



AMERICAN
COLLEGE of
CARDIOLOGY®

LEGISLATIVE CONFERENCE

TALKING POINTS



INCREASING PATIENT ACCESS TO CARE

TOPIC: **ADDRESSING MEDICARE CUTS**

Your "Ask":

- Urge Congress to create short- and long-term solutions to address patient access to care concerns caused by the outdated and faulty physician reimbursement system.
- **HOUSE (short-term):** Co-sponsor (or thank the member for co-sponsoring, if applicable) the ***Strengthening Medicare for Patients and Providers Act*** (H.R. 2474), which would provide an annual inflationary update to the Medicare Physician Fee Schedule (PFS) that is equal to the Medicare Economic Index (MEI).
- **HOUSE and SENATE (long-term):** Establish sustainable reimbursement structure reform, including addressing the budget neutrality threshold and promoting the transition to value-based care. Partner with medical specialty groups such as the ACC to explore realistic solutions through hearings, round tables or requests for information.

Points to Make:

- Clinicians face a 3.36% reduction in the 2024 Medicare PFS.
- Clinicians, like all Americans, have been significantly impacted by inflationary prices. The cost of running practices has increased by 47% in the past 20 years; however, Medicare reimbursement has decreased by 26% in the same period when accounting for inflation.
- CMS projects that the MEI will increase by 4.5% next year. Currently, there is no built-in mechanism to adjust reimbursement to keep pace with inflation. H.R. 2474 would fix that.
- The budget neutrality threshold – currently \$20 million – is too low. An outdated statute from 1989 requires any changes made in fee schedule payments be implemented in a budget neutral manner. If CMS projects that net pricing changes for existing services across the Medicare PFS will increase total Medicare spending by more than \$20 million, the agency must reduce all Medicare physician services by that excess amount, typically by adjusting the Medicare conversion factor.
- Reductions in reimbursement exacerbate financial uncertainty, create instability and threaten patient access to care. ACC will continue to explore solutions and participate at every opportunity available as we work with Congress and the Administration to tackle long-term reform.

PROTECTING CLINICIAN WELL-BEING AND WORKFORCE

TOPIC: EXPANDING PATIENT ACCESS TO CARDIOVASCULAR CARE

Your "Ask":

- **HOUSE:** Co-sponsor (or thank the member for co-sponsoring, if applicable) the ***Increasing Access to Quality Cardiac Rehabilitation Care Act*** (H.R. 2583), which would expand the ability of advanced practice providers (APPs), including PAs, NPs and CNSs, to order cardiovascular and pulmonary rehabilitation (rehab) services within Medicare.
- **SENATE:** Speak about the importance of cardiac rehab and share examples of how patients could benefit from increased access to this service.

Points to Make:

- Allowing APPs to order cardiac rehab would help facilitate immediate referral of patients using existing workstreams. APPs are already authorized to supervise these services beginning in 2024.
- Patients with coronary artery disease who enroll in cardiac rehab have a 26% lower risk of cardiovascular disease-related death and an 18% lower risk of readmission at one-year follow-up compared with those who do not enroll.
- Cardiac rehab rates are 30% lower for individuals who live outside of metropolitan areas and 42% lower for those who live in economically-deprived urban communities, demonstrating a need for greater access to these medical services.
- The U.S. Department of Health and Human Services estimates that cardiac rehab saves approximately \$4,950 to \$9,200 per person per year of life.

TOPIC: STREAMLINING PRIOR AUTHORIZATION PRACTICES

Your "Ask":

- **HOUSE:** Co-sponsor (or thank the member for co-sponsoring, if applicable) the ***Getting Over Lengthy Delays in Care As Required by Doctors (GOLD Card) Act*** (H.R. 4968), which would allow clinicians who meet prior authorization (PA) requirements 90% of the time to be exempt from such requirements for a specified period of time.
- **SENATE:** Share examples of PA burdens and their impact on providing timely, high-quality patient care. Ensure senators are aware of the introduction of the ***GOLD Card Act*** in the House.

Points to Make:

- Congress should support ways to reduce unnecessary PA requirements, which delay care, consume clinician time that could be better spent with patients and contribute to provider burnout.
- Nearly 88% of physicians report the administrative burden associated with prior authorization is high or extremely high, and 33% report that prior authorization has led to a severe adverse event in a patient.
- H.R. 4968 was modeled after legislation that took effect in Texas in 2022.

IMPROVING HEART HEALTH FOR ALL

TOPIC: INCREASE ACCESS TO AEDS

Your "Ask":

- **HOUSE:** Co-sponsor (or thank the member for co-sponsoring, if applicable) the **Access to AEDs Act** (H.R. 2370), which would establish a federal grant program for elementary and secondary schools to provide education, awareness and access to defibrillation.
- **SENATE:** Co-sponsor (or thank the senator for co-sponsoring, if applicable) the **Access to AEDs Act** (S. 1024), which would establish a federal grant program for elementary and secondary schools to provide education, awareness and access to defibrillation.

Points to Make:

- Unfortunately, not all schools have AEDs available nor provide adequate training to respond to cardiac emergencies. Cost should not be a barrier to schools that want to make AEDs available.
- A broad coalition of organizations, including medical societies, patient groups and professional sports leagues support this bipartisan legislation.
- The **Access to AEDs Act** adheres to best practices by ensuring student heart health screening programs are developed in accordance with ACC/American Heart Association (AHA) guidelines.

TOPIC: REDUCE UNNECESSARY AMPUTATIONS

Your "Ask":

- **HOUSE:** Co-sponsor (or thank the member for co-sponsoring, if applicable) the **Amputation Reduction and Compassion (ARC) Act** (H.R. 4261), which aims to reduce unnecessary and preventable amputations associated with peripheral artery disease (PAD).
- **SENATE:** Ensure senators are aware of the **ARC Act's** introduction in the House and underscore the importance of early intervention in treating PAD.

Points to Make:

- The **ARC Act** will reduce avoidable PAD-related amputations by improving access to screening and raising awareness of the condition.
- About 200,000 patients suffer PAD-related amputations every year that could have been avoided with early diagnosis and management using aggressive risk factor modification, supervised exercise programs and surveillance studies.
- PAD disproportionately impacts people of color and patients in underserved communities.