



September 11, 2023

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Social Security Boulevard Baltimore, MD 21244-1850

Re: Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2024 (CMS 1786-P)

Dear Administrator Brooks-LaSure:

On behalf of our membership, the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) appreciate the opportunity to submit our shared comments on the Calendar Year (CY) 2024 Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2024 (proposed rule). Our societies represent over 25,000 pulmonary, critical care and sleep specialists dedicated to prevention, treatment, research and cure of respiratory disease, critical care illness and sleep disordered breathing. Our members provide care to Medicare beneficiaries for a wide range of conditions including critical care illness, asthma, COPD, lung cancer, alpha-1 antitrypsin deficiency, pulmonary fibrosis, pulmonary hypertension, and other disorders of the lung, as well as sleep disorders.

Supervision by Nurse Practitioners, Physician Assistants and Clinical Nurse Specialists of Cardiac,

Intensive Cardiac and Pulmonary Rehabilitation Services Furnished to Outpatients: ATS and CHEST support CMS's proposal to allow nurse practitioners, physician assistants and clinical nurse specialist to provide supervision for pulmonary, cardiac and intensive cardiac rehabilitation services for Medicare beneficiaries. We believe that expanding the type of clinicians that can provide supervision for pulmonary rehabilitation will help expand access to this highly effective, but under-utilized, treatment for patients with COPD and other restrictive airway diseases.

Virtual supervision of Pulmonary Rehabilitation Services Furnished to Outpatients

Further, ATS and CHEST support the proposal to allow virtual supervision to satisfy the direct supervision requirement for pulmonary rehabilitation programs. We appreciate CMS using their administrative authority to extend the ability for virtual supervision to meet the direct supervision requirement for 2024. ATS and CHEST recognize that Congressional action is needed to extend the virtual supervision option for

2025 and beyond.

Conclusion

ATS and CHEST appreciate the opportunity to comment on the proposed 2024 Medicare Hospital Outpatient Prospective Payment System rule. We urge the Agency to strongly consider our recommendations aimed at improving the proposed Medicare payment policies and ensure adequate support for patients and physicians.

Sincerely,

M. Patricia Rivera MD, ATSF President America Thoracic Society

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Doreen J. Addrizzo-Harris, MD, FCCP President American College of Chest Physicians

Omar Hussain, DO ATS Co-Chair Joint ATS/CHEST Clinical Practice Committee

Amy Ahasic, MD CHEST Co-chair Joint ATS/CHEST Clinical Practice Committee