Talking Points for HR 3355

Introduce yourself: Who you are, what you do, and why cardiac and pulmonary rehabilitation (CR/PR) is important to you. Remember, members of Congress care about what their constituents say, and if an issue is important to you, it will be an important to them.

Describe the issue:

- Cardiac/pulmonary rehabilitation services are important Medicare benefits that reduce mortality (CR), **hospital readmissions**, and use of medical resources while improving the quality of life for someone with these chronic diseases.
- In order to be covered under Medicare, programs must have a Medical Director who ensures programs are safe and medically appropriate for patients. **That physician role remains essential and unchanged.** Current law also requires services to be provided under the direct supervision of a physician – meaning that a physician must be physically and immediately available and accessible for an emergency at all times the exercise program is conducted.
- Unfortunately, this CMS "direct supervision" requirement created an unintended roadblock to CR/PR services by placing a more stringent supervision requirement on these services than it does for many other similar outpatient services where NPPs serve in the direct supervision role.
- This is particularly burdensome for programs in areas where physicians are scarce and have to travel between programs in order to meet the direct physician supervision requirement. It is costly for hospitals in both rural and urban settings because many physicians demand payment for providing this service, a non-billable and non-reimbursable CMS requirement. There is a real threat of program closures due to this barrier, meaning patients will no longer have access to these critical services.

The solution:

- To address this problem, U.S. House members Lois Jenkins (R-KS) and John Lewis (D-GA) have introduced a bill – HR3355 – that allow would allow qualified physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac rehabilitation programs under Medicare on a day-to-day basis.
- **Again, this is unrelated to the medical direction and oversight provided by physicians in CR/PR programs.** All programs would still require a Medical Director and still be safe. There is well established research that demonstrates the safety of rehabilitation programs in medically supervised settings. Additionally, non-physician practitioners are already used in a number of other critical care environments including emergency rooms, intensive care units, and health centers. They are highly trained to respond should emergencies arise.
- This legislation has the support of numerous provider and patient groups, including the American Association of Cardiovascular and Pulmonary Rehabilitation, American College of Cardiology, the American Heart Association, Heart Failure Society of America, the National Association for Medical Direction of Respiratory Care, and the Preventive Cardiovascular Nurses Association.

- The Congressional Budget Office scored the companion bill, S.488, at $211 million. However, this bill does **NOT** expand Medicare coverage for additional services; rather, its intent is to provide flexibility for who may directly supervise these programs.
- Additionally, a similar provision included in the SGR Repeal and Medicare Beneficiary Improvement Act of 2013 (S. 1871) was estimated by CBO to have no budgetary effect or would cost less than $50 million over a ten year period.

Don't forget to ask!

- **Please help heart and lung disease patients have access to the care and services they need. Will you cosponsor HR3355?**