximately half of my practice, the other almost 50% is spent creating, maintaining, and revising 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 over 20% cuts to critical services performed in non-facility vascular offices. If these cuts are implemented on January 1, 2022, I am concerned that many of these crucial non-facility office-based practices will be forced to limit services or close. This 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.

I practice in multiple hospital systems throughout San Antonio. Over the past decade and especially during the COVID-19 pandemic, resources have become scarce. All hospitals were functioning at or near capacity before the pandemic, now we are in the midst of our third wave that has overwhelmed our city's resources and brought elective patient care to a halt. OR and Cath Lab time to provide critical services to PAD and dialysis patients to prevent amputation or maintain hemodialysis access is limited and at a premium. This results in prolonged hospital stays, delays in care, worse outcomes, increased costs, lost limbs, and lost lives. The pandemic has exposed the tenuousness of the system. The ONLY recourse for vascular patients during the three waves that brought our community to its knees were the non-facility vascular offices. They were able to continue to provide timely, efficient, effective services to these patients when the hospitals shut them out.

The proposed greater than 20% cuts in Medicare reimbursement for procedures performed in non-facility office-based practices will result in a shift of care to the facility-based hospital settings. This will overburden 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,



Matthew J. Sideman, MD, DFSVS, FACS
Board Certified Vascular Surgeon