



MAINTAIN CRITICAL TELEHEALTH FLEXIBILITIES

THE ISSUE:

Congress temporarily expanded access to Medicare telehealth services during the early days of the COVID-19 pandemic. This was a lifeline for many, granting greater flexibility to patients and clinicians, including reimbursement for audio-only services, waiving originating site restrictions, and offering cardiac and pulmonary rehabilitation services remotely. However, some of these flexibilities expire at the end of 2024 or have already lapsed. Congressional action is urgently required to ensure patients can continue receiving care via telehealth. Establishing these flexibilities as permanent fixtures in our nation's health care system can improve health outcomes and reduce hospital admissions.

ACC'S POSITION:

The American College of Cardiology (ACC) urges Congress to ensure that telehealth remains a viable option for patients and to avert the "cliff" at the end of 2024 when current Medicare flexibilities expire. Legislation such as the **Telehealth Modernization Act** (H.R. 7623) would ensure continued patient availability. The ACC supports removing originating site restrictions and permitting the use of both video/audio and audio-only telehealth. Additionally, the ACC supports the **Sustainable Cardiopulmonary Rehabilitation Services in the Home Act** (H.R. 1406/S. 3021), which would enhance access to cardiac and pulmonary rehabilitation services at home for patients with mobility issues or in rural areas. Making telehealth flexibilities permanent will help encourage continued care and ultimately improve patient health outcomes.

ACC'S ASK:

Cosponsor and support the **Sustainable Cardiopulmonary Rehabilitation Services in the Home Act** (H.R. 1406/S. 3021) introduced by **Reps. John Joyce, MD, (R-PA)** and **Scott Peters (D-CA)** in the U.S. House and **Sens. Kyrsten Sinema (I-AZ), Marsha Blackburn (R-TN)** and **Amy Klobuchar (D-MN)** in the U.S. Senate. Additionally, support legislation that would maintain current telehealth flexibilities within Medicare to ensure patients can continue to access the care they need.

KEY TAKEAWAYS



Telehealth expands access to cardiovascular care for patients in rural and underserved areas, allowing them to receive timely consultations and follow-ups without the burden of travel.



Telehealth allows for frequent and convenient monitoring of heart conditions. This leads to early detection of issues and reduced health care costs through minimized emergency department visits and hospital readmissions.



Cardiac rehabilitation saves an estimated \$4,950 to \$9,200 per person per year of life.



Cardiac rehabilitation rates are 30% lower for individuals who live outside of metropolitan areas and 42% lower for those who live in economically deprived urban communities.



STREAMLINING PRIOR AUTHORIZATION PRACTICES

THE ISSUE:

Prior authorization, a tool health plans use to control costs by requiring approval of testing, treatment and medications, can lead to delays and abandonment in patient care and contributes significantly to clinician burnout. The ACC has long advocated streamlining and modernizing the prior authorization process to reduce the burden of delays for patients and unnecessary paperwork for clinicians. This administrative red tape, often seen as a barrier to providing efficient and effective care, further overwhelms clinicians amid a growing health care workforce shortage.

ACC'S POSITION:

The ACC applauds the Centers for Medicare and Medicaid Services (CMS) for implementing the Interoperability and Prior Authorization Rule earlier this year, which mandates the use of electronic prior authorization, increases transparency, tightens response timelines and creates a pathway for CMS to institute real-time decision-making for routinely approved services in the future. As a next step, Congress should codify this rule through the passage of the **Improving Seniors' Timely Access to Care Act of 2024** (H.R. 8702/S. 4532).

ACC'S ASK:

Cosponsor and support the **Improving Seniors' Timely Access to Care Act of 2024** (H.R. 8702/S. 4532), introduced by **Reps. Mike Kelly (R-PA), Suzan DelBene (D-WA), Ami Bera, MD, (D-CA)** and **Larry Bucshon, MD, (R-IN)** in the U.S. House and **Sens. Roger Marshall, MD, (R-KS), Kyrsten Sinema (I-AZ), John Thune (R-SD)** and **Sherrod Brown (D-OH)** in the U.S. Senate, making regulatory action taken by CMS permanent.

KEY TAKEAWAYS



88% of physicians report the administrative burden associated with prior authorization as high or extremely high.



A recent audit by the U.S. Department of Health and Human Services found that Medicare Advantage plans ultimately approve 75% of requests that were originally denied.



The **Improving Seniors' Timely Access to Care Act of 2024** is designed to have a low Congressional Budget Office score, increasing its chances of passage.



More than 380 organizations representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans and others endorse the legislation.