



**Statement for the Record**  
**Submitted to the**  
**Committee on Energy and Commerce, Subcommittee on Health**  
**Hearing: "Enhancing Public Health: Legislation to Protect Children and Families"**  
**U.S. House of Representatives**  
**October 20, 2021**  
**On behalf of the American Academy of PAs**

Dear Chair Eshoo, Ranking Member Guthrie and members of the subcommittee:

On behalf of the more than 151,000 PAs (physician assistants) throughout the United States, the American Academy of PAs (AAPA) appreciates the opportunity to submit testimony in support of H.R. 1956, the *Increasing Access to Quality Cardiac Rehabilitation Care Act of 2021*.

AAPA thanks the subcommittee for holding this hearing and for its dedication to improving care for patients and support for health care providers across the nation. As part of AAPA's mission to enhance patient health, AAPA is happy to stand with the American Heart Association, the American Association of Nurse Practitioners, the American College of Cardiology, and others to strongly support H.R. 1956, the *Increasing Access to Quality Cardiac Rehabilitation Care Act of 2021* (H.R. 1956/S. 1986). Introduced in the House by Representatives Lisa Blunt Rochester, Adrian Smith, Derek Kilmer, Brian Fitzpatrick and Peter Welch, this bipartisan legislation would allow PAs and other qualified providers to prescribe and supervise life-saving cardiac and pulmonary rehabilitation services (CR/PR services) for Medicare patients beginning in January 2022.

Current law arbitrarily restricts the supervision of cardiac and pulmonary rehabilitation in Medicare until the year 2024. In 2018, Congress rightfully authorized PAs and other advanced practice providers, including Nurse Practitioners, to supervise cardiac and pulmonary services but with a delayed implementation to the year 2024. However, as the ongoing Covid-19 pandemic is set to begin its second year, the critical need for treatments like CR/PR services are more apparent than ever.

CR/PR services are an essential and proven tool in the management of patients with chronic respiratory conditions, those who have survived myocardial infarction (heart attack) as well as patients fighting chronic obstructive pulmonary disease (COPD.) CR/PR services are also used to treat the increasing number of patients recovering from an active SARS-COV-2 infection. In response to the pandemic, the Centers for Medicare and Medicaid Services (CMS) has proposed updating current Medicare policies to include COVID-19 as a covered condition eligible for PR services. Despite the clinical implications and critical importance of this treatment, CR/PR services remain underutilized especially in rural and medically underserved areas where access and care disparities are particularly acute and made worse by the ongoing COVID-19 pandemic.

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. The current restriction on CR/PR services reduces access to this important clinical treatment, 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. PAs routinely order and supervise more

intensive services that are covered by the Medicare program. As an example, PAs are authorized to order and supervise cardiac stress tests during which patients usually achieve at least 5-8 METS (exercise workload). The average exercise workload at the start of cardiac rehab is 2.5 METS and at the end of cardiac rehab is 3.2 METS. PAs also order (and in some instances implant) pacemakers and defibrillators. It is common sense that PAs should be authorized to order and supervise less intensive yet critical services to improve patient outcomes and quality of life while reducing the need for more expensive, invasive and intensive medical interventions.

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. 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.

AAPA strongly supports H.R. 1956, the Increasing Access to Quality Cardiac Rehabilitation Care Act to allow already vulnerable patients the ability to access CR/PR services sooner and without disruption in care and appreciates the opportunity to submit this testimony. We are committed to working with Congress and federal agencies to advance our common mission of improving access to health care in the United States. If we can be of assistance to the subcommittee on this or any issue, please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at (571) 319-4338 or [theuer@aapa.org](mailto:theuer@aapa.org), with any questions.