



July 24, 2020

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

The American College of Cardiology (ACC) is thankful for the recent actions taken by Congress and the Administration to support health care workers during the COVID-19 pandemic. America’s cardiovascular clinicians continue to serve in critical capacities to address the COVID-19 crisis. Through their first-hand experience, the ACC has identified several areas in which additional action is needed by policymakers.

As the professional home for the entire cardiovascular care team, the mission of the College and its more than 54,000 members is to transform cardiovascular care and to improve heart health. The ACC bestows credentials upon cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. The College also provides professional medical education, disseminates cardiovascular research through its world-renowned JACC journals, operates national registries to measure and improve care, and offers cardiovascular accreditation to hospitals and institutions.

As you continue your work on additional COVID-19 public health emergency (PHE) response legislation, we urge you to consider the following:

**Ensuring Stability of Medical Practices**

We applaud the strong measures included within the Coronavirus Aid, Relief, and Economic Security (CARES) Act to help practices and institutions remain solvent while navigating this crisis. It is critical that Congress maintain its commitment to the financial stability of America’s hospitals and medical practices, regardless of size, so they can continue to provide necessary and important care to patients. The recent influx of funds and promised loans, while essential, will not ensure the long-term stability of our nation’s health care infrastructure. We urge Congress to prioritize the continued viability of practices and hospitals, through both new and established programs, to maintain the health care workforce and safeguard patient access throughout and after the

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pandemic ends. In particular, we call strongly for additional funding and refinements for the Paycheck Protection Program (PPP) and the Provider Relief Fund. We also ask that Congress take steps to ensure the critically-needed support from the Provider Relief Fund is not subject to taxation. Further, we believe Congress should reduce interest rates for loans through the Medicare Accelerated and Advanced Payment Program while also exploring additional flexibilities such as postponing recoupment until 1 year after payment is issued or converting loans to grants. Such measures are critical to provide a stable bridge for practices and institutions to pay vendors and maintain solvency while protecting their current workforce and continuing to offer high-quality care to patients.

## Telehealth

We applaud Congress and CMS for taking significant action to enhance the ability of our healthcare workforce to focus on COVID-19 treatment and relief by providing telehealth flexibilities throughout the duration of this national emergency. To further increase access to and ensure stability of telehealth services, Congress should provide ongoing flexibility beyond the expiration of the current PHE declaration. Indeed, current waivers related to addressing or mitigating geographic, originating site, and frequency restrictions should be significantly extended to provide flexibility and stability while permanent policies are designed and implemented. Further, ensuring appropriate payment for various telehealth services, similar to existing in-person visits, and maintaining coverage for audio-only services would safeguard the ongoing delivery of care to Medicare recipients still quarantined at home.

The College supports the following priorities for telehealth and believes they must guide any policy changes in this area:

### *Improving Access to Telehealth*

- Provide ongoing flexibility and stability lasting beyond expiration of the current public health emergency declaration
- Address or mitigate geographic, originating site, and frequency restrictions, allowing patients to receive telehealth care in their homes, nursing facilities, acute care facilities, and other locations
- Maintain appropriate interstate licensure flexibility considerations with ultimate authority reserved by states
- Ensure telehealth policies improve care for underserved communities and populations
- Promote adequate infrastructure (affordable broadband, ability to engage in telemedicine on inexpensive platforms, etc.)
- Study and implement approaches to promote equity and eliminate disparities

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- Carefully monitor impact on patient care, experience, and outcomes
- Surveil effect on practices/institutions and the cardiovascular workforce
- Promote optimal use of APPs to expand access (including cardiovascular rehabilitation)
- Educate the public on the value and limitations of telehealth

### *Creating Stability for Telehealth*

- Promote maximal alignment among payers
- Ensure appropriate payment for the various telehealth services (similar to existing in-person visits) or ensure appropriate payments are at a level that support practice sustainability and ultimately patient access
- Maintain coverage for audio-only (may require new codes by CMS and CPT)
- Identify and continually adapt appropriate clinical scenarios/pathways for telehealth with recognition that remote services cannot replace in-person care
- Consider whether and under what circumstances patient cost sharing requirements for telehealth services might be appropriate
- Explore HIPAA-compliant software and privacy considerations
- Implement malpractice liability protections for telehealth services

### **Access to Personal Protective Equipment and Reliable Testing**

Clinicians continue to express concern regarding the available supplies of personal protective equipment (PPE), which is critical to keep clinicians and the patients they serve safe. Congress should include additional resources to ensure these life-saving necessities are available to clinicians currently on the frontlines. Additionally, we encourage Congress to take necessary steps in the near future to ensure appropriate availability of PPE can be obtained for any future national emergencies, through the shoring of up national stockpiles of PPE or by other means.

Congress should make funds available to prioritize consistent, unbiased, and reliable testing with rapid results, including antigen and antibody testing. This is crucial to determine who is or has been infected, who is infected but asymptomatic, and who may be immune to the virus. The ACC firmly believes this testing should be inexpensive, rapid, widespread, and deployed in a way that minimizes disparities related to racial,

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socioeconomic, or geographic factors. Enhancing and promoting access to testing in rural and low-income communities is crucial to ensure a nationwide recovery is equally achievable for all.

### **Liability Protection During a Declared Emergency**

Clinicians throughout the nation have been called to fight this disease with limited supplies, constantly evolving information, overwhelming need, and in accordance with guidance from national and state authorities. Members of the cardiovascular care team have expressed concern that the current extraordinary environment may result in future lawsuits due to circumstances outside their control. We are thankful that protections for volunteer health workers during the pandemic were included in the CARES Act. We call on Congress to support inclusion of the *Coronavirus Provider Protection Act* (HR 7059). This bipartisan legislation would expand on the CARES Act protections for health care volunteers and offer liability protections to health care providers who are caring for patients during the COVID-19 pandemic.

### **Prior Authorization**

Many practices currently devote significant resources complying with prior authorization requirements, which utilizes valuable and scarce clinician bandwidth and fosters inefficiency. These authorization processes often lack real-time decision making and can need lengthy clinician to insurance company discussions and ultimately create added delays in testing, procedures, and medications. We encourage Congress to alleviate these administrative burdens where possible, including instructing Medicare Advantage plans to waive prior authorization requirements throughout the duration of the PHE and for a period of time after the PHE is lifted. As elective procedures are re-scheduled nationwide, we are concerned that patients and cardiovascular clinicians will experience a backlog in the prior authorization process. We ask that Congress extend any waivers beyond the PHE period to ensure an efficient return to patient care. Further, we ask Congress to support inclusion of the Improving Seniors' Timely Access to Care Act (HR 3107). This bipartisan legislation is an existing, durable remedy that would streamline prior authorization practices and increase transparency and accountability in the Medicare Advantage program.

### **Deferring Administrative Programs**

We urge Congress to temporarily halt other administrative requirements that may divert critical clinician time and energy from providing patient care during the pandemic. Examples of these programs include Medicare Incentive Payment System (MIPS) requirements, Appropriate Use Criteria (AUC), related quality metrics, and implementation of new interoperability and data blocking rules. The substantial and lasting disruption wrought by the pandemic presents an unprecedented hardship to practices and institutions that will make successful participation in these important programs extremely difficult even with significant effort.

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## Appropriate Use Criteria (AUC) Program

The AUC program is currently in a voluntary education and testing period through the end of 2020. The mandatory program is set to begin on January 1, 2021. Many hospitals and cardiology practices had intended to use this year to implement clinical decision support mechanisms (CDSMs) and update their workflows to comply with the requirements of the mandate. Given the need to focus resources and energy on changes to patient care and practice management impacted by COVID-19, the AUC program should be delayed.

## Quality Payment Program (QPP) and Value-Based Programs

The ACC is pleased to see that CMS has already taken steps to address the impact of the COVID-19 on the QPP, hospital reporting programs, and some Center for Medicare and Medicaid Innovation (CMMI) models. We urge Congress to ensure that participants in these programs are not unfairly penalized due to the effects of the crisis.

For example, many of these programs will rely on 2020 cost and quality performance data to set benchmarks for future performance. Cardiologists committed to delaying non-emergent and elective procedures during the PHE response in an effort to preserve PPE and maintain social distancing. As a result, reduced procedure volume and a refocus on care delivery may impact the data that is being collected on current performance measures.

Congress should work with CMS to ensure that extreme and uncontrollable circumstance policies remain in effect for those who are unable to meet program reporting requirements for the 2020 performance year. In addition, Congress should ensure that those who continue to participate in these programs are not unfairly penalized due to direct consequences of the COVID-19 crisis on performance or changes to program policies intended to address the crisis.

Thank you for supporting cardiovascular clinicians and all healthcare professionals as we continue to serve our nation and provide high-quality care for patients during this crisis. Should you have any questions, please contact Lucas Sanders, Director of Congressional Affairs, at 202-375-6397 or [lsanders@acc.org](mailto:lsanders@acc.org).

Thank you,



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