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SHM Supports the Reintroduction of the Mainstreaming Addiction Treatment Act

On January 15, 2021, the Department of Health and Human Services (HHS) under the Trump Administration announced they would amend practice guidelines to exempt physicians from needing the X-waiver to treat opioid use disorder (OUD) using buprenorphine. These guidelines would have loosened prescribing requirements for buprenorphine and would have enabled hospitalists to better respond to the opioid crisis. Unfortunately, HHS under the Biden Administration determined they lacked the statutory authority to eliminate the X-waiver and rescinded the practice guideline change. While we are disappointed by the rapid reversal of this decision, we will continue to advocate for expanded access to buprenorphine.

On March 25, 2021, Representative Paul Tonko (D-NY), Representative Mike Turner (R-OH), Representative Antonio Delgado (D-NY), Representative Anthony Gonzalez (R-OH), Senator Maggie Hassan (D-NH), and Senator Lisa Murkowski (R-AK) reintroduced the "Mainstreaming Addiction Treatment Act," (H.R. 1384/S. 445) which would eliminate the X-Waiver prescribing requirement for buprenorphine, a partial opioid medication used to treat OUD. We strongly support this legislation.

Buprenorphine is a safe and effective treatment for OUD; however, the X-Waiver prescribing requirement is an unnecessary barrier to treatment. While some hospitalists have completed the X-Waiver training and are able to prescribe buprenorphine at discharge, waived hospitalists often struggle to find outpatient providers who can continue this treatment. Eliminating the X-Waiver will reduce issues related to care continuity for patients with OUD and expand access to this lifesaving treatment.

To read our letter supporting this legislation, please [click here](#). To send a message to your Senators and Representative supporting this legislation, please [click here](#) to visit our legislative action center.

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SHM Supports the Medicare Sequester COVID Moratorium Act

The Budget Control Act of 2011 requires, among other things, mandatory across-the-board reductions in Federal spending, also known as sequestration. The impact of sequestration on Medicare payment is negative 2% yearly. However, COVID-19 has placed enormous financial strain on hospitals, hospital systems, and physician practices throughout the country. To alleviate some financial pressures, Congress issued a moratorium on Medicare sequester cuts through March 31, 2021.

Congress has paused the across-the-board Medicare reimbursement (sequester) cut during the COVID-19 pandemic. The Consolidated Appropriations Act of 2021, [passed](#) in December 2020, provided a three-month reprieve from the cuts to support provider organizations battling the ongoing pandemic. The moratorium is slated to expire at the end of March without Congressional intervention. For hospitalists and other physicians, the Medicare sequester would cut Medicare pay by 2%.

SHM supports the Medicare Sequester COVID Moratorium Act (H.R. 315), which will extend the moratorium on Medicare sequester cuts until the end of the COVID-19 public health emergency (PHE).

We support continuing the moratorium until the end of the PHE to limit further financial uncertainty in hospital medicine groups.

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SHM Supports the Confirmation of Vivek Murthy as Surgeon General

SHM strongly supports the nomination of Vivek Murthy, M.D., M.B.A. to the position of Surgeon General of the United States. Dr. Murthy is a well-respected hospitalist with decades of public health expertise and brings unparalleled capability to a role that is incredibly important during a once-in-a-lifetime public health crisis.

Dr. Murthy was previously named co-chair of the COVID-19 Advisory Board. In this role, he led the development of the incoming Biden Administration's COVID-19 response. The depth of his involvement with the Biden administration's COVID-19 response plan will allow him to begin his critical work immediately once he is confirmed by the Senate. Dr. Murthy's previous service as Surgeon General from 2014-2017 gives him added advantage and institutional knowledge to confront the pressing public health needs of the nation.

Dr. Murthy's track record of public service, public health expertise, and previous experience as Surgeon General demonstrates his unparalleled qualifications to serve in this role. As Surgeon General, Dr. Murthy will bring a demonstrated commitment to public service coupled with the quality-driven, results-oriented mindset of a hospitalist physician.

SHM strongly supports his confirmation. To read our full letter, please [click here](#). To send a message to your Senators in support of his confirmation, please [click here](#).

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SHM Joined Multi-stakeholder Letter on Merit-based Incentive Payment System (MIPS) Value Pathway (MVP)

The Centers for Medicare and Medicaid (CMS) has been developing the Merit-based Incentive Payment System (MIPS) Value Pathway (MVP) in order to establish a reporting option that moves the program away from a very individualistic method of reporting to a more holistic, episodic, or condition-focused approach with a clear end goal of improving patient outcomes. Included in the letter are suggestions to ensure MVPs are not a reinvention of traditional MIPS. The letter also suggests CMS create MVPs with clinical relevance to participating clinicians and establish incentives to encourage providers to utilize MVPs. We also strongly encourage MVPs remain entirely voluntary.

To read the full letter, please [click here](#).

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Continued COVID-19 Flexibilities for the Merit-based Incentive Payment System (MIPS)

On February 25, the Centers for Medicare and Medicaid Services (CMS) announced it will continue flexibility and extend the hardship exception policy from the MIPS program due to the ongoing COVID-19 pandemic. All MIPS eligible clinicians who do not submit any MIPS data for 2020 performance year will be automatically held harmless and avoid a penalty in 2022 Medicare payments. In addition, CMS has reopened the Extreme and Uncontrollable Circumstances application for groups and alternative payment model entities who missed the earlier deadline for the 2020 MIPS performance year. The re-opened application deadline is March 31, 2021.

For more information about the automatic exception and the re-opened application period, please see CMS' [QPP COVID-19 Response Fact Sheet](#).

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Thank You

We at SHM continue to be thankful and inspired by the resourcefulness and resilience of hospitalists across the country throughout the COVID-19 pandemic. Thank you for all the work you do, and continue to do, each and every day.

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