

STREAMLINING PRIOR AUTHORIZATION PRACTICES

THE ISSUE:

Prior authorization (PA), a cost-control tool utilized by health plans, can result in delays to patient care, generate unnecessary paperwork and force clinicians to spend time on items not directly related to patient care. As such, PA reform and minimizing associated administrative burdens is a key policy priority for the ACC.

ACC'S POSITION:

The ACC supports the following list of PA principles developed by an American Medical Association-led coalition that are centered around transparency, standardization and efficiency:

- Define "selective application" of PA 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 Appropriate Use Criteria 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 PA tools and criteria for providers and their practice staff.

ACC'S ASK:

Co-sponsor and support the bipartisan **Getting Over Lengthy Delays in Care as Required by Doctors (GOLD Card) Act** (H.R. 4968), introduced by Reps. Michael Burgess, MD (R-TX) and Vicente Gonzalez (D-TX), to exempt qualifying clinicians from PA requirements under Medicare Advantage plans.

KEY TAKEAWAYS



The **GOLD Card Act** (H.R. 4968) builds on PA reforms by allowing clinicians who demonstrate compliance with a plan's procedures 90% of the time to be exempt from PA requirements for those services for a specified time.



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



The **GOLD Card Act** was modeled after legislation that took effect in Texas in 2022.



33% report that PA has led to a serious adverse event for their patient.



EXPANDING PATIENT ACCESS TO CARDIOVASCULAR CARE

THE ISSUE:

Expanded rehabilitation services ensure that patients receive the post-procedural care necessary for recovery. Prior to the introduction of the **Increasing Access to Quality Cardiac Rehabilitation Act of 2023** (H.R. 2583), the **Improving Access to Cardiac and Pulmonary Rehabilitation Act** was passed as part of the **Bipartisan Budget Act of 2018**. This legislation authorized advanced practice providers (APPs) to supervise cardiac rehabilitation (CR) in Medicare beginning in 2024. However, additional legislation is necessary to allow APPs the ability to refer patients for this critical service.

ACC'S POSITION:

ACC has long supported expanding access to cardiovascular and pulmonary rehabilitation services. CR is a medically supervised program that includes exercise training, education on heart healthy living and counseling. For patients with cardiovascular disease, these programs are proven to reduce the risk of a future cardiac event, reduce all-cause mortality by 25%, decrease hospitalizations and the use of medical resources, and improve health-related quality of life. Expanding our cardiac care team's ability to order these services, in turn, expands access to care for the patients who need it, particularly those who reside in rural or underserved areas.

ACC'S ASK:

Co-sponsor and support the **Increasing Access to Quality Cardiac Rehabilitation Act of 2023** (H.R. 2583), introduced by Reps. Lisa Blunt Rochester (D-DE) and Adrian Smith (R-NE), which would expand the ability of the cardiac care team (PAs, NPs, CNSs) to order cardiac and pulmonary rehabilitation services beginning in 2024.

KEY TAKEAWAYS



Coronary heart disease patients who enroll in CR have a 26% lower risk of cardiovascular disease-related death and an 18% lower risk of readmission at one-year follow-up.



Authorizing APPs to order CR would help facilitate immediate referral of patients while utilizing existing workstreams. APPs are already authorized to supervise these services beginning in 2024.



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



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