

Representative Rosa DeLauro
RHOB- Rayburn House Office Building Room 2413
45 Independence Ave SW
Washington, DC 20515

Dear Representative DeLauro,

I am asking for your support of two bills in Congress that together will improve access to cardiac and pulmonary rehabilitation for heart and respiratory disease patients. The value of cardiac and pulmonary rehabilitation (CR/PR) is significant and well-substantiated: fewer re-hospitalizations, improved quality of life, and longer life (26% to 37% lower risk of cardiovascular and pulmonary disease-related death, respectively, compared to those who don't receive rehabilitation services post hospitalization).

Medicare beneficiaries and providers of these services face numerous obstacles to receiving these outpatient treatments. These two bills will dramatically alleviate unnecessary system barriers.

HR 3348-SOS: Sustaining Outpatient Services Act

This bill will allow hospital outpatient CR/PR to maintain the hospital reimbursement rate, no matter where the program is located-on or off campus, ending the current 40% payment reduction if a program re-locates to a new or different off-campus location. Especially in this post-COVID environment, rehab programs are at capacity with long wait times to receive this treatment. Without this bill, CR and PR programs are financially unable to expand capacity to accommodate increasing referrals from patients hospitalized for heart disease or chronic obstructive pulmonary disease. Opening a new or expanded program at an off-campus location or rural satellite location in order to reach more patients and provide more timely access to CR/PR is currently simply not an option.

HR 1956-Increasing Access to Quality Cardiac Rehabilitation Act of 2022

This bill will remove the barrier of physicians only to allow nonphysician practitioners (NPPs) to independently order and supervise CR/ICR/PR services. This will increase access for cardiac and pulmonary patients, particularly in rural areas, by expanding who can order and supervise these therapeutic programs. Congress passed a bill (P.L. 115-123) as part of the Bipartisan Budget Act of 2018 to allow NPPs this ability in 2024. The delayed implementation was entirely for budgetary reasons. People suffering from heart disease and lung disease can't wait that long for treatment! Passage of this bill will move the effective date to 2022.

These low-cost services save lives. Your constituents deserve and appreciate this effective treatment. Please support HR 3348 and HR 1956 today.

I have worked as a health care professional in cardiac rehab for 6 years at St. Vincent's Medical Center in Bridgeport. According to CMS, despite proven health outcomes for patients, and reduced associated hospital readmissions, only a 20% of eligible patients enroll and complete cardiac rehabilitation. During my time in this profession I have witnessed several barriers to enrollment specifically location of programs, patient access to these facilities, and high patient co-pays depending on various insurance payers.

According to the Million Heart Initiative, individuals who attend 36 sessions have a 47% lower risk of death and a 31% lower risk of heart attack than those who attend only 1 session, health systems save \$4,950 to \$9,200 per person per year of life saved, and last cardiac rehab participation also reduces hospital readmissions.

I ask, on behalf of my colleagues and my patients that I have the pleasure of working with on daily basis, that please consider supporting access for cardiac and pulmonary patients to the services that they are entitled to to optimize their recovery.

Sincerely,

Kelsey Gilmore
101 Bradley Terrace
Derby, Connecticut 06418