AMERICAN COLLEGE of CARDIOLOGY

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April 19, 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. Specifically, H.R. 748, the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, was an essential step in addressing many of the challenges reported by those on the front lines. 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 emergency response legislation, we urge you to consider the following:

Continued Emphasis on Resource Needs

Access to personal protective equipment

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 other means.

Ensuring financial stability for medical practices

We applaud the strong measures included within the 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. 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 pandemic ends. In particular, we call strongly for new funding for the Paycheck Protection Program (PPP) and the removal of the current limitation of eligibility for small businesses with multiple locations to the hospitality industry. In addition, we suggest the removal of the 25% cap on the use of PPP funds to cover overhead expenses. Additional flexibility is critical to provide a stable bridge for practices and institutions to pay vendors and maintain solvency while protecting their current workforce.

Expanded access to consistent, unbiased and reliable testing

Returning to a degree of normal social and economic activity is of paramount importance to the nation. Congress should make funds available to prioritize consistent, unbiased, and reliable testing, 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. Such testing will enable contact tracing of infected individuals and allow for a specific, targeted approach through which the country can safely return to normalcy and avoid a second wave of this pandemic. The ACC firmly believes this testing should be inexpensive, rapid, widespread and deployed in a way that minimizes disparities related to racial, 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.

<u>Increased Support for Clinicians</u>

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. Going forward, we urge Congress to help promote payment parity between telephone evaluation and office visits and provide direction to ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone claims. Disincentivizing telephone-only care further harms populations already facing significant challenges and less favorable outcomes. We continue to call strongly for parity in Medicare payment for telephone-only E&M services to promote access and continuity of care for elderly, rural, and socioeconomically disadvantaged patients,

In addition, it is likely that the course of the COVID-19 crisis will vary significantly in onset and duration in different states and regions. While the danger may be deemed to have passed in some geographic areas – and even nationally – the need for social distancing and other measures to navigate prolonged or delayed outbreaks, particularly while proven therapies for COVID-19 remain unavailable, will necessitate continued, longer-lasting flexibility for telehealth services and other essential waivers than is allowed under current law. Further, even as the pandemic begins to subside, an immediate return to the traditional face-to-face model of patient care will not occur, as communities and patients face ongoing limitations and even reluctance to return to normalcy. We call on Congress to allow newly-enacted telehealth flexibilities on a continuing basis lasting through at least the end of 2020 or when the Secretary deems appropriate.

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 recently enacted CARES Act. We urge Congress to extend these essential protections to all health workers as they continue to serve on the frontlines.

Cardiovascular Disease Research Funding

COVID-19 poses a particular risk to those with underlying medical conditions, including cardiovascular disease. Cardiovascular comorbidities are common in COVID-19 patients who are at a higher risk of morbidity and mortality. We urge Congress to ensure robust funding levels for cardiovascular disease research projects at the National Institutes of Health and Centers for Disease Control and Prevention as they relate to COVID-19.

Ensuring Patient Access to Care

The current pandemic has highlighted the shortage of physicians in America. The number of physician residency training slots has largely remained constant since 1997 despite the aging population and growing patient need. Increasing the number of Medicare-supported residency slots is vital in order to meet healthcare needs for this or any future public health crisis. We urge Congress to expand Graduate Medical Education (GME) slots and workforce development programs to strengthen and expand the clinician pipeline.

<u>Reduced Administrative Burdens</u>

Prior Authorization

Per recommendations from CMS, non-emergent elective procedures are now being postponed or performed primarily in the outpatient setting. Only the most serious procedures are being considered at inpatient facilities. As these inpatient settings are increasingly crowded with patients fighting the COVID-19 virus, patients awaiting life-saving procedures are not only at a higher risk of infection but are also taking up valuable ICU bed space.

Removing barriers to patients receiving their procedures and treatment in an expeditious fashion is more important now than ever before. In addition, many practices must devote significant resources complying with prior authorization requirements, which utilizes valuable and scarce clinician bandwidth and foments inefficiency.

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 national emergency and for a period of time after the emergency 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 consider extending any waivers beyond the emergency period to ensure an efficient return to patient care.

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.

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.

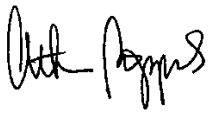
For example, many of these programs will rely on 2020 cost and quality performance data to set benchmarks for future performance. Most cardiologists are committed to delaying non-emergent and elective procedures in an effort to preserve PPE and maintain social distancing during this time. As a result, 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.

Thank you,



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