

February 28, 2025

The Honorable John Joyce, MD  
U.S. House of Representatives  
2102 Rayburn House Office Building  
Washington, DC 20515

The Honorable Scott Peters  
U.S. House of Representatives  
2369 Rayburn House Office Building  
Washington, DC 20515

The Honorable Marsha Blackburn  
United States Senate  
357 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Amy Klobuchar  
United States Senate  
425 Dirksen Senate Office Building  
Washington, DC 20510

**RE: Support for the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (H.R. 783/S. 248)**

Dear Representative Joyce, Representative Peters, Senator Blackburn, and Senator Klobuchar:

Thank you for your leadership and commitment to improving access to virtual cardiac and pulmonary rehabilitation for Medicare beneficiaries. The undersigned patient and provider organizations write to express our strong support for the Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (**H.R. 783/S. 248**). We appreciate your work during the 118<sup>th</sup> Congress to advance this legislation and note that language was included in the telehealth package favorably reported by the House Energy and Commerce Committee on September 18, 2024 with a vote of 41-0, and included in the December 17, 2024 end of year package before it was scaled back.

We appreciate that the *Sustainable Cardiopulmonary Rehabilitation Services in the Home Act* seeks to restore the provisions relating to virtual cardiac and pulmonary rehabilitation that were in place under the COVID-19 public health emergency (PHE). Specifically, this legislation would reauthorize the hospital-based virtual rehabilitation programs that served 95 percent of patients prior to the end of the PHE.

When the PHE expired on May 11, 2023, virtual delivery of cardiopulmonary rehabilitation in the hospital setting also ceased to be an option. While the current continuing resolution preserved telehealth access for these services through March 31, 2025, this extension applies only to services delivered in physician office-based programs, which account for less than five percent of total cardiopulmonary rehabilitation care. Hospital-based programs – where 95 percent of cardiopulmonary services are delivered – 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.

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. 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 in safeguarding patient health and urge you to advance this legislation to restore and protect access to virtual cardiac and pulmonary rehabilitation.

Sincerely,

American Association of Cardiovascular and Pulmonary Rehabilitation  
Allergy & Asthma Network  
Alliance for Connected Care  
Alpha-1 Foundation  
American Association for Respiratory Care  
American College of Cardiology  
American College of Chest Physicians  
American Thoracic Society  
Breathe PA  
Breathe Southern California  
COPD Action Alliance  
COPD Foundation  
Dorney-Koppel Foundation  
Emphysema Foundation of America  
Global Allergy & Airways Patient Platform  
HealthyWomen  
Heart Failure Society of America  
Heart Rhythm Advocates  
Patients Rising  
Preventive Cardiovascular Nurses Association  
Pulmonary Fibrosis Foundation  
Respiratory Health Association  
Right 2 Breathe  
Society for Vascular Medicine  
Society of Cardiovascular Computed Tomography  
The Society of Thoracic Surgeons

## BACKGROUND - CARDIOPULMONARY REHABILITATION

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. In addition to COPD, pulmonary rehabilitation is approved for individuals experiencing prolonged respiratory symptoms due to COVID-19. By reducing hospitalizations and improving patient quality of life, pulmonary rehabilitation is an essential component of care for these populations.

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.