



Increasing Needed Access to Cardiac and Pulmonary Rehabilitation

Action Requested: Cosponsor S. 1986/H.R. 1956, the Increasing Access to Quality Cardiac Rehabilitation Care Act. This bipartisan legislation would authorize PAs (and other qualified providers) to order cardiovascular and pulmonary rehabilitation (CR/PR) services, 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 in hospitals, clinics, emergency rooms, and intensive care units. They are highly trained providers, qualified to order and supervise critical medical services. However, under current law only physicians may order and supervise CR/PR programs in Medicare. CR/PR services are proven to improve health outcomes for patients who have survived a heart attack and/or have chronic obstructive pulmonary disease (COPD) and can treat patients recovering from COVID-19. However, this life-saving treatment is underutilized, especially in rural and medically underserved areas, because qualified providers such as PAs are unnecessarily and arbitrarily prevented from ordering and supervising CR/PR. Patients deserve the highest-quality care available; outdated restrictions like this only compound the challenge in areas where access issues and care disparities are particularly acute.

Background: Current law requires physicians to supervise CR/PR programs under Medicare until the year 2024. In early 2018, Congress authorized PAs and other qualified providers (including 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 or 2023 and authorize PAs to order CR/PR for their patients.

This undue restriction reduces access to CR/PR services, particularly in physician shortage areas, increases hospital readmissions for patients who lack access to these essential rehabilitation services, and increases overall healthcare costs. 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 other qualified 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 while also minimizing unnecessary medical appointments with an additional provider.

AAPA Legislative Recommendation: AAPA recommends Congress support the Increasing Access to Quality Cardiac Rehabilitation Care Act (S. 1986 / H.R. 1956), which has been introduced by Senators Shelley Moore Capito (R-WV) and Amy Klobuchar (D-MN) and by Representatives Lisa Blunt Rochester (D-DE) and Adrian Smith (R-NE).

9/2022