



Cardiac and Pulmonary Rehabilitation

Action Requested: Cosponsor S. 1361 / H.R. 1155, legislation to allow PAs and other advanced practice providers to supervise cardiac and pulmonary rehabilitation programs.

Overview: PAs routinely care for patients who have cardiovascular or pulmonary diseases. Yet, only physicians may supervise cardiac and pulmonary rehabilitation programs under Medicare. Cardiac and pulmonary rehabilitation is proven to improve health outcomes for patients who have survived a heart attack or have chronic obstructive pulmonary disease (COPD), but it remains underutilized, especially in rural or medically underserved areas.

In 2008, the Medicare Improvements for Patients and Providers Act (MIPPA, P.L. 110-275) established the cardiac and pulmonary rehabilitation program under Medicare. After this law was enacted, the Centers for Medicare and Medicaid Services (CMS) promulgated new regulations that allowed PAs and other advanced practice providers to meet physician supervisory requirements for many outpatient services. Unfortunately, the way MIPPA was drafted precluded extending this flexibility to cardiac and pulmonary rehabilitation programs. As a result, current law requires a level of direct physician supervision for cardiac and pulmonary rehabilitation that is inappropriately and unnecessarily more stringent than other outpatient services. This limitation can reduce access to cardiac and pulmonary rehabilitation services, particularly in physician shortage areas, and adds unnecessary costs for these high-quality programs.

Allowing PAs and other advanced practice providers to direct and supervise this type of care would provide access to patients who might otherwise not be able to receive it.

Background: Cardiac rehabilitation (CR) and pulmonary rehabilitation (PR) are 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. MIPPA established Medicare coverage for CR and PR as long as a physician, who serves as Medical Director, ensures that the programs are safe, comprehensive, cost effective, and medically appropriate for individual patients.

Medicare also requires a physician to be immediately available for each CR and PR session – or “direct physician supervision.” This individual is typically not the Medical Director and is mainly responsible for responding if an emergency arises. In similar outpatient settings, federal regulation allows PAs and other advanced providers to provide certain aspects of “direct physician supervision” in accordance with scope of practice and state licensure laws.

Current law imposes a more stringent requirement for direct physician supervision for CR and PR than should be required, making it challenging for CR and PR programs to operate in areas where physicians are scarce and imposing unnecessary costs in both rural and urban areas. Evidence also suggests that even if all eligible CR patients did have access to existing CR programs, current capacity would only be

able to meet the needs of about half the patients. Limited resources, including physician supervision challenges, would prohibit the growth and expansion of CR programs to meet these needs.

Although Congress has made it clear that the goal of the cardiac and pulmonary rehabilitation program is to enhance access to these important services, CMS has stated that a statutory change is needed to extend the same flexibility to CR and PR that is available for other hospital outpatient services.

AAPA Legislative Recommendation: AAPA asks Congress to support the Improving Access to Cardiac and Pulmonary Rehabilitation Act of 2017 (S. 1361 / H.R. 1155), legislation to allow PAs and other advanced practice providers to supervise cardiac and pulmonary rehabilitation programs. This legislation was introduced in the 115th Congress in the Senate by Sens. Mike Crapo (R-ID), Amy Klobuchar (D-MN), and Debbie Stabenow (D-MI), and in the House of Representatives by Reps. Lynn Jenkins (R-KS) and John Lewis (D-GA).

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