**Sample 1 (*Abbreviated Version*)**

**SUBJECT:** Support HR 1406 to ensure patients in our district have access to cardiac rehab

**MESSAGE:**

Dear Representative [REPRESENTATIVE LAST NAME],

As a cardiac rehab professional from [ORGANIZATION OR FACILITY NAME], I am writing to urge you to support the bipartisan legislation **HR 1406, the Sustainable Cardiopulmonary Rehabilitative Services in the Home Act**. Initially introduced by Reps. John Joyce (R-PA) and Scott Peters (D-CA), this important legislation would permanently protect access to virtual Cardiac Rehab (CR) and Intensive Cardiac Rehab (ICR) services for Medicare beneficiaries.

The COVID-19 public health emergency (PHE) provided flexibilities for the Centers for Medicare and Medicaid Services (CMS) to allow for the provision of services via telehealth. This allowance has had a tremendous impact on the ability of Medicare beneficiaries to enroll in or continue receiving CR/ICR. However, the ability for hospitals to provide cardiac and pulmonary rehabilitation virtually will end on May 11, 2023, with the PHE. Congress needs to act now to preserve these vital and necessary services.

CR and ICR services have been provided safely and effectively via live audio-visual synchronous virtual visits throughout the public health emergency.  Patient and provider experiences during the PHE have affirmed what is also confirmed in the clinical literature – that CR and ICR services are safe and effective when performed virtually and have equivalent outcomes as when they are performed in a facility or a physician’s office.  In fact, some studies have shown better outcomes virtually than by site-based care.

Importantly, there are significant patient access and utilization concerns that CMS has already recognized for CR and ICR.  ***CMS has identified these services as underutilized, high value services and solicited comments on how it can expand patient access.***  Discontinuing the ability for patients to receive CR/ICR virtually from their homes would further decrease utilization of CR/ICR.

Extending virtual coverage of CR/ICR also helps address known disparities in access to coverage across our country.  Cardiac rehabilitation typically includes up to 36 sessions over up to 36 weeks. Intensive cardiac rehabilitation offers up to 72 sessions of exercise and comprehensive lifestyle education over up to 18 weeks. If only offered in a bricks and mortar setting, patients must live near a facility or physician’s office that is providing this service or they are forced to travel long distances regularly over a period of weeks to avail themselves of CR/ICR.  Many people do not have the time or ability to make such travel commitments.  Virtual delivery of these CR/ICR services solve that problem and permits people in rural and otherwise medically underserved areas to avail themselves of these life-saving underutilized services.

I have seen firsthand the value that CR/ICR provides to people in extending their lives and improving their quality of life at the same time. [OPTIONAL: SHARE PATIENT STORY OR OTHER RELEVANT INSIGHT]

**I urge you to cosponsor HR 1406 and work for its passage before the end of the PHE so that patients do not lose access to these vital services.**

Sincerely,

[NAME/TITLE/ORGANIZATION OR FACILITY NAME]

**Sample 2 (*Full-Length Version*)**

**SUBJECT:** Support HR 1406 to ensure patients in our district have access to cardiac rehab

**MESSAGE:**

Dear Representative [REPRESENTATIVE LAST NAME],

As a cardiac rehab professional from [ORGANIZATION OR FACILITY NAME], I am writing to urge you to support the bipartisan legislation **HR 1406, the Sustainable Cardiopulmonary Rehabilitative Services in the Home Act**. Initially introduced by Reps. John Joyce (R-PA) and Scott Peters (D-CA), this important legislation would permanently protect access to virtual Cardiac Rehab (CR) and Intensive Cardiac Rehab (ICR) services for Medicare beneficiaries.  I urge you to cosponsor HR 1406.

The COVID-19 public health emergency (PHE) provided flexibilities for the Centers for Medicare and Medicaid Services (CMS) to allow for the provision of services via telehealth. This allowance has had a tremendous impact on the ability of Medicare beneficiaries to enroll in or continue receiving CR/ICR. However, the ability for hospitals to provide cardiac and pulmonary rehabilitation virtually will end on May 11, 2023, with the PHE. Some providers are curtailing their virtual CR/ICR right now since programs are three to four months long, leaving Medicare beneficiaries uncovered for most of their program (any appointments after May 11).  In addition, direct physician supervision and coverage of ICR/CR as telehealth services in Medicare are both scheduled to expire at the end of 2023.  Congress needs to act now to preserve these vital and necessary services. This bill addresses these issues by maintaining access to critical cardiac and pulmonary services from patient homes.

CR and ICR services have been provided safely and effectively via live audio-visual synchronous virtual visits throughout the public health emergency.  Patient and provider experiences during the PHE have affirmed what is also confirmed in the clinical literature – that CR and ICR services are safe and effective when performed virtually and have equivalent outcomes as when they are performed in a facility or a physician’s office.  In fact, some studies have shown better outcomes virtually than by site-based care.

Importantly, there are significant patient access and utilization concerns that CMS has already recognized for CR and ICR.  We know that cardiac patients who complete these programs have better short and long-term prognoses than those who do not receive these services.  ***CMS has identified these services as underutilized, high value services and solicited comments on how it can expand patient access.***  Discontinuing the ability for patients to receive CR/ICR virtually from their homes would further decrease utilization of CR/ICR.

Extending virtual coverage of CR/ICR also helps address known disparities in access to coverage across our country.  Cardiac rehabilitation typically includes up to 36 sessions over up to 36 weeks.  Intensive cardiac rehabilitation offers up to 72 sessions of exercise and comprehensive lifestyle education over up to 18 weeks. If only offered in a bricks and mortar setting, patients must live near a facility or physician’s office that is providing this service or they are forced to travel long distances regularly over a period of weeks to avail themselves of CR/ICR.  Many people do not have the time or ability to make such travel commitments.  Virtual delivery of these CR/ICR services solve that problem and permits people in rural and otherwise medically underserved areas to avail themselves of these life-saving underutilized services.

I have seen firsthand the value that CR/ICR provides to people in extending their lives and improving their quality of life at the same time. [OPTIONAL: SHARE PATIENT STORY OR OTHER RELEVANT INSIGHT]

**I urge you to cosponsor HR 1406 and work for its passage before the end of the PHE so that patients do not lose access to these vital services.**

Sincerely,

[NAME/TITLE/ORGANIZATION OR FACILITY NAME]