



American Association
for Respiratory Care



Improve Access to Pulmonary Rehabilitation (PR) and to Respiratory Therapists



- Pulmonary rehabilitation (PR) is a lifesaving, multi-disciplinary program for Medicare beneficiaries diagnosed with chronic obstructive pulmonary disease (COPD).
- Effective January 1, 2022, beneficiaries with suspected or confirmed COVID-19 who experience respiratory dysfunction for at least 4 weeks are eligible for PR.
- A PR program is individually tailored and designed to optimize physical and social performance and improve quality of life.



- Benefits can also lead to reduced re-hospitalization and all-cause mortality.
- PR programs offer lifestyle choices so patients can better self-manage their disease.
- Respiratory therapists (RTs) are experts in pulmonary medicine.
- RTs are an essential part of the multidisciplinary PR team. They:

- Evaluate the patient and create a treatment plan.
- Assess patients during exercise to assure progress to improve endurance.
- Monitor oxygen needs to achieve positive outcomes, as appropriate.
- Educate and train patients on triggers of their disease.
- Teach patients self-management skills to reduce exacerbations.



1.

ACTION REQUESTED

Co-sponsor the Improving Access to Quality Cardiac Rehabilitation(CR) Act (H.R.1956/S. 1986)



- Currently, only physicians can provide direct supervision of cardiac and pulmonary rehab programs.
- Effective January 1, 2024, coverage will be expanded to allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise these programs.
- This bill moves up the effective date of those changes to January 1, 2022, and allows these practitioners to administer programs, prepare and sign treatment plans, and prescribe exercise in addition to providing direct supervision.
- Moving the effective date will eliminate obstacles and delays that can prevent patients from beginning timely rehabilitation services, especially in rural and underserved areas where there are physician shortages and underutilization of the expertise of RTs.

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2. ACTION REQUESTED

Make permanent the temporary waivers under the public health emergency (PHE) that allow cardiac (CR) and pulmonary rehabilitation (PR) services to be furnished virtually in a patient's home under the Hospital Without Walls program and allow respiratory therapists to deliver virtual services under Medicare's "incident to" benefit in the physician office.



- Current waivers under the COVID-19 public health emergency (PHE) allow CR and PR services to be furnished to beneficiaries in their homes as Medicare telehealth services by physicians or practitioners and through the CMS Hospital Without Walls (HWW) program by a hospital outpatient department.
- Under those waivers, RTs can furnish telehealth that includes PR and other services in which an eligible practitioner bills for the service.
- Without additional authority from Congress after the PHE ends, there is no flexibility to permit permanent continuation of virtual CR and PR services to Medicare beneficiaries in their homes or to allow RTs to continue to furnish telehealth services "incident to" an eligible provider in the office setting.
- Virtual delivery of services has provided an avenue for improved patient adherence, earlier intervention, and removal of barriers such as distance and transportation, especially in rural and underserved areas.
- Continuing virtual CR/PR services permanently would expand patient access to services that can improve an individual's quality of life and lower their risk of death.
- Permanent virtual access to RTs can help patient's prevent acute exacerbations/ reduce hospital admissions.