

NOVEMBER 2021

Advocacy Monthly



Cures 2.0 Bill Is Unveiled with Claims Data Language

Earlier this month, Representatives Diana DeGette (D-CO) and Fred Upton (R-MI) introduced the bipartisan [21st Century Cures 2.0 package](#)—follow-up legislation to the 21st Century Cures Act signed into law in 2016. Notably, the 173-page bill includes claims data language from the [Meaningful Access to Federal Health Plan Claims Data Act of 2021](#). This STS-endorsed legislation, previously introduced by Reps. Larry Bucshon, MD (R-IN) and Kim Schrier, MD (D-WA), would provide clinician-led clinical data registries such as the STS National Database and STS/ACC TVT Registry with access to federal health care claims data for the purposes of research and quality improvement. Gaining access to claims data is a 2021 STS Advocacy Priority, and inclusion of the Bucshon-Schrier legislation in Cures 2.0 was discussed during the Virtual Advocacy Conference in September. For more information on becoming involved in STS advocacy efforts, visit the [STS website](#) or contact advocacy@sts.org.

Antibiotics to Battle Superbugs Are Key Feature in New Legislation

The Cures 2.0 legislation also addresses antibiotic resistance with the inclusion of the [Pioneering Antimicrobial Subscriptions to End Up Surging Resistance \(PASTEUR\) Act](#). This is a critical issue for cardiothoracic surgery—up to 50% of pathogens that cause surgical site infections are resistant to standard prophylactic antibiotics in the US. Bolstering the development of new antimicrobial drugs will help preserve the ability to conduct safe surgeries. The PASTEUR Act would provide sizable, subscription-based government contracts for access to innovative, high-priority antibiotics.

CMS Dramatically Cuts Medicare Reimbursement for CT Surgeons

The Centers for Medicare & Medicaid Services (CMS) recently released the 2022 Physician Fee Schedule, which dramatically cuts Medicare reimbursement for cardiothoracic surgeons. The payment reductions total nearly 10% for cardiothoracic surgery. Reps. Bucshon and Ami Bera, MD (D-CA) responded by introducing legislation, [H.R. 6020, the Supporting Medicare Providers Act of 2021](#), that would temporarily pause a 3.75% cut to physician reimbursement. Congress also must act to repeal an additional 6% sequestration of Medicare funds. “Our health system is already stressed to the breaking point. We urge Congress to intervene for the sake of our patients,” said STS First Vice President John H. Calhoun, MD. STS will continue fighting against these cuts, which become effective on January 1, 2022. Contact your members of Congress via the [STS Legislative Action Center](#) and ask them to support this new legislation.

As part of the campaign against Medicare cuts, the Surgical Care Coalition recently released a [video message](#) from STS Immediate Past President Joseph A. Dearani, MD, who explains how Medicare cuts will cause further damage to the health care system and harm patient care.



Surgical Orgs Continue Conversation with CMS about E/M Policies

In follow up to a recent virtual meeting with CMS, the Society, along with the American College of Surgeons and other organizations, sent a [letter to the agency](#) regarding the evaluation and management (E/M) postoperative office visits within the global surgical codes. The group is strongly opposed to the CMS position not to incorporate increases to the work relative value units for 10- and 90-day global codes. The current policy implies that physician work for an office visit is less when performed in a surgical global period, and “this is simply not correct,” according to the letter. STS will monitor developments related to this issue.

Congress Demands Proper Implementation of Surprise Billing

The Society supported a [letter led by Reps. Brad Wenstrup \(R-OH\) and Tom Suozzi \(D-NY\)](#) to the secretaries of the US Departments of Health and Human Services, Treasury, and Labor requesting that the Interim Final Rule (IFR) on surprise billing be revised. The No Surprises Act—passed by Congress in December 2020— specified an Independent Dispute Resolution (IDR) process that considered multiple factors when settling payment disputes and did not favor any stakeholder. Unfortunately, the recent IFR benefits insurance plans by assuming the median in-network rate is the appropriate payment amount. If the IDR approach is fully implemented, there may be lower in-network payment rates and/or health care providers may be forced out of insurer networks, ultimately making it more difficult for patients to find in-network care.

STS Supports Increased Funding for Tobacco Control Programs

More than 60 medical organizations—including STS—signed a [Campaign for Tobacco-Free Kids letter](#) pushing for a \$72.5 million increase in funding (for a total of \$310 million) in fiscal year 2023 for the Centers for Disease Control and Prevention’s Office on Smoking and Health (OSH). This increase would allow OSH—the lead federal agency for comprehensive tobacco prevention and control—to strengthen efforts that address the epidemic of e-cigarette and tobacco use and

expand programs to assist regions disproportionately harmed by tobacco use. The group also proposed expanding access to tobacco cessation medications and services in Medicaid and the Children's Health Insurance Program.



**The Society
of Thoracic
Surgeons**

633 N. Saint Clair St., Suite 2100
Chicago, IL 60611
312-202-5800



Click [here](#) to unsubscribe or change your email preferences.
Click [here](#) if you are having trouble viewing this message.