

# Grassroots Newsletter

## Inside this issue

- [Legislative Update](#)
- [Fairness for Highly Skilled Immigrants Act--It's Up For a Vote!](#)
- [Conrad State 30 Reauthorization Act](#)
- [Mainstreaming Addiction Treatment Act](#)
- [Increasing Access to Medicare Coverage Act](#)
- [Reducing Administrative Costs and Burdens Act](#)
- [Take Action!](#)

## Legislative Update

SHM, through its Public Policy Committee and staff, work with members of Congress, as well as regulatory agencies like the Centers for Medicare and Medicaid (CMS), to advocate for patients and our specialty.

Our regulatory advocacy consists, in part, of commenting on rules released by CMS that cover a range of topics from how physicians and hospitals are paid to how a patient qualifies for various Medicare benefits. Proposed rules are reviewed by relevant SHM committees, and staff compiles their input and suggestions into a comment letter. CMS reads each comment as they consider amending, altering, or finalizing their proposals. The hard work of our committees and relationships that have been built with CMS over the years enables SHM to effectively comment and influence positive change in the regulatory sphere.

Our legislative advocacy work consists of a combination of Hill visits, letters, and digital organizing. Each contact made with an elected representative, whether in person, via email, or via letter, demonstrates constituents' interest in a particular issue. Many offices, for example, tally the number of calls, emails, and messages they receive in favor and in opposition of legislation (which is why it is so important to call and email your representatives!). Each message you send from our legislative action center really makes a difference and your engagement increases the success and influence of our legislative campaigns.

Your action is more important now than ever. The 2018 Midterm elections resulted

in the swearing-in of 118 new Congressional members. The large number of new members of the House and the Senate provides us the unique opportunity to develop and foster new relationships with Freshman lawmakers, and your help is a critical component. Get involved in our policy efforts and visit our [legislative action center](#) to send a message to your representatives!

We have been hard at work, advocating for issues like changing the status quo around observation, H1B and J1 visa reform, and addressing the opioid crisis, and we need your help to be as effective as possible. This newsletter will serve as our advocacy update and will detail our current advocacy campaigns.

If you want the most up-to-date information about our efforts, follow us on Twitter at [@SHMAdvocacy](#).

[Top](#)

## **Fairness for Highly Skilled Immigrants Act--It's Up For a Vote!**

SHM has been advocating to improve the H1-B visa system for years and our hard work, through Hill Days, letters, and action alerts, is paying off! The Fairness for High Skilled Immigrants Act has 311 cosponsors in the House of Representatives and the bill is expected to be brought to the floor for a vote this week. While the bill is expected to pass the House, we want to flood Congress with messages of support to increase the likelihood of its passage in both the House and Senate. Click [here](#) to send a message of support to the Hill.

Many hospitalists are highly trained medical professionals who immigrated to the United States on employment-based visas, such as the H1-B, and find themselves stuck in decades-long green card backlogs. The backlogs are caused, in part, because of "per-country" immigration caps. As such, immigrants from India and China face significantly longer wait times than their peers from other, less populated countries. The Fairness for Highly Skilled Immigrants Act will help ensure that highly skilled medical professionals, regardless of their country of origin, will be able to obtain a green card or permanent residency status in a fair and timely manner.

Immigrants fulfill a vital role in our healthcare system in underserved, understaffed regions, particularly in rural America. Their country of origin is irrelevant to the skills they possess and the care they provide. This legislation will remove the existing per-country cap, converting the employment-based immigration system into a first-come, first-serve system that does not discriminate based on country of origin.

[Top](#)

## **Conrad State 30 Reauthorization Act**

The Conrad State 30 Reauthorization Act would continue the Conrad State 30 program that allows medical students residing in the United States on a J-1 visa to remain in the United States if they agree to work in an underserved area for a minimum of three years. Since the authorization of this program in 1995, nearly 15,000 highly trained medical professionals have worked and provided quality care

in underserved areas. This bipartisan legislation will reauthorize the Conrad State 30 Program and will help ensure continued access to medical care in underserved communities. It will also help hospitalist groups recruit and retain these highly skilled providers.

Read the letter of support we sent to Congress by clicking [here](#). If you would like to learn more about this vitally important program, click [here](#).

Send a message to your elected representatives by clicking [here](#).

[Top](#)

## **Mainstreaming Addiction Treatment Act**

As the opioid crisis claims an average of 130 lives daily, we must utilize every tool available to combat this crisis. Buprenorphine, an opioid medication, is an effective treatment for addiction, and unlike methadone, buprenorphine does not need to be administered in tightly monitored treatment centers. Due to buprenorphine's classification as a Schedule III controlled substance, however, providers are unable to prescribe buprenorphine to treat opioid addiction without applying for a special license, known as the "X-waiver."

The Mainstreaming Addiction Treatment Act will eliminate the X-waiver prescribing requirement, create more opportunity to begin treatment at a critical time - during a hospitalization, and patients will then be able to seek addiction treatment from a provider they know and trust. France similarly deregulated buprenorphine in 1995 and saw a 79% decrease in overdose deaths within four years. We believe the deregulation of buprenorphine will increase access to and decrease stigma associated with addiction treatment.

Read our letter of support we sent to Congress by clicking [here](#), and click [here](#) and [here](#) to learn more about the importance of addressing addiction within the hospital setting.

Send a message to your elected representatives by clicking [here](#).

[Top](#)

## **Increasing Access to Medicare Coverage Act**

The Increasing Access to Medicare Coverage Act will make days spent in observation count towards the three day stay requirement for Medicare skilled-nursing facility (SNF) coverage. This bill will help ensure Medicare beneficiaries receive the post-discharge care they need without facing exorbitant and unexpected medical bills. Even though admitted patients receive nearly identical care to patients under observation, observation status is billed as outpatient care. As such, days spent in observation do not count towards Medicare's three day stay requirement, and patients who would benefit from post-hospitalization SNF care are saddled with extremely high bills or the decision to forego care.

We support this legislation because it protects patients from unexpected and high cost medical care, acting as an important first step to reforming observation policy.

If you would like to learn more about the legislation, click [here](#).

Send a message to your elected representatives by clicking [here](#).

[Top](#)

## **Reducing Administrative Costs and Burdens Act**

The Reducing Administrative Costs and Burdens Act encourages federal and state-level innovation to lower healthcare costs by reducing excessive administrative spending. Providers and hospital systems expend countless resources, in both time and dollars, adhering to unnecessary and excessive administrative burdens. National data suggests that more than 50 percent of the physician workforce is burned out, and excessive administrative burden is a major contributor to physician burnout. Notably, this legislation calls for a 50% reduction of unnecessary administrative costs from the Department of Health and Human Services (HHS) within the next ten years. We support this legislation because it has the potential to reduce excessive and burdensome administrative requirements that divert resources, including physician time and attention away from direct patient care.

Read our letter of support we sent to Congress by clicking [here](#).

Send a message to your elected representatives by clicking [here](#).

[Top](#)

## **Take Action!**

Want to support our legislative efforts? One of the most valuable ways to help affect policy change is to reach out to your elected representatives.

Visit our [legislative action center](#) to send a message to your elected representatives in support of any (or all) of the issues listed above.

[Top](#)

---

You are currently subscribed to a mailing list of Society of Hospital Medicine. If you wish to unsubscribe, please click [here](#).