



ACC Policy Priorities to Address COVID-19

As Congressional leaders consider future relief packages in response to the COVID-19 public health crisis, the American College of Cardiology advocates for the following policies to support cardiovascular clinicians and the entire healthcare system.

Urgent Resource Needs

- Continue to address the ongoing critical need for Personal Protective Equipment
 - Build and maintain appropriate national stockpiles for current and future needs
- Ensure financial stability for medical practices
 - Ongoing support of practices and hospitals to maintain clinical infrastructure and safeguard patient access
- Expand access to consistent, nondiscriminatory and reliable testing
 - Widespread, rapid and inexpensive testing is needed to understand the extent of infections and ensure the public's safe return to work, school, and other essential activities in all communities

Support for Clinicians

- Provide payment parity between telephone evaluation and office visits
 - Ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone claims and that flexibility continues for the duration of the crisis in all states/regions
- Support clinician liability protections during a declared emergency
 - Extend these essential protections to all health workers in addition to volunteers as they continue to serve on the frontlines
- Ensure the continuation of cardiovascular disease research projects at the National Institutes of Health and Centers for Disease Control and Prevention as they relate to COVID-19
 - Cardiovascular comorbidities are common in COVID-19 patients who are at higher risk of mortality
- Expand GME slots and workforce development to improve the clinician pipeline
 - Increasing the number of Medicare-supported residency slots is vital to meet healthcare needs and expand the clinical workforce to meet future crises

Administrative Burdens

- Encourage CMS to pressure Medicare Advantage plans to waive prior authorization requirements
 - Practices must devote significant resources in complying with prior authorization requirements, which siphons scarce and valuable resources and promotes inefficiency
- Delay or relax administrative program requirements, including the Appropriate Use Criteria program, Merit-Based Incentive Payment System, and interoperability and data blocking changes
 - These administrative requirements may divert critical clinician time and energy from providing patient care during the public health emergency
 - Lasting and significant disruption to practices and institutions of all sizes resulting from the COVID-19 emergency will present a significant hardship