



American Association of Cardiovascular
and Pulmonary Rehabilitation

Sustainable Cardiopulmonary Rehabilitation Services in the Home Act H.R. 783/S. 248

REQUEST

The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) urges members of Congress to **cosponsor and advance the bipartisan *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (H.R. 783/S. 248)***. The legislation was reintroduced in the House by Reps. John Joyce, MD (R-PA) and Scott Peters (D-CA), and in the Senate by Sens. Marsha Blackburn (R-TN) and Amy Klobuchar (D-MN).

AACVPR urges Congress to include this legislation in any telehealth package advanced by Congress. We greatly appreciated Congress' work in the 118th Congress by including the legislation in the *Telehealth Modernization Act*, which was unanimously passed by the House Energy and Commerce Committee, and including it in the end of year funding package¹ before it was scaled back. Currently, telehealth flexibilities in the physician office expire on March 31, 2025. AACVPR urges Congress to maintain this language should the December 2024 healthcare package be reconsidered.

BILL SUMMARY

The *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act* would improve patient access to cardiopulmonary rehabilitation services by permanently allowing Medicare patients to receive cardiopulmonary rehabilitation services via virtual telecommunications technology (real-time, audio-video) in the beneficiary's home (which would serve as the originating site), wherever the home is located throughout the country, including when those services are furnished by hospitals as distant site providers. Additionally, virtual direct supervision by physicians, physician assistants, nurse practitioners, or clinical nurse specialists would be allowed through two-way audio-visual communications technology.

BACKGROUND

During the public health emergency (PHE), hospitals were allowed to provide some outpatient services through virtual means (real-time, audio-visual communications technology) to Medicare beneficiaries in the home. Cardiac and pulmonary rehabilitation are proven interventions in the treatment of chronic diseases that keep patients alive longer and out of the hospital, and as a result of the PHE, we also know that virtual forms of these programs are an effective way to increase access for patients across the country.

When the PHE expired on May 11, 2023, virtual delivery of these services by hospital outpatient departments also ceased to be an option. While the *Consolidated Appropriations Act, 2023* preserved telehealth access for these services through December 31, 2024, this extension applies only to services delivered by physician office-based programs, which account for less than five percent of total cardiopulmonary rehabilitation care. Hospital-based programs – which furnish 95 percent of cardiopulmonary services – remain unable to offer virtual options, creating significant barriers to patient access. The *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act* would address this gap by extending such flexibilities to both physician offices and hospital-based programs.

¹ <https://docs.house.gov/billsthisweek/20241216/CR.pdf>

Heart disease continues to be the leading cause of death for Medicare beneficiaries. According to the Centers for Medicare and Medicaid Services (CMS), 42% of Medicare beneficiaries aged 65 years and over have at least one heart condition. The [Million Hearts Initiative](#)² partners with federal agencies and organizations such as AACVPR with the goal of raising national cardiac rehabilitation (CR) participation rates to 70% of eligible patients. Patients who participate in CR see reduced hospitalizations, decreased emergency department utilization, and lower mortality rates. Yet a recently published [article](#) found that “A total of 40 largely urban counties comprising 14% of the United States population age ≥65 years had disproportionately low CR access and were identified as CR deserts.”³

Additionally, 16.5% of Medicare beneficiaries have chronic obstructive pulmonary disease (COPD). A published [study](#) found that two-fifths of Medicare beneficiaries with COPD in a national sample, and eight in nine of those in rural areas, have poor access to pulmonary rehabilitation.⁴

SUPPORT

In addition to AACVPR, the bill is supported by the American Association for Respiratory Care, American College of Chest Physicians, American College of Cardiology, American Thoracic Society, and the COPD Foundation. Thirty-five patient and provider groups, health systems, and industry organizations sent a letter⁵ in support of the legislation during the 118th Congress.

CONTACTS

To cosponsor H.R. 783/S. 248, the *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act*, please contact:

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If you have any questions or would like additional information, please contact Advocacy@aacvpr.org.

² <https://millionhearts.hhs.gov/index.html>

³ J Am Coll Cardiol. 2023 Mar 21;81(11):1049-1060.doi: 10.1016/j.jacc.2023.01.016

⁴ Malla G, Bodduluri S, Sthanam V, Sharma G, Bhatt SP. Access to pulmonary rehabilitation among Medicare beneficiaries with chronic obstructive pulmonary disease. Ann Am Thorac Soc 2023;20:516–522.

⁵ <https://heartrehabcare.org/s/Virtual-CR-PR-Sign-On-Letter-For-Distribution-2024-01.pdf>