



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*



## 2021 LEGISLATIVE CONFERENCE

## 2021 TALKING POINTS

### TOPIC: PROTECT PATIENT ACCESS TO MEDICARE SERVICES

#### **Your "Ask":**

- Prevent the array of substantial, disruptive payment cuts to health care professionals set to take effect on Jan. 1, 2022.
- **HOUSE:** Sign the Bera/Bucshon letter that asks House leadership to reform the Medicare payment system, to stabilize payments to ensure clinicians can keep their doors open, see patients, and maintain the jobs of those who support that work.
- **SENATE:** Share your personal stories regarding the impact these cuts will have on patient access to Medicare services. Mention the Bera/Bucshon letter in the House.

#### **Points to Make:**

- On Jan. 1, 2022, physician practices will face an array of significant reductions due to a series of statutory and regulatory cuts. These potential reductions exacerbate financial uncertainty and further threaten patient care at a time when cardiovascular clinicians are still on the front lines of the COVID-19 pandemic and have seen many patients forgo or delay non-COVID-19 care over the past 18 months. Individually, each of these reductions would be painful; taken together, they would be devastating. Please work together with Centers for Medicare and Medicaid Services (CMS) to address:
  - Expiration of the current reprieve from the 2% Medicare sequester created by 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% Statutory PAYGO sequester resulting from passage of the *American Rescue Plan Act of 2021*.
  - Expiration of the congressionally enacted 3.75% temporary, public health emergency-linked increase in the Medicare Physician Fee Schedule (PFS) conversion factor to avoid payment cuts associated with budget-neutrality adjustments resulting from Medicare policy changes.
  - Substantial reduction of roughly 25% for electrophysiology ablation services resulting from updated physician work values included in the proposed 2022 Medicare PFS.
  - Practice expense decreases ranging from 5% to 20% for services such as echocardiography, advanced imaging and office-based vein therapies resulting from a necessary adjustment to clinical labor rates included in the proposed 2022 PFS.

## **TOPIC: DECREASE ADMINISTRATIVE BURDENS**

### **Your “Ask”:**

- Exercise careful oversight of issues that contribute to administrative burden and detract from patient care, including utilization management tools such as prior authorization.

### **Points to Make:**

- **HOUSE:** Co-sponsor the *Improving Seniors’ Timely Access to Care Act of 2021* (H.R. 3173), which would streamline prior authorization practices and increase transparency and accountability in the Medicare Advantage program.
- **SENATE:** Share your personal stories regarding the administrative burdens you consistently face, illustrating how they hinder optimal patient care. Mention H.R. 3173 in the House and our efforts to introduce a Senate companion.

## **TOPIC: INCREASE PATIENT ACCESS TO CARDIOVASCULAR CARE AND IMPROVE HEART HEALTH**

### **Your “Ask”:**

- Increase patient access to cardiac rehabilitation services by building upon past legislation, specifically the *Bipartisan Budget Act of 2018*, which included provisions to allow physician assistants (PAs), nurse practitioners (NPs) and clinical nurse specialists (CNSs) to supervise cardiac, intensive cardiac and pulmonary (CR/PR) rehabilitation programs beginning in 2024.
- Expand research and awareness efforts on valvular heart disease and its treatment.

### **Points to Make:**

- **HOUSE/SENATE:** Co-sponsor the *Increasing Access to Quality Cardiac Rehabilitation Care Act of 2021* (H.R. 1956/S. 1986), which would authorize PAs, NPs and CNSs, referred to as advanced practice providers (APPs), to begin supervising patients’ day-to-day CR/PR in 2022 - rather than 2024 (current law).
  - H.R. 1956/S. 1986 would also authorize APPs to order and refer patients for cardiac and pulmonary rehabilitation under Medicare.
- **HOUSE/SENATE:** Co-sponsor the *Cardiovascular Advances in Research and Opportunities Legacy Act (CAROL Act)* (H.R. 1193/S. 1133), which supports research on valvular heart disease and its treatment.
  - Directs the National Heart, Lung, and Blood Institute to administer grants for conducting research on valvular heart disease.
  - Instructs the Centers for Disease Control and Prevention to increase public awareness regarding symptoms of valvular heart disease and effective strategies for preventing sudden cardiac death.

## TOPIC: **PROTECT ACCESS TO TELEHEALTH SERVICES**

### Your "Ask":

- Protect patient access and current improvements to telehealth services under Medicare during and beyond the public health emergency (PHE).

### Points to Make:

- **HOUSE/SENATE:** Co-sponsor the *Telehealth Modernization Act of 2021* (H.R. 1332/S. 368), which would extend certain flexibilities that were initially authorized during the COVID-19 PHE.
  - The bill allows rural health clinics and federally qualified health centers to serve as the distant site (i.e., the location of the health care practitioner); the home of a beneficiary to serve as the originating site (i.e., the location of the beneficiary) for all services (rather than for only certain services); and all types of practitioners to furnish telehealth services, as determined by CMS.
- **HOUSE:** Co-sponsor the *Protecting Access to Post-COVID-19 Telehealth Act of 2021* (H.R. 366), which would extend continuation of Medicare telehealth reimbursement beyond the COVID-19 PHE by eliminating restrictions on the use of telehealth in Medicare and requiring a study on the use of the practices during the pandemic.
  - The bill eliminates most geographic and originating site restrictions on the use of telehealth in Medicare and establishes the patient's home as an eligible distant site so patients can receive telehealth care at home; prevents a sudden loss of telehealth services for Medicare beneficiaries by authorizing CMS to continue reimbursement for telehealth for 90 days beyond the end of the PHE; and makes permanent the disaster waiver authority, enabling HHS to expand telehealth in Medicare during all future emergencies and disasters.