

September 19, 2022

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House of Representatives
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi and Leader McCarthy:

On behalf of the undersigned patient and provider organizations, we are strongly concerned that a proposed Physician Fee Schedule (PFS) rule published by the Centers for Medicare and Medicaid Services (CMS) on July 7, 2022, will result in the inability of Medicare beneficiaries to access cardiac ablation, a lifesaving, cost effective, and highly specialized cardiac procedure for treating the growing incidence of atrial fibrillation (AF).

This minimally invasive family of procedures (five distinct services), which help control abnormal heart rhythms and limit the need for open heart surgery and long-term drug therapy, will be cut by as much as 40 percent over two years by this proposed PFS rule. In addition to reducing open-heart surgeries, a 3-year studyⁱ showed that hospital admissions for patients treated with ablation were reduced by a substantial 64 percent, and emergency department visits were reduced by over 50 percent. For patients treated with cardiac ablation, there was a total savings on the cost of AF management of \$850 per patient per month at one year and \$546 per patient per month at three years.

The CMS-proposed payment cuts for ablation services could also profoundly impact access to these services by disincentivizing entrant physicians into the very specialized training of electrophysiology (EP) for treating AF. In the U.S., there are only approximately 3,000 physicians certified in EP, while the number of patients with AF is expected to double from 6 million to 12 million by 2030. Training fellowships for EP are already facing unfilled opportunities due to the additional two years of specialized training required for these physicians. The CMS rule's steep reductions, if implemented, will present another barrier to meeting the growing demand for these cost-effective and life-enhancing procedures for all Medicare AF patients, including racial and ethnic minorities who have disproportionately worse outcomes related to cardiac rhythm disorders.

It is our understanding that, in developing its recommendation, CMS errantly relied on a comparison to the time necessary for a dissimilar procedure – lower limb revascularization. The risk of working on an isolated area of the leg versus ablating tissue in a beating heart (with adjacent vital structures) seems incomparable from a clinical or patient perspective. For the sake of Medicare AF patients, an appropriate review should be conducted using relevant data that reflects the full scope of physician resources – including work, intensity, complexity, and necessary skill for cardiac ablation – with the goal of restoring payments to be more consistent with 2021 reimbursement.

As Congress works toward a value-based framework for Medicare, it is our hope that it will guide CMS toward services like cardiac ablation that reduce hospital admissions and emergency department visits. Failing to do so could jeopardize cost-effective and life-saving treatments for Medicare beneficiaries and the supply of highly trained certified cardiac physicians.

Sincerely,

AF Association

American College of Cardiology

Arrhythmia Alliance

Electrophysiology Advocacy Foundation (EPAF)

Heart Rhythm Society

StopAfib.org

ⁱ Field ME, Gold MR, Rahman M, Goldstein L, Maccioni S, Srivastava A, Khanna R, Piccini JP, Friedman DJ. Healthcare utilization and cost in patients with atrial fibrillation and heart failure undergoing catheter ablation. J Cardiovasc