



April 20, 2020

The Honorable Mitch McConnell
Senate Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Charles Schumer
Senate Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Kevin McCarthy
House Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

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

On behalf of the undersigned cardiovascular societies, our members and their patients, we commend you for your leadership during the COVID-19 pandemic and the support you have demonstrated to American's health care providers, especially those on the front lines. As you work to deliver another round of much-needed relief, we respectfully ask for additional financial aid and a reduction in regulatory burden for physician practices.

We also want to highlight that we are deeply troubled by the racial and ethnic disparities in COVID-19 diagnoses and death. Cardiovascular disease remains the leading cause of death in the United States, and while there have been improvements in life expectancy, disparities in treatment and the gap in mortality between African Americans and whites persist. These same disparities are being observed in COVID-19. Social determinants that contribute to disparities in cardiovascular disease have translated to the racial gap in COVID-19 diagnoses and deaths because, in part, patients with heart disease are at increased risk of life-threatening complications from COVID-19. We appreciate the improvements in data being made available by the Centers for Disease Control and Prevention (CDC), including a breakdown of cases based on race and ethnicity, although 78 percent of COVID-19 cases have missing or unspecified racial data. We encourage federal, state and local governments to use this data to more effectively and equitably address this pandemic.

Emergency Grants and Loans

Our societies are grateful for the \$100 billion for providers included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the initial distribution of dollars based on Medicare claims. The Economic Disaster Injury Loan (EIDL) and Paycheck Protection Program have also been important sources of financial relief for many cardiovascular medical practices. While cardiologists have quickly adapted to telemedicine, practices have had to furlough nursing and support staff with a precipitous drop in patient visits and medical procedures. A logical explanation for the decline is that patients are staying home and not seeking medical help because they don't want to risk getting COVID-19. Physician practices across the country need additional support from Congress so they can remain standing and available to their patients when demand increases. In addition to meeting immediate financial obligations such as rent, equipment leases, payroll and supplies, physician practices will need transitional support once the public health emergency ends. As practices and facilities begin to resume non-emergent care, they will incur new expenses associated with COVID-19 testing and disinfection as they resume face-to-face visits — steps that will be especially important given the risk of COVID-19 to those with heart disease.

To support physician practices, our societies ask Congress to:

- establish a no- or low-interest loan program specifically for physician practices that would allow funds to be used for payroll and other expenses; and
- provide additional funding for direct relief grants to physician practices that allows them to respond and recover from the COVID-19 pandemic.

While a no- or low-interest loan program unique to physician practices should address some of the hurdles that physician practices have had in qualifying for the EIDL or Paycheck Protection Program, we also offer the following recommendations regarding modifications to the Paycheck Protection Program:

- provide additional funding;
- remove the limit on physician practices with 500 or more employees; and
- remove or increase the \$100,000 salary cap limitation for physician practices.

Medicare Accelerated and Advance Payment Program

Our societies applaud the expansion of the Medicare Accelerated and Advance Payment Program and rapid deployment of payments to providers. However, the interest and repayment terms of this program are unrealistic and inconsistent with loans being provided to other industries disrupted by the pandemic. Therefore, to minimize disruption to physician practices once they begin resuming normal operation, we ask Congress to:

- postpone payment recoupment for at least one year after the advance payment is issued;
- extend the repayment period for physicians to at least two years;
- waive the interest accrual on the extended repayment period;
- reduce the per-claim recoupment amount from 100 to 25 percent; and

- give the HHS Secretary authority to issue more than one advance payment.

Telehealth

Telehealth has been vitally important to the first-line response to mitigating the spread of COVID-19, allowing physicians to maintain continuity of care for patients with chronic conditions like cardiovascular disease, and to assess and triage patients in need of urgent care or diagnostic testing. The limitations of coverage for telephone services remain problematic for patients with limited technological resources, including limited internet bandwidth. We therefore ask Congress to create Medicare payment parity for telehealth and telephone services and require ERISA group health plans to provide the same level of coverage being provided by Medicare to ensure uniform coverage policies, which will help to mitigate some of the disparities in access to care, including for those living in rural communities and of lower socio-economic status. It will also be important to ensure that the flexibilities granted to physicians to utilize telehealth not end abruptly when the public health emergency is lifted. Much of our population will remain at risk for COVID-19 and while widespread testing of health care workers and patients will help mitigate exposure risk, continuing to allow high-risk patients to be seen via telehealth will be critical.

Reduce Administrative Cost and Burden

In addition to patients with heart disease being at risk for life-threatening complications from COVID-19, there is also mounting evidence that those with COVID-19, particularly those who have been hospitalized in intensive care, are more at risk of developing acute cardiac injury, which could lead to an increased demand for care. To help alleviate the backlog of diagnostic imaging and to meet the urgent needs of recovering COVID-19 patients, all Medicare plans, including Medicare Advantage (MA) and Part D prescription drug plans, should be required to temporarily suspend prior authorization and step-therapy requirements for diagnostic testing, procedures and Part B and D medications. Many physician practices have had to furlough nursing and support staff who are responsible for navigating the prior authorization process, and radiology and pharmacy benefit management companies are short-staffed and, in some cases, lacking personnel with appropriate specialty specific expertise to evaluate prior authorization requests. Relaxing prior authorization requirements over the next few months, at a minimum, should have a negligible effect on MA utilization control mechanisms given that, according to a physician survey, that the majority (71%) of services are approved, with one-third of physicians getting their services approved 90 percent or more of the time.¹

Given the reliance on diagnostic imaging for the detection of cardiovascular disease, our societies also ask Congress to suspend implementation of the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging. The AUC Program is currently in an Educational and Operations Testing Period, during which the Centers for Medicare and Medicaid Services (CMS) has made clear there are no associated payment consequences. We are concerned that ongoing promotion by vendors of AUC clinical decision support tools and the overlapping confusion for physicians and other clinicians about AUC requirements will have inordinate consequences for physicians and other clinicians. Through legislative action to, at a minimum, suspend the program, Congress can reassure physicians there is no expectation

¹ Regulatory Relief Coalition. <https://www.regrelief.org/wp-content/uploads/2019/12/RRC-Prior-Authorization-Survey-Results-FINAL-7-26.pdf> Accessed 4.16.20

that they will need to invest in and prepare this year for participation in another Medicare reporting program beginning in 2021.

Medicare Payment

Other straightforward ways to support physician practices during this pandemic and the difficult transition that will follow is to provide physicians with a positive payment update to the Medicare Physician Fee Schedule. The Medicare Access and CHIP Reauthorization Act of 2015 included modest positive payment updates in prior years, but left a six-year gap from 2020 through 2025. While the expectation was that large numbers of physicians would have moved to alternative payment models by this time and had greater opportunity for incentive payments, that is not the case. With such great uncertainty and unexpected losses and expenses as a result of the pandemic, Congress should act to provide physicians with a positive payment update over the next six years. We also ask Congress to extend sequestration relief until at least December 31, 2020 and to waive budget neutrality for changes in Medicare payment for evaluation and management services that will be implemented on January 1, 2021.

Conclusion

On behalf of our cardiovascular organizations, we thank you in advance for consideration of our requests and recommendations and for taking the extraordinary measures that will be needed to ensure physician practices can continue their contributions as an integral and essential component of our country's health care infrastructure.

Sincerely,

American Society of Nuclear Cardiology
Association of Black Cardiologists
Heart Rhythm Society
Society for Cardiovascular Angiography & Interventions
Society of Cardiovascular Computed Tomography