

IMPROVING CLINICIAN WELL-BEING

STREAMLINING PRIOR **AUTHORIZATION PRACTICES**

THE ISSUE:

Administrative burdens remain a top concern for the ACC and oversight of prior authorization is consistently rated as a top policy priority by cardiovascular clinicians. Prior authorization, a cost-control tool utilized by health plans, can result in distraction and delays to patient care and generate unnecessary paperwork.

ACC'S POSITION:

The ACC supports a list of goals developed by an AMA-led coalition for refined prior authorization principles centered around transparency, standardization, and efficiency:

- Define "selective application of prior authorization" to mean review and authorization for coverage of a test or treatment where appropriate for requests not covered by published clinical guidance.
- Prohibit procedure and medication substituting by payers consistent with AUC and guidelines.
- Allow for "prior authorization program review and volume adjustment," so payers and contracted benefit managers can authorize requests for tests and treatments from providers or practices that demonstrate compliance with established published clinical guidance.
- Require payers to make rates of allowed and denied procedures available to consumers.
- Avoid interruption in care by allowing patients granted coverage for a given treatment or medication under one payer to transfer that coverage to another payer.
- Establish online standardized prior authorization tools and criteria for providers and their practice staff.



Co-sponsor and support the bipartisan Improving Seniors' Timely Access to Care Act (S. 3018), introduced by Sens. Roger Marshall, MD (R-KS), Krysten Sinema (D-AZ) and John Thune (R-SD). The House companion to this bill passed in Sept. 2022.

KEY TAKEAWAYS



The Improving Seniors' Timely Access to Care Act passed in the House (H.R. 3173) and has more than 40 co-sponsors in the Senate (S. 3018).



The **GOLD CARD Act** (H.R. 7995) builds on H.R. 3173 by allowing clinicians who meet prior authorization requirements 90% of the time to be exempt from prior authorization requirements for those services for a specified time period.



S. 3018 would streamline the prior authorization process and increase transparency around MA requirements in 2021.



H.R. 7995 was modeled after successful legislation passed by the Texas state legislature.



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ADDRESSING WORKPLACE VIOLENCE

THE ISSUE:

Violence against health care workers has become a national problem, with the Bureau of Labor Statistics finding that the health care occupation has a five-times greater risk of experiencing violence than other fields. While many institutions have implemented protocols to address and deter workplace violence, cases have notably increased under strain of the COVID-19 pandemic, and no federal law currently exists to protect hospital employees from assault and intimidation.

ACC'S POSITION:

The health care workforce should be able to focus on providing high quality patient care without the threat of violence or intimidation in the workplace. The safety and well-being of our members, colleagues, and patients are

paramount and at the core of our efforts to enhance professionalism, which are tied to guaranteeing the security and welfare of all clinicians and their patients. Improving heart health starts with clinicians and the communities they serve having a safe place to live, to work, and to receive care.



ACC urges Congress to pass the Safety From Violence for Healthcare Employees (SAVE) Act (H.R. 7961), introduced by Reps. Madeleine Dean (D-PA) and Larry Bucshon, MD (R-IN).

KEY TAKEAWAYS



According to the U.S. Census Bureau's 2019 American Community Survey, there are 22 million workers in the health care industry.



The **SAVE Act** would create new federal legal penalties for individuals who "knowingly and intentionally assault or intimidate hospital employees."



The health care occupation has a five-times greater risk of experiencing violence.



The **SAVE Act** is modeled after federal protections for airline workers.