AMERICAN COLLEGE of CARDIOLOGY

2017 LEGISLATIVE CONFERENCE

Talking Points

TOPIC	YOUR "ASK"	POINTS TO MAKE
Ease Administrative Burdens	Ease administrative burdens on clinicians by exercising oversight of Quality Payment Program (QPP) implementation, streamlining electronic health record (EHR) requirements, and facilitating smooth transition to new payment models.	• Thorough congressional oversight of QPP implementation is essential. Congress must help ensure that CMS maintains flexibility in the Merit-Based Incentive Payment System (MIPS), while continuing to simplify participation requirements. • Requirements for EHR use must be streamlined. o Cosponsor H.R. 3120, a bill to amend title XVIII of the Social Security Act to reduce the volume of future EHR-related significant hardship requests. o Ensure consistency of EHR requirements across care settings. • Congress can facilitate smooth transition to new payment models by relying on clinician feedback, removing barriers and aligning new requirements with existing regulations.

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Additional Funding for Medical Research	Foster innovation and research through increased funding for the National Institutes of Health (NIH), the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).	• Robust funding for medical research is of paramount importance to cardiovascular professionals and the entire medical community who rely on the continual cutting-edge research of the NIH, disease prevention initiatives of the CDC and therapies reviewed by the FDA to make informed decisions and provide high quality, innovative care for their patients. • We would like to thank Congress for increasing the NIH, CDC and FDA budgets by 5 percent, 0.3 percent and 1.3 percent respectively in the Fiscal Year (FY) 2017 omnibus appropriations bill, which was signed into law on May 3, 2017. • We recognize the high level of uncertainty and complexity involved in the 2018 appropriations process. We appreciate the widespread support of members on both sides of the aisle for the NIH, FDA and CDC. • U.S. Senate o We thank Senate Appropriators for advancing a spending package with $2 billion in additional funding for the NIH and encourage all Senators to support this funding level. We ask that the CDC and tobacco use prevention continue to be a funding priority. o We appreciate the Senate Appropriations Committee proposal to increase discretionary FDA funding by $1 million in FY18. • U.S. House of Representatives o We appreciate the House Appropriations Committee proposal to increase NIH funding by $1.1 billion in FY18. • We urge you to support level funding of $205 million for the Office on Smoking and Health (OSH) within the CDC in FY18.

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Cardiac Rehabilitation	Cosponsor H.R. 1155/S. 1361, a bill that would expand access to cardiac rehabilitation by allowing physician assistants, nurse practitioners and clinical nurse specialists to supervise cardiac, intensive cardiac and pulmonary rehabilitation programs.	• Through personalized evaluations, education and counseling, cardiac rehabilitation programs help lower the risk of future cardiovascular complications. • This bill would not alter the requirement for "medical direction" of these programs – it would expand access to these essential programs by allowing non-physician practitioners to meet the "direct supervision" requirement. Non-physician practitioners already meet this requirement for many other outpatient services in accordance with scope of practice and state licensure laws. • Direct physician supervision requirements limit access by making it challenging for rehab programs to operate in areas where physicians are scarce and impose unnecessary costs in both rural and urban areas.