



## MAINTAIN CRITICAL TELEHEALTH FLEXIBILITIES

### THE ISSUE:

Congress temporarily expanded access to Medicare telehealth services during the early days of the COVID-19 pandemic. This was a lifeline for many, granting greater flexibility to patients and clinicians, including reimbursement for audio-only services, waiving originating site restrictions, and offering cardiac and pulmonary rehabilitation (CR/PR) services remotely. However, these flexibilities have not yet been made permanent, only receiving temporary extensions. Congressional action is urgently required to ensure patients can continue to rely on care received via telehealth. Establishing these flexibilities as permanent fixtures in our nation's health care system can improve health outcomes and reduce hospital admissions.

### ACC'S POSITION:

The ACC urges Congress to ensure that telehealth remains a viable option for patients. The ***Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act*** (H.R. 4206/S. 1261) would improve health outcomes while making it easier for patients to connect with their clinicians by expanding coverage of telehealth services through Medicare and making COVID-19 telehealth flexibilities permanent. The ACC also supports removing originating site restrictions and permitting the use of both video/audio and audio-only telehealth. Additionally, the ACC supports the ***Sustainable Cardiopulmonary Rehabilitation Services in the Home Act*** (H.R. 783/S. 248), which would enhance access to CR/PR services at home, increasing access to care for patients with mobility or transportation issues or in rural areas. Making telehealth flexibilities permanent will help encourage continuous care and, ultimately, improve patient outcomes.

### ACC'S ASK:

Cosponsor and support the ***CONNECT for Health Act*** (H.R. 4206/S. 1261) introduced by **Reps. Mike Thompson (D-CA), Dave Schweikert (R-AZ), Doris Matsui (D-CA)** and **Troy Balderson (R-OH)** in the U.S. House and **Sens. Brian Schatz (D-HI) and Roger Wicker (R-MS)** in the U.S. Senate. Cosponsor and support the ***Sustainable Cardiopulmonary Rehabilitation Services in the Home Act*** (H.R. 783/S. 248) introduced by **Reps. John Joyce, MD, (R-PA), Scott Peters (D-CA), Brian Fitzpatrick (R-PA) and Jimmy Panetta (D-CA)** in the U.S. House and **Sens. Marsha Blackburn (R-TN) and Amy Klobuchar (D-MN)** in the U.S. Senate.

## KEY TAKEAWAYS



Telehealth expands access to cardiovascular care for patients in rural and underserved areas, allowing them to receive timely consultations and follow ups without the burden of travel.



Telehealth allows for frequent and convenient monitoring of heart conditions. This leads to early detection of issues and reduced health care costs through minimized emergency department visits and hospital readmissions.



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



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 medical services.



## STREAMLINE PRIOR AUTHORIZATION PRACTICES

### THE ISSUE:

Prior authorization (PA), a tool health plans use to control costs by requiring approval of testing, treatment, and medications, can lead to delays and abandonment in patient care and contribute significantly to clinician burnout. The ACC has long advocated for streamlining and modernizing the PA process to reduce the burden of delays on patients and unnecessary workload for clinicians. This administrative red tape, often seen as a barrier to providing efficient and effective care, further overwhelms clinicians amid a growing health care workforce shortage.

### ACC'S POSITION:

The ACC applauds the Centers for Medicare and Medicaid Services (CMS) for implementing the Interoperability and Prior Authorization Rule in 2024, which mandates the use of electronic prior authorization, increases transparency, tightens response timelines, and creates a pathway for CMS to institute real-time decision-making for routinely approved services in the future. As a next step, Congress should codify this rule through the passage of the ***Improving Seniors' Timely Access to Care Act of 2025*** (H.R. 3514/S. 1816).

### ACC'S ASK:

Cosponsor and support the ***Improving Seniors' Timely Access to Care Act of 2025*** (H.R. 3514/S. 1816), introduced by **Reps. Mike Kelly (R-PA), Suzan DelBene (D-WA), Ami Bera, MD, (D-CA)** and **John Joyce, MD, (R-PA)** in the U.S. House and **Sens. Roger Marshall, MD, (R-KS)** and **Mark Warner (D-VA)** in the U.S. Senate.

## KEY TAKEAWAYS



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



A recent U.S. Department of Health and Human Services audit found that Medicare Advantage plans ultimately approve 75% of requests that were originally denied.



The ***Improving Seniors' Timely Access to Care Act of 2025*** is designed to have a zero Congressional Budget Office score, increasing its chances of passage.



250+ organizations representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans and others endorse the legislation.