



AMERICAN
COLLEGE of
CARDIOLOGY®

LEGISLATIVE CONFERENCE

TALKING POINTS



ESTABLISH SUSTAINABLE MEDICARE PAYMENT PRACTICES

UPDATE THE BUDGET NEUTRALITY THRESHOLD

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Provider Reimbursement Stability Act*** (H.R. 8163/S. 5180). The bill would modernize Medicare budget neutrality requirements by increasing the current threshold to account for inflation and indexing it to the Medicare Economic Index (MEI) every five years. The bill would also require the Department of Health and Human Services to reconcile spending estimates with actual claims data, update practice expense inputs at least every five years and limit annual changes to the Medicare conversion factor to no more than $\pm 2.5\%$.

Points to Make:

- From 2001-2026, the costs of running a practice increased more than 60%. During that same period, Medicare reimbursement rates decreased by 33% when adjusted for inflation.
- Reforming the budget neutrality threshold, which is the amount that payments can fluctuate within the Medicare Physician Fee Schedule (PFS) without triggering offsetting cuts, is a key component needed for reform.
- The current \$20 million budget neutrality threshold has not been adjusted for inflation since its establishment in 1989.
- The ***Provider Reimbursement Stability Act*** modernizes the budget neutrality threshold and creates additional needed, forward-looking reforms.

ESTABLISH SUSTAINABLE MEDICARE PAYMENT PRACTICES

IMPLEMENT A PERMANENT INFLATIONARY UPDATE

Your "Ask"

- **HOUSE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Strengthening Medicare for Patients and Providers Act*** (H.R. 6160), which would address the long-standing instability in the PFS by providing an annual update tied to the MEI.

Points to Make:

- Clinicians are slated to see a 1.68% cut in 2027 under the proposed 2027 PFS, following the -2.5% "efficiency adjustment" implemented in 2026 and cuts of 2.8% in 2025, 2% in 2024, nearly 2% in 2023, 0.8% in 2022 and 3.3% in 2021.
- Cuts to the conversion factor have resulted in a loss of over \$700 million for cardiology services since 2021.
- 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 ensure reimbursement rates remain consistent.
- The Medicare Payment Advisory Commission (MedPAC) has supported a permanent physician update informed by the MEI.

FOSTER CARE TRANSFORMATION AND OPTIMIZATION

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* (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. If already a cosponsor, please encourage the member to ask House and Senate leadership to **bring the bill to the floor for a vote**.

Points to Make:

- 88% of physicians report the administrative burden associated with PA is high or extremely high, and 70% of patients report that it creates barriers to accessing needed health care. Congress should support ways to reduce unnecessary PA requirements, which delay care, consume clinician time that could be better spent with patients and contribute to provider burnout.
- A recent report from the Kaiser Family Foundation (KFF) found that MA plans ultimately approve 67% of requests that were originally denied.
- According to KFF, 47% of Medicaid managed care and 43% of ACA marketplace claims denials are overturned on appeal.
- Over 300 organizations representing patients, health care providers, the medical technology and biopharmaceutical industry, health plans and others endorse the legislation.
- This bill has been written to have no cost, according to 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

ADVANCE PREVENTION AND EARLY DETECTION FOR WOMEN

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Women's Heart Health Expansion Act*** (H.R. 7417/S. 3944), which would strengthen access to cardiovascular screening and preventive services for women by reauthorizing and expanding the Center for Disease Control and Prevention's (CDC) WISEWOMAN program. The bill would broaden provider participation and give states and tribal organizations greater flexibility to connect women with cardiovascular screening and preventive services. These improvements would help identify and manage risk factors earlier, reduce disparities and prevent cardiovascular disease and death.

Points to Make:

- Cardiovascular disease is a leading cause of death among women in the United States.
- This bill would reauthorize and strengthen the CDC's WISEWOMAN program, with \$250 million authorized over five years to support cardiovascular disease prevention and screening services for low-income, uninsured or underinsured at-risk women.
- Currently, women must be enrolled in the CDC's National Breast and Cervical Cancer Early Detection Program to access WISEWOMAN services. The bill would broaden eligibility, allowing more at-risk women to participate and creating additional pathways for providers to refer patients into the program.
- The ACC 2025 High Blood Pressure, 2026 Dyslipidemia and 2026 Cardiovascular-Kidney-Metabolic Syndrome Guidelines underscore the importance of early risk identification and personalized risk assessment, including specific cardiovascular, kidney and metabolic risk factors to improve cardiovascular health for women.

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:

- According to the Association of American Medical Colleges, medical school graduates in 2025 graduated with an average debt of \$215,000. This represents a 5% increase compared to 2024.
- Those wishing to become a cardiologist must complete a residency (typically three years) and a cardiology fellowship (typically three years), with potential additional training beyond. 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 **OBBBA** included provisions capping lifetime borrowing limits for professional programs at \$200,000, well below the average cost of attending medical school.
- The **REDI Act** would provide much-needed relief by preventing interest accumulation on student loans during internships or residencies.

BOLSTER THE CLINICIAN WORKFORCE NOW AND FOR THE FUTURE

PROTECT ACCESS TO AFFORDABLE LOANS FOR THE CV CARE TEAM

Your "Ask"

- **HOUSE AND SENATE:** Cosponsor or thank the member for cosponsoring (if applicable) the ***Nursing is a Professional Degree Act*** (H.R. 8691/S. 4568), which would reclassify post-baccalaureate nursing degrees (MSN, DNP, DNAP, or PhD) as professional degrees, therefore ensuring students in these advanced nursing programs can access the higher loan limits.

Points to Make:

- The **OBBBA** placed caps on federal student loans. The cap is significantly higher for students pursuing professional degrees than for those pursuing graduate degrees.
- A recent rule finalized by the Department of Education reclassified post-baccalaureate nursing programs as graduate-level degrees, resulting in reduced borrowing options for students.
- Reclassifying these degrees (MSN, DNP, DNAP, or PhD) as "professional" degrees would allow students access to higher loan limits, providing ample options to finance their continued education.
- The American Association of Colleges of Nursing reported a 3% decrease in enrollment in PhD programs in 2025, marking the 11th consecutive year of declining enrollment.
- Loan caps do not take into account the differing cost of tuition or living expenses at various programs and may not fully cover all costs.