



Increasing Access to Cardiac and Pulmonary Rehabilitation

Action Requested: Cosponsor the Increasing Access to Quality Cardiac Rehabilitation Care Act at reintroduction in the 117th Congress. This bipartisan legislation would authorize PAs and other advanced practice providers to order cardiovascular and pulmonary rehabilitation services (CR/PR), and begin supervising these programs earlier than 2024, the date currently set in law.

PAs are routinely on the front line in critical care environments, such as hospitals and their clinics, emergency rooms, and intensive care units. They are highly trained providers who are qualified to order and supervise critical medical services. However, under current law only physicians may order and supervise CR/PR programs under Medicare. CR/PR services are proven to improve health outcomes for patients who have survived a heart attack or have chronic obstructive pulmonary disease (COPD) and are being used with some frequency to treat patients recovering from COVID-19. However, this important treatment currently remains underutilized, especially in rural or medically underserved areas, where access issues and care disparities are particularly acute during this time.

Background: Current law requires physicians to supervise CR/PR programs under Medicare until the year 2024. In early 2018, Congress authorized PAs and other advanced practice providers (nurse practitioners and clinical nurse specialists) to begin supervising CR/PR programs, but delayed implementation of this change to 2024. This legislation would move up the implementation date of this critical change to 2022 and authorize PAs and qualified advanced practice providers to order CR/PR for their patients, which is especially important at a time when there is an influx of COVID-19 patients who may need CR/PR services.

The current restriction can reduce access to CR/PR services, particularly in physician shortage areas, and adds extra costs by increasing the potential for hospital readmissions for patients who lack access to these essential rehabilitation services. Authorizing PAs to supervise and order this type of care sooner would provide access to patients who might otherwise not be able to receive it during a time of acute need for these services.

CR/PR services are offered through medically-directed and supervised programs designed to improve a patient's physical, psychological, and social functioning. Both programs utilize supervised exercise, risk factor modification, education, counseling, behavioral modification, psychosocial assessment, and outcomes assessment.

The Increasing Access to Quality Cardiac Rehabilitation Care Act would also authorize PAs and qualified advanced practice providers to order CR/PR programs for their Medicare patients, enabling patients to benefit from these cost- and life-saving services sooner and without a disruption in care and minimize unnecessary medical appointments with an additional provider.

In the previous Congress, the Increasing Access to Quality Cardiac Rehabilitation Care Act, S.2842 / H.R. 3911, was introduced by Senators Shelley Moore Capito (R-WV) and Amy Klobuchar (D-MN), and by Reps. John Lewis (D-GA) and Adrian Smith (R-NE), respectively.

AAPA Legislative Recommendation: AAPA recommends Congress support the Increasing Access to Quality Cardiac Rehabilitation Care Act when this legislation is reintroduced in the 117th Congress.

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