



## ADDRESSING MEDICARE CUTS

### THE ISSUE:

Clinicians are facing a troubling trend of flat or reduced rates that fail to recognize record inflation and contribute to significant challenges in workforce development. For example, on top of already devastating cuts from 2022, the CY2023 Medicare Physician Fee Schedule (MPFS) Rule announced an additional reimbursement reduction to electrophysiology (EP) ablation services. The MPFS rule disregards the recommended values negotiated by the American Medical Association/Specialty Society RVS Update Committee and proposes an additional 12.9% reduction. The need for reform has never been clearer.

### ACC'S POSITION:

Stagnant physician payment for Medicare services already exacerbates financial uncertainty for health systems and practices, strains the well-being of our clinician workforce, and threatens patient care. Continued or additional cuts further risk patient access to high-value, cost-effective procedures that have been proven to reduce future hospitalizations, improve functionality and lower long-term costs.

### ACC'S ASK:

**Long-Term**, ACC asks for your partnership in developing reimbursement models that promote value, recognize the reality of budget constraints, reward high-quality and high-valued outcomes, and align incentives of payers, patients, and clinicians.

**Near-Term**, we ask you to mitigate already-enacted cuts and detrimental looming cuts through:

- Passage of the **Supporting Medicare Providers Act of 2022** (H.R. 8800), introduced by Reps. Ami Bera (D-CA) and Larry Bucshon (R-IN), which provides temporary relief by adding an additional 4.42% to avoid cuts associated with budget neutrality.
- Direct outreach to CMS to urge that they reconsider the steep reductions proposed for EP codes.
- Legislation to waive the statutory 4% Medicare payment reduction due to PAYGO.
- Hearings and roundtables with ACC and the broader medical community to understand the need for systemic reform to secure the future of our health care system and clinician workforce.

## KEY TAKEAWAYS



CY 2023 Physician Fee Schedule Proposed Rule reduces the Conversion Factor to \$33.0775, down 4.42% from 2022.



Significant, recurring cuts requiring uncertain, last-minute legislative fixes create an unstable and unsustainable system.



Statutory PAYGO Medicare cuts of 4% were averted for 2022 but are set to take effect in 2023.



Reduced resources threaten health equity for disproportionately affected populations.



## 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 2021***, 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 and pulmonary rehabilitation in Medicare beginning in 2024. However, additional legislation is necessary to move the effective date of those provisions up to 2023, bringing access to critical care to more patients sooner, as well as allowing advanced practice providers (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. Cardiac rehabilitation 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.

### ACC'S ASK:

ACC urges Congress to pass the ***Increasing Access to Quality Cardiac Rehabilitation Act of 2021*** (S. 1986/H.R. 1956), introduced by Sens. Shelley Moore Capito (R-WV) and Amy Klobuchar (D-MN) and 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 and supervise cardiac and pulmonary rehabilitation services beginning in 2023.

## KEY TAKEAWAYS



Coronary heart disease patients who enroll in CR have a 26% lower risk of CVD-related death and an 18% lower risk of readmission at 1-year follow-up compared to those who don't enroll.



Authorizing APPs to order cardiac rehabilitation would help facilitate immediate referral of patients.



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, demonstrating a need for greater access to these services.



Previous legislation allows APPs to supervise these services starting in 2024; the ***Increasing Access to Quality Cardiac Rehabilitation Act of 2021*** would move the target year to 2023.