August 5, 2020

The Honorable Mitch McConnell
The Honorable Charles Schumer
U.S. Senate
U.S. Senate
317 Russell Senate Office Building
322 Hart Senate Office Building
Washington, DC 20510
Washington, DC 20510

The Honorable Nancy Pelosi
The Honorable Kevin McCarthy
U.S. House of Representatives
U.S. House of Representatives
1236 Longworth House Office Building
2468 Rayburn House Office Building
Washington, DC 20515
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

As Congress considers additional COVID-19 legislation, the 9 undersigned organizations urge the inclusion of the Increasing Access to Quality Cardiac Rehabilitation Act of 2019 (H.R. 3911/S. 2842) in any future legislative package. This bipartisan, bicameral legislation would expand patient access to critical cardiovascular and pulmonary rehabilitation services (CR/PR). Additionally, we urge Congress to require the Centers for Medicare and Medicaid Services (CMS) to allow the temporary provision and reimbursement for telehealth delivered home-based CR/PR services for the duration of the COVID-19 public health emergency.

The Centers for Disease Control and Prevention has warned that patients with cardiovascular disease or chronic lung disease are at higher risk of developing a serious illness due to COVID-19. Further, reports are emerging that many patients who survive COVID-19 are facing long-term pulmonary and cardiac complications. Prior to the pandemic, studies showed that patients who receive CR/PR services had better long-term outcomes than those who did not receive these services. However, only a small percentage of eligible patients receive these services, with greater disparities among women and minorities and patients located in rural or economically deprived urban communities.

Given the influx of COVID-19 patients who may need CR/PR services, it is critical that Congress act to ensure patients have access to these life-saving programs by including the Increasing Access to Quality Cardiac Rehabilitation Act in the next COVID-19 legislative package. This legislation would authorize physician assistants, nurse practitioners, and clinical nurse specialists (advanced practice providers or...
APPs) to order and supervise CR/PR starting in 2020. Our organizations urge Congress to make this provision effective immediately. APPs are highly trained providers, who are qualified to order and supervise these safe and effective services. Current Medicare law prevents APPs from supervising and ordering CR/PR services, even though qualified APPs are often authorized to perform these services under state law, often serve as primary care providers for patients, and are routinely on the front line in critical care environments, such as hospitals and hospital clinics, emergency rooms, and intensive care units. The restriction under current law results in fewer Medicare beneficiaries being able to access these valuable and outcome improving services, especially in underserved and rural areas, which will be exacerbated by the increase in COVID-19 patients who may need these services.

Further, CR/PR services are typically offered in an outpatient setting. Unfortunately, many of these outpatient rehabilitation programs have been suspended to comply with physical distancing recommendations put in place in response to the pandemic. Currently, there is no mechanism for programs to be reimbursed for CR/PR services that are conducted remotely in the patient’s home. CMS has allowed for outpatient evaluation and management (E&M) services to be reimbursed for remote home visits, but this does not extend to CR/PR services. That is why in addition to authorizing APPs to order and supervise CR/PR services, our organizations urge Congress to require CMS to allow the temporary provision and reimbursement for telehealth delivered home-based CR/PR services for the duration of the COVID-19 public health emergency.

We urge Congress to act swiftly on this important legislation to increase access to lifesaving treatment and look forward to working with you on this effort. For more information or to discuss further, please contact Josh Roll of the American Heart Association at Joshua.Roll@heart.org. Thank you for your consideration.

Sincerely,

American Academy of PAs
American Association for Respiratory Care
American Association of Cardiovascular and Pulmonary Rehabilitation
American Association of Nurse Practitioners
American College of Cardiology
American Heart Association
American Nurses Association
Preventive Cardiovascular Nurses Association
WomenHeart: The National Coalition for Women with Heart Disease