

March 21, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Brooks-LaSure,

We are writing to you on behalf of health care professionals and advocates dedicated to promoting the use of telehealth to improve health care access and outcomes. As advocates for telehealth, we believe that virtual provision of cardiac and pulmonary rehabilitation (CR/ICR) represents a critical opportunity to leverage technology to enhance compliance with CR for better long term health outcomes.

We commend your historic efforts to expand access to telehealth, especially in light of the challenges posed by the statute. As you know, many of the COVID-19 telehealth legislative and regulatory flexibilities have been extended through the end of CY2024. Unfortunately, there was a critical telehealth flexibility omitted leaving a tremendous gap in care. This flexibility allowed patients to complete cardiac rehab programs from home rather than having to travel to a hospital, rehab center, or physician's office. Unfortunately, this expired at the end of the public health emergency on May 11, 2023, which led to many of these virtual CR programs to shut down. These virtual CR programs cannot be reopened unless CMS takes immediate action. Therefore, it is imperative that this flexibility is addressed as soon as possible to restore access to virtual cardiac rehabilitation for hundreds of thousands of Medicare beneficiaries.

By a way of background, virtual cardiac rehabilitation is a cornerstone of secondary prevention for individuals with cardiovascular disease, offering structured exercise programs, education, and counseling to reduce the risk of recurrent events and improve overall cardiovascular health. However, traditional in-person CR programs face numerous barriers, including the fact that there are 32 in-person sessions. Transportation challenges, scheduling conflicts and reduced mobility make attending these sessions challenging.

Virtual cardiac rehabilitation, facilitated through telehealth platforms, addresses many of these barriers by providing patients with convenient access to evidence-based CR services from the comfort of their homes. By leveraging telecommunication technologies such as videoconferencing, remote monitoring, and mobile health applications, virtual CR programs offer a flexible and accessible alternative to traditional in-person CR, allowing patients to engage in rehabilitation activities without the need for frequent clinic visits or travel.

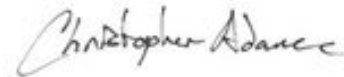
Research has consistently demonstrated the efficacy and feasibility of virtual CR in improving clinical outcomes, including reductions in cardiovascular mortality, hospital readmissions, and modifiable risk factors such as blood pressure, cholesterol levels, and physical activity levels. Moreover, virtual CR has been shown to enhance patient engagement, adherence to therapy, and overall satisfaction with care, leading to better long-term outcomes and cost savings for healthcare systems.

We believe the Center for Medicare and Medicaid Services (CMS) has legal authority to permit virtual CR in the outpatient settings because, when creating CR/ICR programs, Congress expressly authorized the

Secretary of HHS to identify other appropriate "settings" for these programs, which could include patients' homes. By embracing virtual cardiac rehabilitation, CMS is empowering patients with cardiovascular disease to take control of their health, reduce disparities in access to care, and achieve better outcomes for individuals and communities across the nation.

Thank you for your attention to this important issue. We look forward to collaborating with you to advance telehealth solutions and improve cardiovascular care for all.

Sincerely,



Chris Adamec
Executive Director
Alliance for Connected Care



Kyle Zebley
Executive Director
ATA Action