

SAMPLE OF A LETTER TO YOUR SENATOR:

Dear _____:

I am writing to ask for your support of S.329 to establish pulmonary and cardiac rehabilitation as a specific Medicare benefit category. This Senate legislation is sponsored by Democrat Blanche Lincoln (D-AR), Republican Mike Crapo (R-ID), and Republican Olympia Snowe. Originally introduced in the 109th congress as S.1440, this bill already had over twenty co-sponsors.

Both pulmonary and cardiac rehabilitation have been covered services under the Medicare statute, authorized under Section 1861(s)(2)(B) which authorizes outpatient services that are “incident to” physician services. The proposed legislation would create specific legislative language within Title XVIII authorizing payment for pulmonary and cardiac rehabilitation services.

Cardiac rehabilitation is a set of physician ordered patient services that include initial evaluation and goal setting, monitored therapeutic exercise, education, psycho-social support and on going assessment of patient progress. Scientific studies have shown that patients with heart failure and other cardiac diseases benefit (reduced health care costs, morbidity and mortality) from cardiac rehabilitation.

Pulmonary rehabilitation is a set of physician ordered services that include initial evaluation and goal setting, therapeutic exercise, education, psycho-social support and on going assessment of patient progress. Scientific studies have shown that patients with COPD and other respiratory diseases significantly benefit (reduced health care costs, morbidity and mortality) from pulmonary rehabilitation.

This legislation is necessary for the following reasons:

Cardiac rehabilitation has had coverage under Medicare since the late 1980’s. However, the status of cardiac rehabilitation as an “incident to” physician service has created regulatory uncertainty and confusion about its physician supervision level and compliance with Medicare regulation. In fact, in some regions, cardiac rehabilitation programs **have been closed** due to this confusion. This legislation would remove cardiac rehabilitation from the confusing regulatory environment of “incident to” services and clearly create it as a specific Medicare benefit with specific physician involvement delineated.

Pulmonary rehabilitation also is a covered service by Medicare, most notably stated in a 1981 letter addressing that specific question. However, there is no national coverage policy for pulmonary rehabilitation services. Most Medicare contractors (fiscal intermediaries) had released their own local coverage determinations (LCDs) which varied widely. Currently, most LCDs have been cancelled due to the lack of a national coverage policy, so **coverage is extremely inconsistent to nonexistent throughout the country**. CMS/NIH included pulmonary rehabilitation as the standard of care in their National Emphysema Treat Trial (NETT). Having no national coverage policy for pulmonary rehabilitation means that beneficiaries in some regions have no access to this important therapeutic benefit. This legislation would establish pulmonary rehabilitation in its own unique benefit category and lead CMS to promulgate a national coverage policy that ensures access to this scientifically proven medical therapy for Medicare beneficiaries suffering from COPD and other respiratory disorders.

I appreciate your consideration of this critical issue for your cardiac and pulmonary constituents in (*name your state*). I hope I can count on your support as a co-sponsor of S. 329.

Sincerely,

