

September 9, 2021

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House Speaker Nancy Pelosi  
U.S. House of Representatives  
1236 Longworth House Office Building  
Washington, DC 20515

House Minority Leader Kevin McCarthy  
U.S. House of Representatives  
2468 Rayburn House Office Building  
Washington, DC 20515

Senate Majority Leader Chuck Schumer  
U.S. Senate  
322 Hart Senate Office Building  
Washington, DC 20510

Senate Minority Leader Mitch McConnell  
U.S. Senate  
317 Russell Senate Office Building  
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Leader Schumer, and Leader McConnell,

The Society of Hospital Medicine (SHM), representing the nation's hospitalists, urges Congress to address the impending and disastrous cuts to Medicare physician payments.

Hospitalists are front-line clinicians in America's acute care hospitals and focus on the general medical care of hospitalized patients. As a result, our members have been on the frontlines of the COVID-19 pandemic in every community across the country. Facing personal risk, exhaustion, and burnout, hospitalists have continued to provide high quality care throughout every surge of the pandemic, including those arising from the Delta variant.

Despite hospitalists' heroic resolve to care for patients hospitalized with COVID-19, they are exhausted and being pushed to the brink. Hospital medicine teams face record levels of burnout and staffing shortages. For example, a hospitalist team leader reported on a hospitalist who received surgery for a severe and extensive artery blockage who showed up to complete a full shift the next morning. When asked why he didn't take time off to take care of himself, he said, "my teammates are struggling and desperately trying to care for all of these sick COVID patients. We have one hospitalist out with COVID. Given the current surge, almost all of us who were off have volunteered to come in and help. I couldn't stay home and let my colleagues and our patients struggle." Although the details may differ, this is not an uncommon refrain across hospital medicine today. Attached to this letter are several additional stories our hospitalist members report from the frontlines.

Throughout the country, hospitalists report similarly challenging circumstances as they continue the fight against COVID-19. Notwithstanding personal and professional hardships, hospitalists continue to show up each day and provide high quality and lifesaving patient care. In spite of the herculean efforts by hospitalists and clinicians

across the healthcare system, an estimated 10 percent Medicare reimbursement cut is scheduled to go in effect on January 1, 2022.<sup>1</sup> These detrimental cuts will only exacerbate staffing problems and consequently harm patient care. One hospitalist group shared that they developed plans to rework staffing models, lower case volumes, and reimagine clinical and non-clinical roles to alleviate high clinician burnout and the threat of their physicians leaving the profession. The slated 10 percent cut will severely hamper these efforts and risks further demoralizing and damaging an already vulnerable healthcare system.

Never in recent history have physicians been asked to care for this level of unprecedented illness while risking their own wellbeing. Congress must strengthen the systems that support hospitalists and the patients they serve. It is critical to provide stabilizing and lasting relief for physicians who are otherwise slated to receive drastic Medicare reimbursement reductions. As the United States faces extraordinary challenges during the COVID-19 pandemic, we must ensure our healthcare system has the resources it needs to continue providing lifesaving care for hospitalized patients throughout the country.

We urge you to take action to avert the impending 10% cut to Medicare physician payments for 2022. These payment cuts will have a profoundly negative impact on hospitalists' continued ability to treat patients, particularly in light of the ongoing pandemic. We stand ready to work with you to enact a solution that will avert these cuts. If you have any questions, please contact Josh Boswell at [jboswell@hospitalmedicine.org](mailto:jboswell@hospitalmedicine.org). Thank you again for your leadership on this important issue.

Sincerely,



Jerome Siy, MD, MHA, SFHM  
President, Society of Hospital Medicine

CC:

The Honorable Richard Neal, Chair, House Ways and Means Committee

The Honorable Kevin Brady, Ranking Member, House Ways and Means Committee

The Honorable Frank Pallone, Jr., Chair, House Energy and Commerce Committee

The Honorable Cathy McMorris Rodgers, Ranking Member, House Energy and Commerce Committee

The Honorable Ron Wyden, Chair, Senate Finance Committee

The Honorable Mike Crapo, Ranking Member, Senate Finance Committee

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<sup>1</sup> On January 1, 2022, physician practices face the following negative Medicare financial impacts:

- Expiration of the current reprieve from the 2 percent sequester stemming from the Budget Control Act of 2011, which now is expected to continue into 2031, despite being originally slated for sunset in 2021.
- Imposition of a 4 percent Statutory PAYGO sequester resulting from passage of ARPA.
- Expiration of the Congressionally-enacted 3.75 percent temporary increase in the Medicare physician fee schedule (PFS) conversion factor to avoid payment cuts associated with budget neutrality adjustments tied to PFS policy changes.
- A continuing statutory freeze in annual Medicare PFS updates under the Medicare Access and CHIP Reauthorization Act (MACRA) that is scheduled to last until 2026, when updates resume at a rate of 0.25 percent a year indefinitely, well below the rate of medical or consumer price index inflation.

## Hospitalist Experiences from the Frontlines of the US Healthcare System

Included below are additional reports from frontline hospitalists that demonstrate their commitment to caring for patients under extremely difficult circumstances. As hospitalists continue to risk their health and safety for us, Congress must ensure these devastating Medicare reimbursement cuts do not go into effect. We must adequately value their lifesaving, essential work to ensure hospitalists can continue to provide the best quality care for their patients.

- A hospitalist in the middle of a pregnancy writes: “I'm working clinically again next week and the week after that due to skeleton coverage with all of the doctors out with COVID. I'm a combination of determined and fearful for my baby and family. What a crazy time we're in. I'm avoiding deli meat and sushi in the rare chance it could hurt my baby but going into battle with PPE to fight COVID. It's an almost comical paradox, but it gives me strength thinking about the stories I will tell our daughter one day of what we all did and how we bravely persevered in such crazy times. The deli meat and sushi only adversely affects me (because I love both), but the fighting COVID helps us all. In this light, it's a no-brainer. This is my bit of hope. I see the bravery of the physicians and nurses around me, and it gives me strength. I think we as physicians feed off of the strength we give each other.”
- “I feel for the physicians that are having to make the decisions of who is worth saving. Who gets the last ICU bed - a young patient with a life ahead of themselves but neglected to protect himself or others with a vaccine? Or the older gentleman who did everything right but had bad luck to have a life-threatening emergency at a time when everyone else is also sick? I speak to surgeons, hospitalists and specialists who are regularly having to make these calls. The decisions weigh on them well past that moment. They go home and don't sleep, thinking about the patient who was passed up. The patient who could have survived if they had gotten sick at a different time. The patient with a debilitating brain tumor who has been delivered a devastating diagnosis, given hope with a potentially curative or symptom-easing plan, but all of that destroyed and their life essentially ended because they had this diagnosis at a bad time - a time when no other space is available for them to be cared for - and at a time when their surgeon had to make the tough choice to give his ICU bed to another patient with a longer life expectancy.”
- “Surgeons are caring for patients requiring ICU beds post-op but there are no beds within even a 10-hour radius, so they wait as their critically ill patient is in the hallway, desperately waiting for a bed. Those surgeons and nurses will not leave their patient's side and work in shifts to accomplish this as best they can.”
- “I've spoken to plenty of hospitalists who are beyond exhausted but having to cover for their colleagues who are now out sick with COVID - fearful they could be next and even bring it home to their kids who are still ineligible for the vaccine. There is reassurance in knowing we are vaccinated, and symptoms are likely to be mild, but will our loved ones who can't yet be vaccinated or have multiple co-morbid conditions, have the same luck? Yet still these brave physicians persist and fight on, helping everyone they can.”