

April 3rd, 2024

Dear Representative,

The Michigan Cardiac Rehab Network (MiCR) is a statewide network of more than 50 Michigan hospitals dedicated to enhancing cardiac rehab (CR) access and utilization among patients with eligible cardiovascular conditions. CR is a low-cost service with high impact and reduces the risk of cardiac events and hospital readmissions for patients with cardiovascular disease through a structured program focused on physical activity, behavior change, and social support. For patients recovering from a cardiac event, CR is essentially the next step in their care and an integral part of their healing journey. Our network and partnering organizations strongly support the use of cardiac rehab (CR) for patients after cardiovascular procedures.

Unfortunately, many CR programs are currently operating at capacity, resulting in excessively long waiting lists for patients. Under the current policy, CR centers are unable to expand to off campus locations without a 60% reduction to CMS reimbursement, thus adding to space constraints and patient wait lists. Additionally, the Consolidated Appropriations Act that extended CMS reimbursement for virtual (real-time audio/visual) CR services expired December 31, 2023, as CR does not fall under CMS telehealth services. Studies have found hybrid and virtual CR to be equivalent alternative to in-person CR¹, and eliminating the option of telehealth has left patients who live in rural communities or *rehab deserts*, or face transportation barriers, without access to this important treatment.

We are writing to request your support for HR 955/S. 1849 and HR 1406/S. 3021, two legislative bills that address these challenges and aim to increase rehab capacity, reduce wait times, and allow for flexibility in care delivery to meet the unique needs of our patients²:

HR955/ S. 1849

- Allow hospital-based CR programs to be reimbursed at the same rate on and off the main hospital campus.
- Ensure CR accessibility by incentivizing investments into expanded or new physical spaces that could mitigate current capacity shortages.

HR 1406/S. 3021

- Permanently extend Medicare reimbursement for virtual CR, which was allowed due to the COVID-19 pandemic but expired December 31, 2023.
- Permanently extend Medicare regulations for virtual (real-time audio/visual) CR physician supervision, which was allowed due to COVID-19 and is due to expire December 31, 2024.
- Allow facilities to expand capacity through virtual CR access without requiring additional capital investments in new facilities and providing flexibility to patients with geographic or social barriers to participation.

The Michigan Cardiac Rehab Network and the undersigned members of our partnering organizations support the passage of HR 955/S. 1849 and HR 1406/S. 3021. We believe these bills will provide a

¹ Ganeshan S, Jackson H, Grandis DJ, et al. Clinical outcomes and qualitative perceptions of in-person, hybrid, and virtual cardiac rehabilitation. *Journal of Cardiopulmonary Rehabilitation and Prevention*. 2022;42(5):338-346. doi:10.1097/hcr.0000000000000688

² Pedamallu H, Brown TM, Keteyian SJ, Thompson MP. A bipartisan path for Congress to expand cardiac rehabilitation capacity and access. *Health Affairs Forefront*. October 2023. doi:10.1377/forefront.20231023.91817

significant opportunity to improve patient access to CR services. We urge you to consider the merits of these bills and vote in favor of HR 955/S. 1849 and HR 1406/S. 3021.

Sincerely,

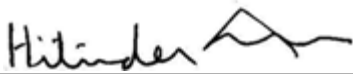


Mike Thompson, PhD, MPH
Co-Director, Michigan Cardiac Rehab Network
(MiCR)



Devraj Sukul, MD, MSc
Co-Director, MiCR

Signed on behalf of the MiCR Network participating physicians and cardiac rehab providers.



Hitinder Gurm, MD
Director, BMC2

Signed on behalf of BMC2 participating physicians.

BMC2 is a consortium of over 350 physicians at 51 hospitals dedicated to improving the quality of care and outcomes in patients who undergo percutaneous coronary intervention procedures across the State of Michigan.



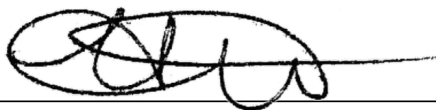
Tammy Chang, MD, MPH, MS
Director, Health Behavior Optimization for Michigan
(HBOM)



Thomas Cascino, MD, MSc
Co-Director, HBOM

Signed on behalf of HBOM.

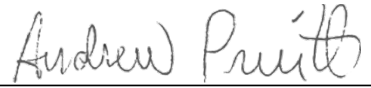
HBOM works with other Collaborative Quality Initiatives (CQIs) to help their participating physician organizations, hospitals, and providers to make the healthy choice the easy choice and is part of the CQI network.



Himanshu Patel, MD
Co-Director, Michigan Structural Heart Consortium
(MISHC)

Signed on behalf of MISHC participating physicians.

MISHC is a consortium of over 130 cardiologists and cardiac surgeons from 30 hospitals across Michigan dedicated to improving quality of care and outcomes in patients who undergo transcatheter valve procedures.



Andrew Pruitt, MD
Director, Michigan Society of Thoracic and
Cardiovascular Surgeons Quality Collaborative
(MSTCVS-QC)

Signed on behalf of MSTCVS-QC participating physicians.

MSTCVS-QC is a multidisciplinary group of medical professionals at all 33 adult cardiac surgery programs in Michigan and is dedicated to improving the care of adult cardiac and general thoracic surgery patients across the state.