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Thank YOU!

We at SHM wanted to say thank you for the tireless work you have done, and continue to do, throughout the duration of the COVID-19 pandemic. As the pandemic stretches into another year, your ongoing commitment to caring for patients has been an honor to witness. We are so grateful to work with you all. Cheers to you and a future made brighter by your tireless work.

2021: A Year in Review

While the COVID-19 pandemic continued to dominate our lives throughout 2021, SHM continued to engage in advocacy work, both related and unrelated to COVID, to ensure that hospitalists, their patients, and the specialty of hospital medicine were properly valued and supported. Check out the infographic (right) to get a quick summary of our year in review.



Advocacy Wins

Medicare Reimbursement Cuts Averted

Hospitalists and other clinicians who bill Medicare faced an approximate 10% payment cut to their Medicare reimbursement starting on January 1, 2022. SHM advocated against these cuts throughout 2021, and on December 9th, the Senate passed, and on the 10th, President Biden signed the Protecting Medicare and American Farmers from Sequester Cuts Act into law. This legislation places a moratorium on the 2 percent sequester cut through the end of March, at which point a 1% cut would go into effect through the end of June. This bill also includes an across-the-board 3% positive payment adjustment to Medicare provider reimbursement. Furthermore, this bill would delay the 4% PAYGO cut until 2023. Taken together, this bill blunted most of the scheduled cuts.

While we are thrilled these cuts were averted, this legislative fix has only temporarily halted the payment cuts. SHM will continue to advocate for a permanent solution to ensure fair reimbursement for hospital medicine.

Dr. Lorna Breen Health Care Provider Act Passed

As the legislative vehicle to pass the Medicare payment fixes, Congress also passed the Dr. Lorna Breen Health Care Provider Protection Act, which begins to address a rapidly expanding issue of burnout among healthcare professionals. It establishes grants that support training strategies to reduce and prevent suicide, burnout, and substance use disorders among healthcare professionals, and provides program funding to educate and promote mental and behavioral health in the healthcare workforce.

Passing this important legislation represents an important first step in addressing the crisis of physician suicide and burnout. SHM remains committed to supporting hospitalists and their mental health and well-being and will remain involved in advocacy efforts to support physician wellbeing.

Facility-Based Measurement: Extreme and Uncontrollable Circumstances Policy

Due to on-going reporting flexibilities and disruptions to quality reporting, CMS is unable to calculate a MIPS facility-based score for the 2021 Performance Year. SHM asked CMS to consider automatically applying the Extreme and Uncontrollable Circumstances exception (EUC) for providers who would have otherwise used the facility-based measurement for their MIPS scores. In response, CMS updated their policy to apply an automatic EUC policy for all individual MIPS eligible clinicians, going beyond our more targeted ask. Providers who participate in facility-based reporting did not need to take any action as the EUC exception was automatically applied. For more information, read our FAQ on 2021 Facility-Based Measurement.

X the X-Waiver: HHS Practice Guideline Changes

Buprenorphine is a highly effective addiction treatment; however, its classification as a Schedule III Controlled substance has meant this lifesaving treatment is highly regulated and inaccessible to the vast majority of patients in need. Until April 2021, clinicians were unable to prescribe buprenorphine without completing 8 hours of training to obtain a specialized X-waiver. SHM has been advocating for many years to eliminate the X-waiver, as it is a barrier for prescribing buprenorphine.

The U.S. Department of Health and Human Services (HHS), recognizing the acute need for this medication, as well as the low risk of diversion and abuse, issued updated practice guidelines effective April 28, 2021, that allow providers to forego the training requirement for the X-waiver. Practitioners who wish to prescribe buprenorphine now only need to submit a Notice of Intent (NOI) to Substance Abuse and Mental Health Services Administration (SAMHSA). Once SAMHSA approves the NOI, practitioners will be able to prescribe buprenorphine to up to 30 patients. While these practice guideline changes eliminate some unnecessary barriers to treatment, SHM is committed to eliminating the X-waiver and further advancing access to buprenorphine.

[Learn more](#) about this change and how to submit your NOI to SAMHSA.

Ensuring Hospitalists Have a Seat at the Table

SHM continues to be seen as a trusted leader in healthcare advocacy, and as a result, is invited to participate in Congressional briefings and roundtable discussions. These opportunities help to shape and influence the issues most important to hospitalists, hospital medicine, and hospitalized patients.

In April, SHM was asked to serve as an expert panelist in a congressional briefing on the Mainstreaming Addiction Treatment Act. The briefing, organized by the congressional Addiction, Treatment and Recovery (ATR) Caucus, included an array of stakeholders ranging from public health and legal experts like NC Attorney General Josh Stein to clinicians like Dr. Kendall Rogers (on behalf of SHM), as well as foundations working to fight addiction. The briefing focused on expanding access to and educating the public and clinicians about the safety and efficacy of buprenorphine as a treatment for OUD.

In October, Congressman Earl Blumenauer's office invited SHM to participate in a roundtable discussion on palliative and end-of-life care, which is one of his policy priorities. He sought information on the clinical realities of end-of-life care and how the COVID-19 pandemic impacted advanced care planning. SHM subsequently worked to develop a more detailed response to Congressman Blumenauer's request for further information, highlighting issues such as lack of portability of advance directives and interoperability in EHR systems, access to support staff and inpatient hospice options, and the potential of telehealth in expanding access to these end-of-life discussions.

We are excited to continue working alongside Congressional offices, providing important clinical expertise and perspectives in 2022.

Looking Forward: Advocacy in 2022

SHM remains committed to advancing policies and legislation that supports hospital medicine, hospitalists, and patients. While it is important to celebrate our wins, it is equally important to continue looking forward. We will continue to advocate for long-term fixes in the Medicare payment system, as well as ensuring that hospitalists' voices are represented in policymaking on a variety of issues that matter to our specialty and our patients. This includes continuing to work on other important issues such as advocating for fair immigration policies to bolster the physician workforce and increasing access to opioid use disorder treatment.

To help support our advocacy agenda, please visit our legislative action center to learn more about the issues linked below.

- [Equal Access to Green cards for Legal Employment \(EAGLE\) Act](#)-previously known as the Fairness for High-Skilled Immigrants Act
- [Conrad State 30 and Physician Reauthorization Act](#)
- [Healthcare Workforce Resilience Act](#)
- [Mainstreaming Addiction Treatment Act](#)
- [Improving Access to Medicare Coverage Act](#)