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VIA ELECTRONIC SUBMISSION

Demetrios Kouzoukas

Principal Deputy Administrator and Director, Center for Medicare
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for
Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and
2020 Draft Call Letter (CMS-2018-0154)

Dear Principal Deputy Administrator Kouzoukas:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we
appreciate the opportunity to respond to CY 2020 Draft Call Letter (the Call Letter).

ACOFP is the professional organization representing more than 20,000 practicing
osteopathic family physicians, residents, and students throughout the United States who
are deeply committed to advancing our nation's health care system by improving health
care delivery and outcomes, and ensuring that patients receive high-quality care.

Overall, as an organization our osteopathic family physicians practice in variety of
settings, including in solo, small, group, rural, Native American Indian healthcare, and
alternative payment models. Every day, our members treat many individuals suffering
from pain and those who suffer from opioid addiction. We recognize the importance of
addressing the ongoing opioid crisis that faces the nation and believe that primary care
physicians are uniquely positioned to treat and diagnose pain as well as prescribe opioids
when medically necessary and clinically indicated. Therefore, we believe primary care
physicians are in a vital position to provide input on improving safe opioid use and on
how to limit abuse.

Our full comments are detailed on the following pages. Thank you for the opportunity to
share these with you. Should you need any additional information or if you have any
questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President

ACOFP recognizes and supports efforts to combat the opioid crisis. As family physicians, our primary concern is to ensure that clinically appropriate items and services are efficiently delivered to patients. This includes balancing pain management with the appropriate prescribing and use of opioids as well as the necessary follow-up to monitor for misuse.

We support efforts to encourage responsible prescribing behavior, including curbing over-prescribing and monitoring to ensure “bad actors” are held responsible for clearly fraudulent prescribing practices. However, as solutions are being implemented, we urge you to ensure patients continue to have access to pain management treatments, including medications that are consistent with best medical practices and clinical guidelines. Clinically appropriate services, including non-opioid pain management, should be incentivized and reimbursed at an appropriate rate to ensure they are provided when needed. In terms of the Draft Call Letter, we support many of the proposals, including efforts to expand access to opioid treatment programs (OTPs) by establishing that opioid use disorder (OUD) treatment services furnished by OTPs will be considered Medicare Part B services. As noted, primary care physicians are uniquely positioned to treat and address OUDs and we believe providing sufficient reimbursement is critical to ensuring patients have access to these important services.

ACOFP also supports the agency’s effort to increase access to medically-approved non-opioid pain management, especially through Medicare Advantage (MA) organizations. While the agency specifically references non-Medicare covered chiropractic services, acupuncture, and therapeutic massage, we would also urge the agency to explicitly recognize the importance and value of non-pharmacological pain management interventions that are covered by Medicare such as osteopathic manipulative treatment (OMT). OMT has successfully been used to treat and manage a variety of chronic pain, especially low back pain.¹ OMT also has been proven to ease other pain, promote healing, and increase overall mobility. While often used to treat muscle pain, OMT can also assist patients with asthma, carpal tunnel syndrome, and migraines. We therefore recommend CMS explicitly support OMT as a first line to diagnose and treat certain musculoskeletal injuries and promote its use among the Medicare Advantage population.

Finally, we agree with the agency’s assessment that Medicare beneficiaries must have appropriate access to medication-assisted treatment (MAT). Therefore, ACOFP supports CMS’ explicit support of access to MAT and the close scrutiny of formulary and benefit submissions for formulary inclusion, utilization management criteria, and cost-sharing of Part D drugs indicated for MAT. We also urge the agency to recognize that while access to the drugs indicated for MAT is important, having providers available to ensure MAT is appropriately delivered is also critical. ACOFP is committed to ensuring its members obtain training and certification in MAT for substance use disorders to bolster their osteopathic training and holistic treatment of patients. We recognize the distinct need for MAT and the benefits the certification provides in terms of recognizing potential problems and how to address them. We welcome the opportunity to work with CMS to ensure there are no access barriers to MAT.

Overall, we support efforts to increase access to pain management and treatment, but also urge CMS to ensure that patients continue to have access to clinically appropriate medications, including opioids if appropriate. We also reiterate our belief that OMT is an essential tool for non-opioid pain

¹ See, Licciardone JC, Brimhall AK, King LN. Osteopathic manipulative treatment for low back pain: a systematic review and meta-analysis of randomized controlled trials. *BMC Musculoskeletal Disorders*. 2005;6:43. doi:10.1186/1471-2474-6-43.

management and urge the agency to incentivize its utilization. ACOFP welcomes the opportunity to discuss these and any other issues with agency as it continues to address the opioid crisis.