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November 27, 2019

SUBMITTED ELECTRONICALLY TO: Rural\_Urban@mail.house.gov

Attention: Rural and Underserved Communities Health Task Force RFI  
Ways and Means Committee  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington D.C. 20515

**RE: Rural and Underserved Communities Health Task Force Request for Information**

To the Members of the Rural and Underserved Communities Health Task Force:

Boston Scientific Corporation appreciates the opportunity to provide comments on priority topics that affect health status.

**1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?**

The opioid crisis is a national emergency that disproportionately affects those in rural communities. In 2016, the drug overdose rate in rural areas surpassed that of other types of counties, with an estimated 18.7 deaths per 100,00 persons.<sup>1</sup>

In a CMS press release dated July 15, 2019, Department of Health and Human Services (HHS) Secretary Alex Azar stated, "Defeating our country's epidemic of opioid addiction requires identifying all possible ways to treat the very real problem of chronic pain, and this proposal would provide patients with new options while expanding our scientific understanding of alternative approaches to pain."<sup>2</sup>

There are devices on the market proven to reduce opioid usage. For example, as demonstrated in five-year follow-up data, 85% of patients undergoing the Superior procedure (described by CPT code 22869) discontinued opioid use. However, in the recent final rule, due to one hospital's inaccurate charges for the procedure, hospitals and ASCs will see a 23% reduce in payment in CY 2020. This is likely to have the unintended consequence of creating a deterrent to an opioid alternative.

Moreover, the SUPPORT for Patients and Communities Act passed in November 2018 calls for CMS to review payment of therapies that manage chronic and acute pain to determine whether payment policies

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<sup>1</sup> <https://aspe.hhs.gov/system/files/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf>

<sup>2</sup> <https://www.cms.gov/newsroom/press-releases/cms-proposes-cover-acupuncture-chronic-low-back-pain-medicare-beneficiaries-enrolled-approved>.

resulted in incentives or disincentives that have contributed to the opioid crisis.<sup>3</sup> Reducing payment rates for the Superion procedure represents a future disincentive to an opioid alternative and appears to be contrary to the spirit of the SUPPORT Act, which seeks to eliminate payment and coverage barriers to access to opioid alternatives.

**Boston Scientific Recommendation:**

**We propose that the Task Force recommend that payment rates for proven opioid alternatives, such as the Superion procedure, be evaluated to ensure patient access to these treatments.**

**2. What successful models show a demonstrable, positive impact on health outcomes within rural and underserved communities, for example initiatives that address... the use of telehealth/telemedicine/telemonitoring?**

The nation should use all available tools to combat the opioid crisis. There are current FDA-approved therapies that could help chronic pain patients better manage their pain. However, patient access is currently impeded due to some services not being included as a telehealth service.

For example, patients who want to use spinal cord stimulation (SCS) to manage their chronic pain are required to undergo a psychological evaluation prior to meeting with a physician to discuss the therapy. The Medicare National Coverage Determination for SCS, an implantable therapy providing relief to patients who suffer from chronic neuropathic pain, requires a psychological evaluation prior to implant of an SCS system.

However, the requirement for screenings can cause access difficulties, especially for rural populations. Rural patients often live far from the nearest provider of psychological screenings, forcing them to travel long distances. This poses significant socioeconomic and medical burdens for chronic pain patients. Furthermore, even after finding a provider that offers these screenings, patients often struggle to schedule an appointment, as some providers have limited time frames for performing these screenings. While waiting for months for their screenings, patients must continue their current drug regimen to manage their chronic pain, prolonging their exposure to opioids and increasing their addiction risk.

**Boston Scientific Recommendation:**

**We propose that psychological evaluations are removed as a requirement to receive FDA-approved, non-opioid therapies. At a minimum, these evaluations should be allowed to be performed via telehealth.**

This proposal would help eliminate significant access barriers for rural patients. Below are the services that CMS would need to add to the list of payable telehealth codes:

- 96130 - Testing & evaluation (first hour)
- 96131 - Testing & evaluation (each additional hour)
- 96136 - Test administration & scoring by a professional (30 minutes)
- 96137 - Test administration & scoring by a professional (additional 30 min)
- 96138 - Test administration & scoring by a technician (additional 30 min)
- 96139 - Test administration & scoring by a technician (additional 30 min)

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<sup>3</sup> H.R.6-The SUPPORT for Patients and Communities Act, Title VI—Other Medicare Provisions, Subtitle H—Expanding Oversight Of Opioid Prescribing And Payment, Sec. 6082. Review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments. <https://www.congress.gov/bill/115th-congress/house-bill/6/text#toc-H560CDC67E1BE470DB7E33DEE08CF0A1E>.

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Thank you for the opportunity to comment on this Request for Information. Please contact me at (508) 683-4740 or [Maria.Stewart@bsci.com](mailto:Maria.Stewart@bsci.com) or Chris Timmerman, Director of Government Affairs and Health Policy, at (202) 637-8022 or [Christopher.Timmerman@bsci.com](mailto:Christopher.Timmerman@bsci.com) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria Stewart". The signature is fluid and cursive, with the first name "Maria" and last name "Stewart" clearly distinguishable.

Maria Stewart  
Vice President, Global Health Economics & Market Access  
Boston Scientific Corporation