

LEADERSHIP PAGE



## National Election Results

### The Potential Impact on the ACC, Its Members, and Our Patients



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The new year ushered in a major shift in U.S. politics. On January 3, 2016, the Republican-led 115th Congress, which includes 56 new members of the House of Representatives and 7 new members of the Senate, took their seats on Capitol Hill. On January 20, 2016, Donald Trump was sworn in as the 45th President of the United States.

This is the first time since the 109th Congress (2005 to 2007) that the Republican Party has had control over the House, the Senate, and the Presidency (1,2). GOP leaders are moving quickly to leverage the first 100 days of the Trump administration to begin the process of making significant changes to controversial policies and laws, including the Patient Protection and Affordable Care Act of 2010 (ACA), popularly known as Obamacare.

During his campaign, President Trump vowed to “Repeal and Replace the Obamacare Act” as part of his “100-Day Plan to Make America Great Again” (3). “On day one of the Trump Administration, we will ask Congress to immediately deliver a full repeal of Obamacare,” he said. “However, it is not enough to simply repeal this terrible legislation. We will work with Congress to make sure we have a series of reforms ready for implementation that follow free market principles and that will restore economic freedom and certainty to everyone in this country” (4). Additionally, House Speaker Paul Ryan has been a vocal opponent of the ACA, and an advocate not just for repeal but for broader Medicare reform (5). Representative Tom Price, President Trump’s choice for Health and Human Services Secretary, has introduced ACA replacement bills in every Congress since 2009 (6).

Although Congress will not be able to repeal and replace the ACA law or its provisions quickly or easily, it is a virtual certainty that changes will be proposed and hotly debated. The American College of Cardiology (ACC), guided by our Health Affairs Committee, is already poised to engage in this process and discussion on behalf of patients and on behalf of our dedicated members, who have made caring for patients their life goal. Ensuring patient access to quality, cost-effective cardiovascular care remains a fundamental strategic priority of the College and is at the core of ACC’s advocacy efforts.

In addition to the ACA, we will also likely begin to see new approaches to other health care issues and programs as new appointees within the Department of Health and Human Services and its constituent agencies, like the Centers for Medicare and Medicaid Services (CMS) and the Food and Drug Administration (FDA), are confirmed and take office. For example, President Trump has proposed “cutting the red tape” at the FDA when it comes to approving new drugs (3). The College is hopeful that there may also be increased opportunities for discussions around medical liability reforms. This issue has been problematic for membership and is often cited as an obstacle to cost-effective, quality care.

What does the new Congress and new presidential administration mean for the changes in Medicare’s physician payment system initiated by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)? Unlike the ACA, which has been controversial and bitterly partisan, the MACRA legislation enacted in 2015 was the product of a broad and strong bipartisan consensus. It overwhelmingly passed in both the House and the Senate with votes of 392 to 37 and 92 to 8, respectively (7).

Unlike the ACA, which is largely focused on health care access and coverage, MACRA, at its core, is primarily focused on improving the economics and

quality of health care. At 17.1% of GDP, the United States devotes at least 50% more of its economy to health care than do other countries. Even public spending on health care in the United States, on a per capita basis, is higher than in most other countries with universal coverage (8). Addressing these costs is a bipartisan priority, and thus, although shifts in implementation are possible, MACRA itself is not likely to go away.

The College will continue to work with the administration, Congress, CMS, and others on MACRA implementation details as they are further outlined. Most recently, we submitted formal comments asking for an extension of the Quality Payment Program transition period beyond the 2017 performance/2019 payment year and have continued efforts toward a seamless reporting program under the Merit-Based Incentive Payment System. The College is also asking CMS to carefully test the virtual groups reporting option to ensure that the infrastructure can support valid data collection and reporting, and to continue to update the list of Advanced Alternative Payment Models and refine policies to make this participation pathway available to more specialists and clinicians (9). This work continues the legacy of increasingly active engagement of ACC with government to this end.

Regardless of the issue or the party, the ACC will continue working with regulators to ensure that clinicians are able to offer patients access to necessary cardiovascular care services and therapies. Even as

political appointees and some career staff may change, ongoing engagement with federal agencies such as the FDA, CMS, National Institutes of Health, and others will be similar to that of years past.

At the end of the day, the ACC has a long-standing history of working across political parties to advance the College's mission of transforming cardiovascular care and improving heart health. Former President Obama said it best when meeting with President Trump immediately following the election in November: "I believe that it is important for all of us, regardless of party and regardless of political preferences, to now come together, work together, to deal with the many challenges that we face ... because if you succeed, then the country succeeds" (10).

The ACC looks forward to working with the new presidential administration and Congress around policies that protect patient access to quality, cost-effective care and ensure continued funding for things like cardiovascular research and graduate medical education. It is incumbent upon the College to work with whoever is in the White House and Congress to help members deliver the best possible care and ultimately make health care better.

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