Heart House



2400 N St. NW, Washington, DC 20037 1-202-375-6000 | 1-800-253-4636 | Fax: 1-202-375-6842

ACC.org

July 2, 2024

The Honorable Ron Wyden Chairman Senate Committee on Finance 221 Dirksen Senate Office Building Washington, DC 20510 The Honorable Mike Crapo Ranking Member Senate Committee on Finance 239 Dirksen Senate Office Building Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

The American College of Cardiology (ACC) is the global leader in transforming cardiovascular care and improving heart health for all. As the preeminent source of professional medical education for the entire cardiovascular care team since 1949, and now with more than 56,000 members from over 140 countries, the ACC credentials cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. Through its world-renowned family of JACC Journals, NCDR registries, ACC Accreditation Services, global network of Member Sections, CardioSmart patient resources and more, the College is committed to ensuring a world where science, knowledge and innovation optimize patient care and outcomes. Learn more at www.ACC.org or follow @ACCinTouch.

First and foremost, the ACC would like to acknowledge the bipartisan, in-depth work the Senate Finance Committee has undertaken to address flaws in the Medicare physician reimbursement system. The ACC is especially grateful for the efforts to mitigate payment cuts at the end of 2023 and beginning of 2024, the April 2024 hearing titled "Bolstering Chronic Care through Medicare Physician Payment," and the recent detailed policy outline centered on payment reform.

A consistent and reliable reimbursement system is essential to high quality care, and impacts patient access, clinician burnout, and promotes stability. Unfortunately, the current nature of the Medicare payment system and the rising costs of inflation have done the opposite, threatening patient care, especially among the most vulnerable rural and underserved populations.

In general, the ACC remains in-line with the comments and views of the American Medical Association (AMA) in their response to the Committee's May 2024 policy outline. We wish to highlight a few reforms and current legislative proposals that would improve the current reimbursement situation.

Hani Najm, MD, MSc, FACC

- Strengthening Medicare for Patients and Providers Act (H.R. 2474), which would provide an annual inflationary update to the Physician Fee Schedule equal to the annual increase to the Medicare Economic Index (MEI). The costs of running a practice have increased by 47%, and when adjusted for inflation, Medicare payments have decreased by over 20% since 2001. Ensuring that a built-in mechanism exists for an inflationary update would help clinicians keep pace with rising costs and remove the need for Congress to take legislative action each year to keep reimbursement rates consistent.
- Provider Reimbursement Stability Act (H.R. 6371), which would address the budget neutrality threshold to allow CMS to increase payments to certain specialties while lowering reductions from others. The current \$20 million threshold that establishes whether RVU changes trigger budget neutrality adjustments was established in 1989, and this amount has not been increased or adjusted for inflation.
- Medicare Physician Data-Driven Performance Payment System (DPPS). While the ACC is still exploring the early draft proposal put forth by the AMA, we believe it has the potential to improve the shortcomings of the current Merit-based Incentive Payment System (MIPS).
- Maintaining telehealth flexibilities and reimbursement. The ACC urges Congress to ensure that telehealth remains a viable option for patients and avert the "cliff" at the end of 2024 in which current flexibilities within Medicare will expire. Legislation such as the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2016/H.R. 4189) would ensure continued availability for patients. The ACC supports the removal of originating site restrictions and the continued use of audio-only telehealth. Additionally, the ACC urges passage of the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (S. 3021/H.R. 1406), which would permanently allow services relating to cardiac rehabilitation programs, intensive cardiac rehabilitation programs, and pulmonary rehabilitation programs to be furnished via telehealth at a beneficiary's home under Medicare.

Additionally, the ACC recognizes that there has been growing interest among members of the Committee and Congress in general regarding increasing payment for primary care services. While the ACC generally does not have a position on these proposals, **it is imperative that any increase in funding to primary care does not decrease resources and access to specialty medicine.** Further, it is essential that any increase in primary care funding is not constrained by Medicare budget neutrality requirements, which would only worsen the challenges the Committee is seeking to solve. Budget neutrality related cuts have significantly impacted physicians in recent years, including an across-the-board reduction of two percent to the conversion factor this year, on top of a nearly two percent reduction last year, which followed cuts of 0.8 percent and 3.3 percent in 2022 and 2021. Additional budget neutrality related cuts would only further exacerbate the instability of the current reimbursement system. Adding funding to primary care that results in decreased funding to specialty medicine is short sighted, counter productive, and will only worsen access to necessary care.

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The Mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health for all.

Finally, our ACC member experts welcome the opportunity to discuss any of these reforms and their specific impact on cardiology in greater detail. In particular, ACC member Paul Casale MD, MPH, MACC is a recent appointee to the Medicare Payment Advisory Commission (MedPAC) and would be an excellent resource to the Committee as legislative proposals are developed. We would be happy to facilitate a meeting with Dr. Casale in the near future.

In closing, we are thankful for the Committee's continued attention to this critical issue. The ACC stands ready to work with you to create long term solutions to the many challenges plaguing the Medicare physician reimbursement system. If you require any additional information please contact John Kristan, ACC Associate Director of Legislative Affairs at JKristan@acc.org.

Sincerely,

Cathie Biga MSN, FACC

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