Dear Colleague,

Please join us in signing a letter to the Centers for Medicare and Medicaid Services (CMS) to ensure that people with epilepsy have access to high-quality diagnostic services, including long-term EEG (electroencephalograph) and video EEG (VEEG).

Epilepsy is a neurological disorder marked by a person having recurrent, unprovoked seizures. There are an estimated 3.4 million Americans with active epilepsy, and 30 to 40 percent live with uncontrolled seizures, known as intractable epilepsy, despite available treatments. Long-term EEG monitoring with the recording of simultaneous video (VEEG) is a critical tool used by epilepsy specialists to effectively diagnose and treat patients.

Earlier this year, CMS proposed reducing the values for new long-term EEG and VEEG professional and technical service codes included in Medicare’s Physician Fee Schedule (PFS) and the facility fee payments included in the Hospital Outpatient Prospective Payment System (HOPPS) proposed rules for Calendar Year 2020.

We are very concerned that the proposed payment reductions included in the PFS and HOPPS proposed rules could impede patient access to hospital and home-based EEG and video EEG services, delaying effective diagnosis and treatment. Delays increase risk of subsequent seizures and increase healthcare costs for both the individual and healthcare system.

I hope that you will support our efforts to urge CMS to appropriately value these important services so that, together, more people with epilepsy have access to high-quality epilepsy care.

If you need more information or to sign on, please contact Martha Cramer in Rep. Earl Blumenauer’s office at Martha.Cramer@mail.house.gov, Greg Brooks in Rep. Brad Wenstrup’s office at Greg.Brooks@mail.house.gov, Hillary Beard in Rep. Terri Sewell’s office at Hillary.Beard@mail.house.gov, or Kristin Flukey in Rep. Cathy McMorris Rodgers at Kristin.Flukey@mail.house.gov by September 27, 2019.

Sincerely,

Earl Blumenauer  Brad Wenstrup  
Member of Congress  Member of Congress

Terri Sewell  Cathy McMorris Rodgers  
Member of Congress  Member of Congress
September XX, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma,

As supporters of the epilepsy community, we are writing with our concerns regarding the reductions in the values for the new long-term EEG (electroencephalograph) and video EEG (VEEG) professional and technical service codes included in the Calendar Year 2020 Medicare Physician Fee Schedule (PFS) Proposed Rule and the facility fee payments included in the Calendar Year 2020 Hospital Outpatient Prospective Payment System (OPPS) Proposed Rule. Access to these complex, specialized testing services is critical for the 3.4 million Americans with active epilepsy and particularly the more than one million Americans with uncontrolled or intractable epilepsy. Should the proposed rules’ changes go into effect as outlined, we are seriously concerned that access to these critical services could be jeopardized—delaying patient diagnosis and effective treatment.

Long-term EEG monitoring with the recording of simultaneous VEEG captures a patient’s brain waves before, during, and after a seizure while making a video recording of the patient’s behavior to make interpretation of the EEG more accurate. This enables epilepsy specialists to determine what type of seizures a patient is having, identify which part(s) of the brain are involved, and establish the most effective treatment plan. Treatment options may include medication, implanted medical devices, and/or surgery, which can be curative.

We are very concerned that the proposed payment reductions included in the PFS and OPPS proposed rules could impede patient access to long-term EEG and VEEG services, delaying effective diagnosis and treatment. Delays increase risk of subsequent seizures, brain damage, disability and death, and increase healthcare costs for the individual and the healthcare system. Epilepsy-related medical costs associated with uncontrolled epilepsy are 2 to 10 times higher than with controlled epilepsy. Surgical outcomes may also worsen, since epilepsy pre-surgical evaluation requires significant attention to detail to identify the exact part of the brain to be removed.

Due to the importance of these services, we ask CMS to carefully consider all stakeholder comments and requests on the proposed rules before proceeding with new payment rates under PFS and OPPS for 2020. The HHS Healthy People 2020 includes a national objective to “increase the proportion of people with epilepsy and uncontrolled seizures who receive appropriate medical care,” which includes being seen by an epilepsy specialist with access to tools such as long-term EEG monitoring to accurately diagnose and treat intractable epilepsy. We believe that reductions of the magnitude proposed in the rules could impede progress towards this goal, are not in the best interests of Medicare beneficiaries living with epilepsy, and are likely to increase healthcare costs.
We, instead, urge CMS to appropriately value these important services so that, together, this goal can be achieved and more people with seizures and epilepsy have access to high-quality EEG testing services.

Sincerely,