

The Society of Thoracic Surgeons

STS Advocacy Monthly

January 2016

The Society of Thoracic Surgeons is pleased to present this issue of *STS Advocacy Monthly*, an e-newsletter with the latest and most important legislative and regulatory news relevant to cardiothoracic surgery. If you have comments or suggestions, please e-mail advocacy@sts.org.

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STS Comments on Physician Fee Schedule Final Rule

The Society has [submitted comments on the Physician Fee Schedule final rule](#) for FY2016. The Physician Fee Schedule is one of the regulations governing Medicare payments for physicians.

In the letter, STS reiterated concerns that the valuation of CPT codes for mediastinoscopy with biopsy was too low. The Society also noted that the practice expense Relative Value Units for 31 codes had inexplicably declined from the previous year and requested that the Centers for Medicare & Medicaid Services (CMS) correct this anomaly.

The changes promulgated in this final rule became effective on January 1. However, CMS may still make technical corrections, and STS will continue to monitor activity surrounding its requests.

Meaningful Use Hardship Exemption Applications Due This Spring

Deadlines are approaching to apply for hardship exemptions to the Electronic Health Record Meaningful Use (MU) program. The deadline for eligible professionals is March 15, 2016, and hospitals have until April 1, 2016.

Under the [Patient Access and Medicare Protection Act](#), which passed as a part of a larger legislative package in December 2015, CMS will grant hardship exemptions to entire categories of eligible professionals and hospitals, rather than assessing each on a case-by-case basis. As reported in the [November 2015 STS Advocacy Monthly](#), the Society had advocated for a blanket hardship exemption to prevent penalties for all eligible professionals. However, this change does help alleviate some of the burden placed on providers when CMS failed to publish important MU regulations in time for physicians and others to implement changes last year.

The Society Comments on Proposed Changes to the Common Rule

STS [joined a Physician Clinical Registry Coalition letter](#) commenting on proposed revisions to the Common Rule for human subjects research. The revisions would bolster informed consent provisions, amend requirements for administrative or institutional review board review, add new data security and

information protection standards, require written consent for use of an individual's biological samples, and strengthen the overall effectiveness and efficiency of the oversight system.

In the letter, the Registry Coalition asked the Office of Human Research Protections to:

- Add activities that involve statistical comparisons, such as benchmarking, to the exclusion for quality improvement activities;
- Add business associates and researchers who comply with the Health Insurance Portability and Accountability Act (HIPAA) to the exclusion for data collection activities covered by HIPAA;
- Eliminate the requirement that clinical data registries send a notice to patients when using identifiable private information for secondary research; and
- Harmonize policies among federal departments and agencies that have adopted the Common Rule by making Common Rule modifications in consultation with the Office for Civil Rights.

A final version of the Common Rule will be forthcoming.

AHRQ Funding Changes for 2016

On December 18, Congress passed the FY2016 omnibus appropriations package to avoid a government shutdown. As reported in the [December 2015 issue of STS Advocacy Monthly](#), the package allocates \$334 million to the Agency for Healthcare Research and Quality (AHRQ), which is approximately 8% less than the Agency's FY2015 funding level. Fortunately, the portion of AHRQ's budget for Investigator-Initiated Research Grants will receive a 3.3% increase, which is good news for surgeon-led research.

STS-PAC and Grassroots Advocates Have Strong Year

STS members turned out in full force last year to support the Society's advocacy efforts, participating in 59 [STS Key Contact](#) activities. This included site visits with members of Congress at STS members' institutions, as well as in-person meetings on Capitol Hill.

Continuing the success, STS-PAC saw its second straight year of growth in 2015, raising a total of \$148,769 from 417 contributors. In 2014, 373 STS members contributed \$137,968.

The PAC's work is not done, however. Continued contributions are essential to help ensure that cardiothoracic surgeons have a voice in shaping health policy initiatives. Visit the STS Booth (#523) in the Exhibit Hall at the STS 52nd Annual Meeting, January 23-27 in Phoenix, to make your 2016 contribution, or [contribute online](#).* Additionally, a special reception for PAC contributors will be held from 6:30 p.m. to 7:30 p.m. Monday, January 25, in the Camelback B Ballroom at the Sheraton Grand Phoenix.

*Contributions to STS-PAC are voluntary and not tax deductible for federal income tax purposes. You have the right to decline to contribute without any reprisal against your STS membership. **Your contribution must be made using a credit card, check or money order, and must be drawn on a personal account to be used to support federal candidates. You must be a U.S. citizen or lawfully admitted permanent U.S. resident to contribute.** Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of each individual whose contributions exceed \$200 in a calendar year. Federal law prohibits STS and STS-PAC from soliciting contributions from persons outside STS's restricted class. STS's restricted class includes individuals who are dues paying members or non-dues paying members with voting rights, and who are U.S. citizens or lawfully admitted permanent U.S. residents.