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