



STS Advocacy Priorities 2021

- **Maintain Patient Access to Cardiothoracic Surgery**

- **Prevent Damaging Cuts to Medicare Reimbursement**

Background

Surgeons narrowly avoided devastating cuts to Medicare reimbursement, originally set to begin January 1, 2021. This fix expires on January 1, 2022. Cuts of this magnitude represent a very real threat to the financial viability of cardiothoracic surgeons' clinical practices and, more importantly, could limit patient access to care. The Medicare reimbursement cuts, administrative burden, and physician burnout all deter medical students entering from choosing the cardiothoracic surgery specialty and accelerate the rate of physician retirement.

- **Address the Cardiothoracic Surgery Workforce Shortage**

- Support raising the cap on Medicare-supported residency positions;
- Provide for deferred loan repayment for specialties with long training periods;
- Support \$50 million in funding for the Pediatric Subspecialty Loan Repayment Program for FY 2022
- Support and promote medical simulation technologies;
- Examine geographic and economic factors leading to the maldistribution of residency positions across the United States;
- Encourage appropriate visa policies to ensure International Medical Graduates and medical students are able to study and practice medicine in the United States;
- Support policies that reduce administrative burden and physician burnout including mental health services for physicians and support-staff;
- Collaborate with policymakers on ways to make medical school more accessible and affordable.

Background:

Cardiovascular disease accounts for more than one-third of the deaths in the United States. As of 2015 there were just 4,485 active cardiothoracic surgeons nationwide, which equated to 1 cardiothoracic surgeon per 71,665 people. More than half of the current cardiothoracic surgeon workforce is 55 years and older and will be retiring in the near term and the Medicare-age population – those most frequently affected by cardiovascular disease – is expected to double by 2030.

- **Improve Health Equity**

- Support research on racial and socioeconomic equity in access to health care and health outcomes;
- Support legislation that advances racial and socioeconomic equity in access to health care and health outcomes while maintaining high quality care for patients;
- Educate policymakers on how the STS National Database can be used to help inform research on health outcomes across various groups;
- Encourage diversity, equity, and inclusion in the health care system.

Background:

STS is deeply committed to the elimination of racial bias and disparities in healthcare. STS recognizes disparities in access to health care and health outcomes across races, socioeconomic status, and gender. The disproportionate impact of diseases on communities of color has been seen amidst the COVID crisis and

elsewhere. For example, Black American and Asian American never smokers are more likely to die of lung cancer; Black Americans are more than twice as likely as Asian or Pacific Islander Americans to die of heart disease.

- **Use Real World Data to Enhance Care Quality and Innovation**

- Ensure that clinician-led clinical data registries can access Medicare claims data to facilitate outcomes-based research that improves health care quality and cost-effectiveness
- Preserve coverage with evidence development (CED)

Background:

The robust clinical information in the STS National Database, when combined with Medicare claims, will paint a full picture of patient care and facilitate meaningful health research and quality improvement.

CED grants Medicare coverage of a treatment or technology conditioned on continued data gathering through a clinical trial or registry. CED is a critical mechanism to track post-market outcomes and Real World Evidence. CMS has recently signaled a shift away from using CED in coverage decisions. STS will work to ensure CMS and Congress recognize the importance of data collection through registries to Medicare coverage and improved patient outcomes and pursue policies to preserve CED.

- **Preserve Health Care Research Funding**

- Sustain or increase funding for agencies focused on health care research such as, but not limited to CDC, HHS, NIH, and PCORI;
- Support \$500 million in funding for Agency for Healthcare Research and Quality (AHRQ) for FY 2022;
- Support \$50 million in funding for CDC and NIH to conduct gun violence research for FY 2022.

Background:

In 2019, STS successfully fought for reauthorization of the Patient-Centered Outcomes Research Institute, which funds research that helps patients make better-informed decisions about their healthcare. In 2020, Congress sustained funding for AHRQ and increased funding for HHS, NIH, and CDC. In 2019, for the first time in two decades, Congress funded federal research into gun violence. Funding for these entities and programs is critical as the United States battles the COVID-19 pandemic compounded with underlying health problems of the country.

- **Strengthen Support Systems for Patients with Congenital Heart Disease (CHD)**

- Continue advocating for CHD research and support funding for smoking cessation programs for parents of children with CHD;
- Advocate for public and private insurance to provide a mental health counseling session for parents after a CHD diagnosis of a child;
- Ensure newborns are screened for CHD using pulse oximetry testing upon hospital discharge.
- Advocate for continuation of prior approved treatments for CHD when young adults with CHD turn 18 or age out of their parent's insurance plan;
- Ensure that a transition in insurance coverage, whether private or public, does not inhibit access to care for CHD patients due to bureaucratic red-tape.

Background:

Eight out of every 1,000 newborns in the U.S. are born with CHD. CHD children and adults can require specialized care that can be taxing on patients and families. While STS previously supported the Congenital Heart Futures Act of 2018, there is more work to be done to ensure quality care for CHD patients.