



AMERICAN
COLLEGE of
CARDIOLOGY®

LEGISLATIVE CONFERENCE 2024

TALKING POINTS



ESTABLISH SUSTAINABLE MEDICARE PAYMENT PRACTICES

Your "Ask"

- Advocate for short-term relief:
 - **HOUSE AND SENATE:** Ask the member to support the inclusion of language in any legislation that would eliminate the proposed 2.8% cut to physician payment in the 2025 Medicare Physician Fee Schedule (PFS).
- Advocate for long-term payment reform:
 - **HOUSE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Strengthening Medicare for Patients and Providers Act*** (H.R. 2474), which would provide an annual inflationary update to the PFS.
 - **HOUSE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Provider Reimbursement Stability Act*** (H.R. 6371), which would address the budget neutrality threshold so that the Centers for Medicare and Medicaid Services (CMS) can increase payments to certain specialties without seeking reductions from others.
 - **SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Physician Fee Stabilization Act*** (S. 4935), which seeks to increase the budget neutrality threshold from \$20 million to \$53 million.

Points to Make:

- Clinicians face a 2.8% reduction in the 2025 Medicare PFS.
- Clinicians have faced years of declining revenue and cannot sustain another 2.8% cut on top of 2% in 2024, nearly 2% in 2023, 0.8% in 2022 and 3.3% in 2021.
- Stagnant and declining payment for Medicare services exacerbates financial uncertainty for health systems and practices and furthers disparities in care delivery, particularly impacting rural, senior and other underserved populations.
- The costs of running a practice have increased by 47% and when adjusted for inflation, Medicare payments have decreased by more than 29% since 2001.

- MedPAC recommended that Congress increase 2024 Medicare physician payments by linking the payment update to the Medicare Economic Index.
- The budget neutrality threshold, currently \$20 million, has not been updated for nearly 40 years. An outdated statute from 1989 requires any changes made in fee schedule payments to be implemented in a budget-neutral manner.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.

FOSTER CARE TRANSFORMATION AND OPTIMIZATION

MAINTAIN CRITICAL TELEHEALTH FLEXIBILITIES

Your “Ask”

- Cosponsor and support legislation extending Medicare telehealth flexibilities that will otherwise expire at the end of 2024.

Points to Make

- Congress temporarily expanded access to Medicare telehealth services during the early days of the COVID-19 pandemic by granting greater flexibility to patients and clinicians, including reimbursement for audio-only services and waiving originating site restrictions.
- These flexibilities are set to expire at the end of 2024 and an act of Congress is required to ensure patients can continue to benefit from these flexibilities.
- The ACC urges Congress to ensure that telehealth remains a viable option for patients and avert the “cliff” at the end of 2024.
- The ACC supports a permanent extension of these flexibilities or, if necessary, a two-year extension to allow Congress more time to explore long-term solutions.
- Several telehealth bills have been introduced, including two that passed out of the House Committee on Energy and Commerce and the House Committee on Ways and Means respectively - the **Telehealth Modernization Act** (H.R. 7623) and the **Preserving Telehealth, Hospital and Ambulance Access Act** (H.R. 8261). These bills each include a two-year extension of flexibilities.

MAINTAIN ACCESS TO CV REHABILITATION SERVICES

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act* (H.R. 1406/S. 3021), which would allow patients to receive in-home cardiac and pulmonary rehabilitation services under Medicare.

Points to Make

- Enhanced access to cardiac and pulmonary rehabilitation services at home for patients with mobility issues or in rural areas can improve health outcomes and reduce hospital readmissions.
- During the COVID-19 Public Health Emergency (PHE), cardiac and pulmonary rehabilitation services became widely available, and clinicians could supervise enrollees remotely. However, this flexibility ceased with the end of the PHE.

STREAMLINE PRIOR AUTHORIZATION PRACTICES

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the *Improving Seniors' Timely Access to Care Act of 2024* (H.R. 8702/S. 4532), which would make regulatory action taken by CMS in early 2024 permanent and improve the prior authorization process within Medicare Advantage (MA).

Points to Make

- 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 for a patient.
- Congress should support ways to reduce unnecessary prior authorization requirements, which delay care, consume clinician time that could be better spent with patients and contribute to clinician burnout.
- A recent audit by the U.S. Department of Health and Human Services found that MA plans ultimately approve 75% of requests that were originally denied.
- This bill has been written to have a Congressional Budget Office score as close to zero as possible.
- While CMS finalized its prior authorization rule in January, this legislation would codify the ruling to ensure it cannot be quickly reversed by a future administration.

CHAMPION ACCESS TO CARE FOR ALL

INCREASE COMMUNITY ACCESS TO AEDS

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the **Access to AEDs Act** (H.R. 2370/S. 1024). The bill would establish a federal grant program for elementary and secondary schools to receive funding to purchase and maintain AEDs and provide training opportunities for their proper usage.

Points to Make

- According to the Centers for Disease Control and Prevention (CDC), over 300,000 people experience an out-of-hospital cardiac arrest (OHCA). Individuals experiencing OHCA face a mortality rate of between 70% and 90%. However, the rate of survival increases dramatically if an AED is nearby.
- Providing communities with readily accessible AEDs and appropriate training can mean the difference between life and death for these individuals. Unfortunately, not all schools have AEDs available nor provide adequate training to respond to cardiac emergencies.
- This bipartisan bill has been supported by a broad coalition of organizations, including the Smart Heart Sports Coalition, convened by the National Football League, which includes medical societies, patient groups and professional sports leagues.

IMPROVE STUDENT HEART HEALTH

Your "Ask"

- **HOUSE:** Cosponsor or thank the member for cosponsoring (if applicable) the **Cardiomyopathy Health Education, Awareness, and Research and AED Training in the Schools (HEARTS) Act** (H.R. 6829), which would provide funding for cardiomyopathy education, awareness and risk, and supports the placement of AEDs in schools in addition to CPR and AED training.

Points to Make

- According to the CDC, cardiomyopathy is estimated to impact 1 in 500 adults.
- Sudden cardiac arrest (SCA) disproportionately impacts Black athletes as they are three times more likely than White athletes to die from SCA.
- The **HEARTS Act** provides risk assessment and support for AED placement in schools, in addition to CPR training and funding for cardiomyopathy education and awareness. Providing outreach to communities, including at-risk populations, will ensure they are better informed about the symptoms and risks of cardiomyopathy.
- The **HEARTS Act** is a bipartisan initiative supported by a broad coalition, including the Smart Heart Sports Coalition.