apda AMERICAN PARKINSON DISEASE ASSOCIATION
Strength in optimism. Hope in progress.

March 30th, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically: CMS-6098-NC Request for Information Related to Comprehensive Regulations To Uncover Suspicious Healthcare (CRUSH)

Dear Administrator Oz:

The American Parkinson Disease Association[i] (APDA) appreciates the opportunity to provide public comment on the Centers for Medicare and Medicaid Services' (CMS) *Request for Information Related to Comprehensive Regulations To Uncover Suspicious Healthcare (CRUSH)*.[1]

In response to the specific questions raised in the *Request for Information Related to CRUSH*, the APDA urges the Administration to protect access to appropriate, timely genetic testing, invest in evidence-based prevention programming, and conduct stakeholder engagement efforts to reduce costs and improve quality of care.

Protect Access to Appropriate, Timely Genetic Testing

Access to appropriate, timely genetic testing can help inform diagnosis and referral to services which can reduce the total costs of care across a patient's care trajectory through better condition management . This may ultimately limit future utilization of more intensive, costly interventions. In addition to potential net savings, genetic testing also provides benefit to the patient and patient's family, as it can inform health care planning and decision-making.

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[1] https://www.federalregister.gov/documents/2026/02/27/2026-03968/request-for-information-rfi-related-to-comprehensive-regulations-to-uncover-suspicious-healthcare

The APDA encourages the Centers for Medicare and Medicaid Services (CMS) to consider costs, potential cost savings, and benefits to the patient in any assessment, including any regulatory impact assessment, related to genetic testing rulemaking.

Investment in Evidence Based Prevention Programming

Last week, a report was issued on the *The Economic Burden of Parkinson's Disease and Atypical Parkinsonisms in the United States*. According to the report, for the 1.2 million people living with Parkinson's disease (PD) or Atypical Parkinsonism (AP), the total economic burden for 2024 is estimated to be $82.2 billion. Of that amount, $23.8 billion or 30% is attributed to direct medical expenses born by payers and patients.[2] Given that 89% of the population is eligible for Medicare, the APDA estimates the Medicare spend to be $21.2 billion. The report further indicates that per capita Medicare spending for people living with PD or AP ranges from $34,463 for those between the ages of 65-74 and $42,993 for those over 75. This is significantly more than the per capita comparison group, which a range between $16, 439 and $22,654 for the age groups.[2]

While further analysis is necessary to fully understand the Medicare expenditures associated with PD and AP, the APDA believes there are opportunities to reduce unnecessary spending and increase quality of care through investment in evidence-based falls prevention programs and other related preventative care programming that would reduce the cost of care and improve overall quality of life for those living with Parkinson's disease. We welcome the opportunity to work with the Administration on identifying ways to achieve these shared goals.

Stakeholder Engagement to Protect Access to Care

The APDA supports efforts to reduce health care waste, fraud, and abuse to ensure efficient stewardship of taxpayer dollars. However, efforts to reduce waste, fraud, and abuse must also consider potential unintended consequences on patients' access to appropriate, timely, and cost-effective care.

We greatly appreciate Administration's measured approach to reducing waste, fraud, and abuse while protecting patient access to medically necessary services through removal of Deep Brain Stimulation from the Wasteful and Inappropriate Service Reduction (WISeR) Model. Similarly, the APDA respectfully requests that CMS reconsider recent revisions to the Botulinum Toxin Injections Local Coverage Determination (LCD) (L35170). The revised

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[2] The Lewin Group. (2026). *Economic Burden of Parkinson's and Atypical Parkinsonism in the United States*. Michael J. Fox Foundation for Parkinson's Research. https://www.michaeljfox.org/sites/default/files/media/document/Economic%20Burden%20of%20Parkinson%E2%80%99s%20and%20Atypical%20Parkinsonism%20in%20the%20United%20States_0.pdf

LCD requires the use of an “objective clinical scale” as an indication of coverage which does not improve patient care, nor does it recognize the importance of continued symptoms management. Additionally, it is causing unnecessary burden on physicians and disrupting delivery of medically necessary care to the Parkinson’s disease population.[3]

The APDA appreciates the opportunity to provide written comments in response to the CRUSH request for information. We welcome the opportunity to support HHS’ efforts to address waste, fraud, and abuse, while at the same time protecting access and overall quality of care delivered. If you have any questions about the APDA comments or require additional information please contact Emma Plourde, APDA Director of Health Policy, at eplourde@apdaparkinson.org or 202-763-6801.

Sincerely,

Leslie A. Chambers

Leslie A. Chambers
President and Chief Executive Officer
American Parkinson Disease Association

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[i] The American Parkinson Disease Association is a nationwide grassroots network dedicated to fighting Parkinson’s disease (PD) and works tirelessly to help the approximately one million people with PD in the United States live life to the fullest in the face of this chronic, neurological disorder. Founded in 1961, APDA has raised and invested more than $313 million to provide outstanding patient services and educational programs, elevate public awareness about the disease, and support research designed to unlock the mysteries of PD and ultimately put an end to this disease.

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[3] https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35170&ver=60