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# Advocacy Monthly



## Members Take Action to Advance the Specialty

Approximately 60 STS members from across the country are meeting today with policymakers during the Society's Virtual Advocacy Conference. They are urging lawmakers to oppose Medicare reimbursement cuts, help expand the physician workforce shortage, and support registry access to Medicare claims data. STS members are the most effective advocates for the specialty and patients; if you could not attend the conference, you still have a chance to help by taking action through the [STS Legislative Action Center](#). For more details, contact the STS Government Relations office at [advocacy@sts.org](mailto:advocacy@sts.org).



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## STS Responds to Surprise Billing Interim Final Rule

The Society and more than a dozen other surgical organizations submitted [comments to the US Departments of Health and Human Services, Labor, and the Treasury](#) on the

interim final rule (IFR) for “Requirements Related to Surprise Billing; Part I.” This rule, which applies to health benefit plans beginning on January 1, establishes new protections from surprise medical billing for patients. In the letter, the group commented on various aspects of the rule, including the scope of protections, determination of cost-sharing amount, and payment amount to providers, as well as the methodology for calculating the qualifying payment amount. STS plans to review parts 2 and 3 of the IFR, when available.

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## **OPPS Rule Halts Elimination of Inpatient Only List**

In a [letter to the Centers for Medicare & Medicaid Services](#) (CMS), STS provided feedback on the recently released Outpatient Prospective Payment System (OPPS) proposed rule for 2022. The Society commended CMS for walking back last year’s efforts to eliminate the inpatient only (IPO) list of procedures. This list provides guidance to providers by specifying how and when the Medicare program will pay for certain services. “We are confident that our members select the site of service to perform a procedure based on the needs of the patient,” STS stated in the letter. Comments also addressed payment for the Shockwave C2 Coronary Intravascular Lithotripsy catheter and changes to the ambulatory surgical center payment system. The final OPPS rule should be released later this fall.

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## **Coalition Urges Continued Investment in Physician Workforce**

The Graduate Medical Education (GME) Advocacy Coalition—which includes the Society—recently sent a [letter to congressional leaders](#), urging them to include in the budget reconciliation bill policies that would increase Medicare support for GME. Currently, work is under way on policy details and exact financials in the \$3.5 trillion legislation, titled the “Build Back Better Agenda.” While Congress made a critical initial investment in the physician workforce by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act, 2021, the Coalition stated that “more is needed to substantially increase the number of physicians” and help address the growing shortages in the physician workforce.

A new article published online ahead of print in *The Annals of Thoracic Surgery* summarizes the importance and nuances of GME. In "[Preparing for the Future: Funding for Graduate Medical Education in Cardiothoracic Surgery](#)," Drs. John DiMaio, Ourania Preventza, Raymond Strobel, and colleagues also describe the "projected manpower shortages in the thoracic surgical workforce" and detail what needs to be done in order to ensure the future of the specialty.



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