

The Honorable Kyrsten Sinema
United States Senate
Washington D.C. 20510

The Honorable John Joyce
U.S. House of Representatives
Washington, DC 20515

The Honorable Marsha Blackburn
United States Senate
Washington, DC 20510

The Honorable Scott Peters
U.S. House of Representatives
Washington, DC 20515

The Honorable Amy Klobuchar
United States Senate
Washington, DC 20510

November 13, 2023

Dear Senator Sinema, Senator Blackburn, Senator Klobuchar, Rep. Joyce, and Rep. Peters:

We write to express our strong support for bipartisan legislation currently under consideration in the Senate and House of Representatives to restore and protect access to virtual cardiac and pulmonary rehabilitation for hundreds of thousands of Medicare beneficiaries across the country. The legislation — S. 3021, introduced by Senators Kyrsten Sinema, Marsha Blackburn, and Amy Klobuchar, and H.R. 1406, introduced by Representatives John Joyce and Scott Peters — would reinstate policies that lapsed in May 2023 with the end of the public health emergency and once again allow patients to complete cardiac and pulmonary rehabilitation programs from home without having to travel to a hospital or doctor’s office. Thank you for taking the leadership on this very important issue which impacts many Medicare beneficiaries.

Nearly half of Americans have some form of cardiovascular disease. After a heart attack or heart surgery, completing cardiac rehabilitation can increase life expectancy by up to five years and has been shown to significantly reduce rehospitalizations. However, only one in four Medicare patients even start cardiac rehabilitation, and 90 percent of people [don’t end up completing their in-person rehabilitation programs](#), in part because they have traditionally required patients to commute to a hospital or doctor’s office 36 times over a three-month period.

Chronic obstructive pulmonary disease, or COPD, affects millions of Americans and is one of the leading causes of death, with higher rates in rural areas (8%) than in urban areas (5%), contributing to the access gap in pulmonary rehabilitation. Pulmonary rehabilitation programs [reduce hospitalizations and improve patient quality of life](#).

During the public health emergency, virtual cardiac and pulmonary rehabilitation became broadly available. The Hospital Without Walls waiver allowed rehabilitation departments operated by hospitals to deploy virtual programs, in which patients were supervised in real-time by providers using video communications on computers or mobile devices.

Data has shown that virtual cardiac rehabilitation is effective, [reducing death rates by 36 percent](#) as compared to patients who did not complete their program. Virtual cardiac rehab patients experience

[lower readmission rates](#). Pulmonary virtual programs have also demonstrated [better access and similar outcomes to facility programs](#).

The availability of virtual cardiac and pulmonary rehabilitation was a significant step forward in eliminating barriers that have prevented patients from starting or completing traditional rehab programs. Many Medicare beneficiaries live in “rehabilitation deserts” — rural, suburban, and even urban communities in which in-person rehab facilities are either too few or too far away. For patients with mobility challenges, jobs with limited time off, or who depend upon public transportation, traveling twice a week for three months is not a viable option. Studies have found that women and members of minority groups are less likely to complete cardiac or pulmonary rehabilitation. In situations where patients have language or cultural barriers that make it difficult to participate in a program at a nearby facility, virtual rehabilitation allows them to work with appropriate providers anywhere in the country.

Expanding access lowers healthcare spending. According to data released by the Department of Health and Human Services’ [Million Hearts](#) initiative, when patients complete all 36 sessions of cardiac rehabilitation, it saves between \$4,950 and \$9,200 per person per year of life saved.

S. 3021 and H.R. 1406 would restore the provisions relating to virtual cardiac and pulmonary rehabilitation that were in place under the public health emergency. Specifically, these bills would reauthorize the hospital-based virtual rehabilitation programs that served 95 percent of patients prior to the end of the emergency, and they would also ensure that virtual programs operated out of individual providers’ offices are allowed to continue.

Cardiac and pulmonary rehabilitation are proven interventions that keep patients alive longer and out of the hospital, and as a result of the public health emergency, we also know that virtual forms of these programs are an effective way to increase access for patients across the country. On behalf of the hundreds of thousands of Medicare patients who would immediately benefit — and the millions more who will likely need it in the future.

We thank you for your leadership and urge you to pass this legislation so that we can restore and protect access to virtual cardiac and pulmonary rehabilitation.

Sincerely,

Patient and provider groups:

- American Association of Cardiovascular and Pulmonary Rehabilitation
- American Association for Respiratory Care
- American College of Chest Physicians
- American College of Cardiology
- American Thoracic Society
- COPD Foundation

Health systems:

- Community Health Systems (AL, AK, AZ, AR, FL, GA, IN, MO, MS, NM, NC, OK, PA, TN, TX)

- Advocate Health (AL, GA, IL, NC, SC, WI)
- Ballad Health (TN, VA, NC, KY)
- Mass General Brigham (MA, NH, ME)
- ProMedica (OH, MI, PA)
- Baptist Health (IN, KY)
- Geisinger Health System (PA, DE, ME)
- Bassett Healthcare Network (NY)
- ColumbiaDoctors (NY)
- Nuvance Health (NY)
- Tampa General Hospital (FL)
- Lakeland Regional Health (FL)
- Lee Health (FL)
- Marshall Medical Center (CA)
- Davis Medical Center (WV)
- Arkansas Heart Hospital (AR)
- Cardiovascular Institute of the South (LA)
- University Medical Center Health System (TX)
- Benson-Henry Institute at Massachusetts General Hospital (MA)
- Adventist HealthCare (MD)
- Ascension St. Thomas (TN)
- Nevada Heart and Vascular Center (NV)
- Renown Health System (NV)
- EvergreenHealth (WA)

Industry organizations:

- Recora Health
- Pritikin ICR
- Ornish Lifestyle Medicine
- Chanl Health
- Carda Health