

Dr. Mehmet Oz
Administrator
Center for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-1810

Re: [CMS-2025-0306-0002] Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency

On behalf of the National Association of Nutrition and Aging Services Programs (NANASP) and the undersigned organizations, we appreciate this opportunity to comment on CMS's regulatory approach toward access to non-opioid treatments for pain relief for Medicare beneficiaries. Given the concerning levels of opioid use disorder among older Americans, we believe it is important to minimize restrictions on coverage of non-opioid treatments so that patients are not forced to use opioids and become vulnerable to opioid misuse. Specifically, we encourage CMS to take the position that a drug may be a qualifying product if it has an indication for treatment of pain and that it is routinely administered to patients' post-surgery.

Over 11 million Medicare beneficiaries are receiving an opioid for acute pain each year and three of every 1,000 beneficiaries are experiencing opioid use disorder within a year of receiving these substances. That equals nearly 33,000 new cases of opioid use disorder within the Medicare population annually. And, between 2021 and 2022, [emergency department visits for opioid misuse by older adults](#) rose by 16 percent. At the same time, it is important to recognize that, despite their risks, prescription opioids may be the most appropriate option for certain patients, such as those receiving hospice care.

This is a matter of [considerable financial concern for the Medicare program](#). In 2022, the total cost to Medicare for opioid-related conditions was \$15.8 billion with opioid use disorder-related comorbidities generating another \$4.7 million in costs.

CMS, under provisions of the Consolidated Appropriations Act of 2023, has established separate payments for certain drugs and devices under Medicare Part B. This has assured hospitals and surgery centers that they will not be financially penalized if they provide their patients with the option of opioid alternatives. We applaud this move.

We would encourage your agency, though, to make further adjustments in order to lessen restrictions in accessing non-opioid products. CMS's interpretation of the applicable law says that a non-opioid drug cannot be a qualifying product if the indications section of the label lacks the words "postoperative" and "postsurgical." We are concerned that this is overly restrictive and could force some beneficiaries to use opioids for pain relief and increase their exposure to self-harm. Patients and physicians should be empowered to choose from a range of pain management options based on individual needs, not regulatory technicalities.

Thank you for your consideration of this matter and for your leadership in improving healthcare for our nation's Medicare and Medicaid beneficiaries.

Sincerely,

National Association of Nutrition and Aging Services Programs

Alliance for Aging Research
American Society of Consultant Pharmacists (ASCP)
Compassion & Choices
Gerontological Society of America
HealthHIV
Healthy Men Inc.
HealthyWomen
Lupus and Allied Diseases Association, Inc.
National Association of Social Workers (NASW)
NCBA, Inc.
National Council on Aging
National Hispanic Council on Aging
Nevada Chronic Care Collaborative