

Increasing Needed Access to Cardiac and Pulmonary Rehabilitation



Action Requested: Cosponsor the *Increasing Access to Quality Cardiac Rehabilitation Care Act of 2025 (S. 717)*. This bipartisan legislation would authorize PAs, nurse practitioners (NPs), and other qualified providers to order cardiovascular and pulmonary rehabilitation (CR/PR) services.

PAs are routinely on the front line in critical care environments like hospitals, clinics, emergency rooms, and intensive care units. They are highly trained providers, qualified to order and supervise critical medical services. However, under current law only physicians may order CR/PR programs in Medicare. CR/PR services are proven to improve health outcomes for patients who have survived a heart attack and/or have chronic obstructive pulmonary disease (COPD) and can treat patients recovering from other chronic diseases. However, this life-saving treatment is underutilized, especially in rural and medically underserved areas because qualified providers like PAs are unnecessarily and arbitrarily prevented from ordering and supervising CR/PR. Outdated restrictions like this one exacerbate challenges in areas where access issues and care disparities are particularly acute. Patients should not have to navigate through this red tape to get the high-quality care they deserve.

Background: Congress authorized PAs, NPs, and clinical nurse specialists to begin supervising CR/PR programs in 2024. However, the 2018 legislation only authorized supervision of these services for Medicare patients. The Increasing Access to Quality Cardiac Rehabilitation Care Act would authorize PAs to also **order** CR/PR for their Medicare patients in a manner that is consistent with state law.

The current restriction on PAs ordering these services for Medicare patients reduces access to CR/PR services, particularly in physician shortage areas and for patients that rely on PAs for their care. This restriction increases hospital re-admissions for patients who lack access to these essential rehabilitation services, thus increasing overall healthcare costs. Authorizing PAs to order this type of care when it is first needed would provide access to patients who have an acute need for these services.

CR/PR services are offered through medically directed and supervised programs designed to improve a patient's physical, psychological, and social functioning. Both programs utilize supervised exercise, risk factor modification, education, counseling, behavioral modification, psycho-social assessment, and outcomes assessment.

The Increasing Access to Quality Cardiac Rehabilitation Care Act would authorize PAs and other qualified providers to order CR/PR programs for their Medicare patients, enabling patients to benefit from these cost and life-saving services sooner and without a disruption in care, while also minimizing unnecessary medical appointments with an additional provider.

Legislative Recommendation: AAPA recommends that Congress advance S.717, the Increasing Access to Quality Cardiac Rehabilitation Care Act, which has been introduced by Sens. Shelley Moore-Capito (R-WV) and Amy Klobuchar (D-MN).

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