



Legislative & Regulatory News

Congress Passes Healthcare-Focused Reconciliation Legislation

On August 12th, the House of Representatives passed the Senate-approved top domestic priority: a proposal to give Medicare the power to negotiate drug prices as well as a three-year extension of the enhanced Affordable Care Act (ACA) premiums.

Now, the bill goes to President Biden's desk to be signed into law, which will give Democrats and the White House a significant healthcare win heading into the midterm elections.

The economic package would additionally inject hundreds of billions of dollars into clean energy programs and raise taxes on corporations.

The *Inflation Reduction Act* includes \$739 billion in deficit-reduction measures over 10 years and \$433 billion in spending, reducing the deficit by about \$306 billion over a decade. The agreement includes \$369 billion in climate and energy spending and \$313 billion in corporate tax increases.

The bill would direct the Secretary of Health & Human Services (HHS) to negotiate with pharmaceutical manufacturers to lower prices on certain medicines and cap what seniors on Medicare pay for drugs each year at \$2,000. The measure also requires drug makers to rebate Medicare if their drug price increases exceed inflation. Further, the agreement extends to 2025 expanded ACA premium subsidies, which are currently set to expire at the end of 2022.

Removed from the bill were priorities originally included in the Build Back Better plan, like a historic increase in GME slots, which SIR lobbied in support of. Additionally absent from this final version were an expanded child tax credit, paid family and medical leave, universal pre-kindergarten, childcare for kids under 6, higher education assistance, affordable housing, immigration relief, and expansions of Medicaid and Medicare.

SIR's Government Affairs Team will continue to monitor these deliberations closely and provide updates as they develop.

House Passes Telehealth Extension

The House of Representatives voted overwhelmingly for a bipartisan [bill that extends Medicare telehealth](#) payment and regulatory flexibilities through the end of 2024. The House's 416–12 vote last week is a manifestation of the massive support among lawmakers, patients, and physicians to build on the gains of telehealth seen during the COVID-19 pandemic and ensure it continues to be an accessible mode of care in the future.

SIR Requested Congressional Leaders to Fund New GME Slots

SIR [sent a letter](#) to U.S. Senate leaders on Aug. 1, urging them to increase Medicare support for graduate medical education (GME) in the budget reconciliation legislation. The Senate declined to include support for GME in the final version of the Inflation Reduction Act.

While Congress made a critical initial investment in the physician workforce by providing 1,000 new Medicare-supported GME positions in the 2021 Consolidated Appropriations Act—the first increase of its kind in nearly 25 years—further investment is needed. Without additional Congressional action, the United States will face a shortage of up to 124,000 physicians by 2034, a figure likely to be exacerbated by an aging physician population, rising rates of burnout, and early retirement due to the pandemic.

In addition to advocating for more GME slots in the budget reconciliation package, SIR is also asking Congress to support the [Resident Physician Shortage Reduction Act](#), which would fund 14,000 new resident training slots and provide even greater relief.

Congress Clarifies Intent on 1,000 New GME Positions

Both the House and Senate Appropriations reports contained language that clarifies Congressional intent for the distribution of the 1,000 new, Medicare-supported GME slots provided in Section 126 of the Consolidated Appropriations Act, 2021.

The [Senate explanatory statement](#) reiterated that Congress specified four categories of eligible hospitals for distribution of the slots:

- Hospitals training residents over their cap
- Hospitals in states with new medical schools
- Hospitals in rural areas, and;
- Hospitals serving Health Professional Shortage Areas

It notes that the Centers for Medicare & Medicaid Services (CMS) has created a “super prioritization” standard through rulemaking, which is heavily reliant on the location of the teaching hospital. The language stressed that this “super prioritization” is “not found in the statute and is not consistent with Congressional intent.” Further, the Senate language directed CMS to “eliminate or partially modify the ‘super prioritization’ in fiscal year 2023 and beyond.”

Both reports urge CMS to “prioritize applications from any hospitals seeking to establish or expand residency training in certain needed specialties, such as primary care, geriatrics, and general surgery, as had been the priority with previous GME slot distribution programs.”

SIR sent a letter to MedPAC regarding Site Neutrality

As a member of the Clinical Labor Coalition, on August 2, SIR sent a [letter](#) to the Medicare Payment Advisory Commission (MedPAC), responding to Chapter 6 of their recent report which recommends the alignment of fee-for-service payment rates across ambulatory settings.

The letter expresses concern over setting payment rates for a certain service equal to the setting with the lowest payment. Slashing all payments to the lowest amount in any setting will create instability in the market and may lead to situations where services are no longer provided due to such a significant reduction in reimbursement, particularly in underserved areas.

Recent Meetings with Members of Congress

Sen. Todd Young (R-IN) - On Aug. 8, SIR Government Affairs Committee member, Dr. Travis Pebror, co-hosted a reception for Sen. Young in Indianapolis. The Senator sits on the Finance Committee's Subcommittee on Health and has been a consistent friend to the physician community.

Sen. Jacky Rosen (D-NV) - SIR hosted an event for Sen. Rosen in Washington that was attended by several other medical societies on June 22nd. Sen. Rosen is married to a radiologist, is very familiar with our advocacy issues, and is committed to helping physicians provide the necessary care to patients.

Rep. Lloyd Doggett (D-TX) - SIR recently participated in an event with Congressman Doggett, who is the Chair of the Ways & Means Committee's Health Subcommittee.

Sen. Mitch McConnell (R-KY) - SIR staff attended a breakfast with the Senate Minority Leader along with Sen. Roger Marshall (R-KS), an obstetrician, and Rick Scott (R-FL) to discuss priorities for the remainder of the year as well as IR-specific policy concerns.

Lt. Gov. Molly Gray (D-VT) - SIR Government Affairs Committee Chair, Dr. Bill Majdalany and SIR staff attended a virtual event with Vermont's Lt. Gov, Molly Gray, who is running for the state's one at-large U.S. House district.

Sen. John Thune (R-SD) - SIR met with Sen. Thune, who is the Senate Minority Whip, on matters relating to healthcare and legislation that might advance in the coming months.

Rep. Frank Pallone (D-NJ) - On July 19, SIR met with Rep. Pallone, Chairman of the Energy and Commerce Committee, along with Rep. Yvette Clarke (D-NY) to discuss IR legislative issues.

Rep. Blake Moore (R-UT) - SIR and members of MaDPAC met with Rep. Moore on July 21st to discuss our advocacy issues and how the Congressman might be able to help advance these issues in Congress.

CMS - SIR staff attended a health policy event and discussed IR issues with the Chief of Staff to CMS Administrator Chiquita Brooks-LaSure.



Seeking Volunteers!

Voices for IR is SIR's grassroots advocacy program designed to amplify our communications on issues affecting interventional radiologists nationwide. Voices for IR prepares member volunteers to serve as an extension of SIR's advocacy team to help achieve our legislative and regulatory goals.

Grassroots advocacy involves SIR volunteer members contacting their local, state, or federal officials about issues that affect interventional radiology. In contrast to direct lobbying, grassroots advocacy is citizen-based activism. Grassroots advocates are individuals who are willing to act online, on the phone, or by mail to contact their elected officials. Through education and training, grassroots advocates can learn to collaborate directly with elected officials to promote interventional radiology. SIR provides volunteers with advocacy training and regular updates about IR-specific state and federal issues, as well as opportunities to meet elected officials to promote IR.

Please consider joining the Voices for IR program to increase SIR's reach with policymakers!

To learn more, please visit our [webpage](#).



SIRPAC is the only political action committee (PAC) serving Interventional Radiology exclusively. SIRPAC raises funds to support political campaigns of pro-IR federal elected officials. SIR raised over \$100,000 in contributions for SIRPAC last year- higher than in any previous year. These funds allow SIR to participate in exclusive events with key Members of Congress who can become champions of our advocacy priorities.

Thank you to everyone who has contributed to SIRPAC in 2022 so far!

Please consider elevating SIR's presence by [donating to SIRPAC](#) today, if you are a US citizen.

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