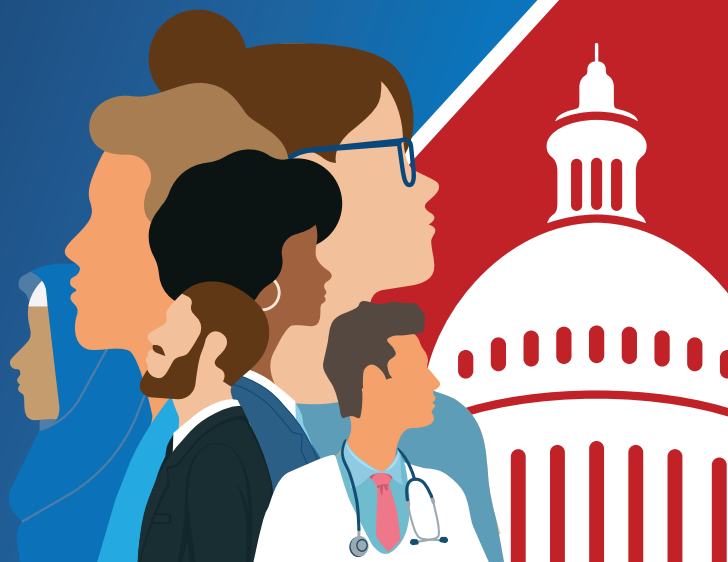




AMERICAN
COLLEGE of
CARDIOLOGY®

LEGISLATIVE CONFERENCE

TALKING POINTS



ESTABLISH SUSTAINABLE MEDICARE PAYMENT PRACTICES

ENACT LONG-TERM REFORM OF THE MEDICARE PAYMENT SYSTEM

Your "Ask"

- **HOUSE AND SENATE:** Support long-term legislative solutions to reform the Medicare reimbursement system, like an annual inflationary update and increase to the budget neutrality threshold.

Points to Make:

- Clinicians, like all Americans, have been significantly impacted by inflation. The cost of running practices has increased by 60% over the last two decades; however, Medicare reimbursement has decreased 33% in the same period when accounting for inflation.
- Physicians have faced years of declining reimbursement rates. A 2.8% cut to the Medicare Physician Fee Schedule (PFS) went into effect at the beginning of this year, preceded by cuts of 2% in 2024, nearly 2% in 2023, 0.8% in 2022 and 3.3% in 2021.
- 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 An outdated statute from 1989 requires any changes made in fee schedule payments be implemented in a budget neutral manner.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 the Centers for Medicare and Medicaid Services (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.
- Significant structural changes in the proposed 2026 Medicare PFS rule, including a new efficiency adjustment and reduction in indirect practice expense payments, will further exacerbate financial pressures.
- Stagnant and declining payment for Medicare services creates financial uncertainty for health systems and practices and furthers gaps in care delivery, particularly impacting rural, senior, and underserved populations.

FOSTER CARE TRANSFORMATION AND OPTIMIZATION

MAINTAIN CRITICAL TELEHEALTH FLEXIBILITIES

Your "Ask"

- Cosponsor or thank the member for cosponsoring (if applicable) the ***Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act*** (H.R. 4206/S. 1261), which would permanently extend Medicare telehealth flexibilities.

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 have been temporarily extended as telehealth has been appropriately integrated within the continuum of patient care, serving as a lifeline for many who face mobility or transportation issues or reside in rural areas.
- The ACC supports a permanent extension of these flexibilities or, if necessary, an extension to allow Congress more time to explore long-term solutions.
- The ***CONNECT for Health Act*** will improve health outcomes and make it easier for patients to connect with their clinicians by expanding coverage of telehealth services through Medicare and making COVID-19 telehealth flexibilities permanent.

RESTORE 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. 783/S. 248), which would allow patients to receive in-home cardiac and pulmonary rehabilitation (CR/PR) services under Medicare.

Points to Make:

- Enhanced access to CR/PR 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), CR/PR services became widely available as clinicians could supervise enrollees remotely. However, this flexibility expired with the end of the PHE.
- CR/PR is associated with a 20-30% reduction in mortality in patients with coronary artery disease, particularly after myocardial infarction.
- 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

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the *Improving Seniors' Timely Access to Care Act of 2025* (H.R. 3514/S. 1816), which would improve the prior authorization (PA) process within Medicare Advantage (MA) by codifying recent regulatory actions taken by CMS.

Points to Make:

- Nearly 88% of physicians report the administrative burden associated with PA is high or extremely high, and 33% report that PA has led to a severe adverse event for a patient.
- Congress should support ways to reduce unnecessary PA requirements, which delay care, consume time that could be better spent with patients and contribute to clinician burnout.
- A recent U.S. Department of Health and Human Services audit found that MA plans ultimately approve 75% of requests that were originally denied.
- This bill was written to achieve a zero cost score by the Congressional Budget Office.
- While CMS finalized its prior authorization rule in January 2024, this legislation would codify it to ensure the rule cannot be rolled back without congressional action.

CHAMPION ACCESS TO CARE FOR ALL

IMPROVE ACCESS TO MATERNAL MONITORING TOOLS

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Connected Maternal Online Monitoring (MOM) Act*** (H.R. 4977/S. 141), which would provide coverage recommendations for remote monitoring devices, allowing for early detection of potential pregnancy complications to improve outcomes for pregnant and postpartum women.

Points to Make:

- Cardiovascular disease is a leading cause of pregnancy-related deaths in the U.S.
- Remote monitoring is a key component of a modernized approach, particularly for patients facing geographic, financial or logistical barriers to in-person visits.
- Tools such as blood pressure cuffs, glucose monitors and pulse oximeters can help patients and clinicians identify issues like preeclampsia and gestational diabetes before they become life-threatening.
- This legislation would require CMS to provide a report detailing practices for covering remote physiological monitoring devices. The report would identify limitations and barriers to coverage, its impact on maternal health outcomes, and recommendations on how to address remote patient monitoring for the early detection and management of complications during pregnancy and the postpartum period.
- As the voice of the cardiovascular care community, the ACC supports policies that enable enhanced coordination between obstetric and cardiovascular care teams, improve risk factor management, and expand access to timely care.

BOLSTER THE CLINICIAN WORKFORCE NOW AND FOR THE FUTURE

PROVIDE FINANCIAL RELIEF FOR RESIDENTS

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the *Resident Education Deferred Interest (REDI) Act* (H.R. 2028/S. 942), which would allow interest-free deferment of student loans during medical internships or residencies.

Points to Make:

- Medical education debt has reached an alarming level, with the average medical student graduating with \$235K in debt.
- Those wishing to become cardiologists must complete an internal medicine residency (typically three years) and a cardiology fellowship (typically three years), with the potential for additional subspecialty training. Currently, interest on these loans will accrue during this six-year training period.
- Many young physicians face substantial financial hardship, limiting their career choices and discouraging them from pursuing specialties or practice settings – such as academic medicine or underserved communities – where their expertise is needed most.
- The **REDI Act** would provide much-needed relief by preventing interest accumulation on student loans during residency and fellowship training.