

# Help Improve Access to Cardiac and Pulmonary Rehabilitation

**From: The Honorable Lynn Jenkins**

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**Bill: H.R. 3355**

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*Supported by: American Heart Association, the American Association of Cardiovascular and Pulmonary Rehabilitation, the American College of Cardiology, the American Thoracic Society, the Association for Black Cardiologists, the Heart Failure Society of America, the National Women's Health Network, Mended Hearts, Mended Little Hearts, the Preventive Cardiovascular Nurses Association, the Society for Women's Health Research, WomenHeart, the Women's Heart Alliance, the National Association for Medical Direction of Respiratory Care*

Dear Colleague:

We invite you to cosponsor H. R. 3355, a bipartisan bill which would allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation.

Each year, roughly 915,000 Americans will have a heart attack, and more than 30 percent of those who survive a heart attack will have a second and potentially fatal event. Unfortunately, cardiac and pulmonary rehabilitation remain underutilized, particularly among women and minorities. Based on parity and precedence, H.R. 3355 provides a common-sense improvement to cardiac rehabilitation administration and services

Cardiac rehabilitation is a medically supervised program that includes exercise training, counseling, and heart-healthy living education. For patients with cardiovascular disease, these programs are proven to reduce future cardiac events, reduce mortality by 20 to 30%, decrease hospitalizations, and improve health-related quality of life. Similarly, pulmonary rehabilitation, which focuses on Medicare beneficiaries with chronic obstructive pulmonary disease (COPD), also reduces mortality among these patients. COPD is the 3rd leading cause of the death in the United States; and it is the only top ten cause of death that is continually increasing.

Current law only allows physicians to directly supervise these rehabilitation programs, imposing a significant barrier that restricts patients' access, and adds unnecessary costs for these services in both rural and urban areas. Notably, federal regulations already permit physician assistants, nurse practitioners, and clinical nurse specialists to be used in similar roles in outpatient settings, and these health care professionals are highly trained should emergencies arise. This bipartisan legislation preserves the requirement that a physician serve as the "Medical Director" for cardiac

and pulmonary rehabilitation programs to ensure that they are safe, comprehensive, cost effective, and medically appropriate for individual patients..

We hope that you will consider cosponsoring H.R. 3355; to join this important effort, please contact Eric Schmutz in Rep. Jenkins' office at [Eric.Schmutz@mail.house.gov](mailto:Eric.Schmutz@mail.house.gov)

Sincerely,

Lynn Jenkins, CPA  
Member of Congress

John Lewis  
Member of Congress