* ***Address them directly and appropriately by name in your correspondence****.*

Dear Representative or Senator (enter name),

* ***Introduce yourself, share your clinical experience and articulate your expertise in this industry. If applicable, demonstrate your understanding of the needs of your community.***

My name is Tara Steadman, I have been an Exercise Physiologist in cardiac rehab for 8 years, managed primary care physician/house calls office and Accountable Care Organization (ACO) for a few years serving a 50-mile radius around RVA, especially during the height of covid. Due to my professional experiences, I am uniquely positioned to not only provide “boots on the ground” insight to the common barriers to cardiac rehab enrollment as someone who has conducted hundreds of intensive cardiac rehab and cardiac rehab (ICR/CR) intake assessments; I also possess first-hand insight at Virginia’s Medicare population that struggle with transportation and managing their comorbidities.

* ***Set the stage, define the issue at hand in its entirety. Include factors that exacerbate the situation, if there are any. Use relevant evidence that supports your experience/observations and bolsters your message of concern and call for action. Be sure to cite your statements/statistics etc.!***

Before I begin to convey my ask from you today, let me **paint the picture** of the issues I have struggled with and observed that I want to bring to your attention:

1. Despite CV disease being the number 1 killer of Americans, only 20-30% of qualifying patients participate in CR/ICR 3 due to barriers such as:
	1. Distance from home to nearest CR facility
	2. Transportation & transportation costs
2. Research published recently by the American Heart Association shows the pandemic further impacted ICR/CR participation 1.
	1. 22% decrease from 2020 to 2021 1
3. As if that wasn’t enough: 220 cardiac rehab centers closed during the pandemic 4, further limiting access to this already underutilized service.
* ***Demonstrate why this is not only important, but an imperative issue that needs to be addressed quickly. Expressing a sense of urgency leading up to our ask.***

The **need for access** to cardiac rehabilitation is at an all-time high:

* NCHS 2021 data indicates heart disease is the leading cause of death in the United States 5
	+ CDC indicates in 2020 heart disease in Virginia is the leading killer amongst the population 6
* The Million Hearts Initiative: In 2012 the CDC and CMS nationally co-led this initiative to avert 1 million heart attacks and stroke by the end of 2026 and set a goal to increase CR participation to 70% 3
	+ Strongly supported by American College of Cardiology and the American Heart Association
* CMS 2023 proposed rule recently referred to CR/ICR as a quote: “underutilized, high-value service”; with goals to extend these services to the patient’s home in underserved areas 7: (rural or other “access deserts” and underserved populations)
* ***Finally, what are we asking for from this congressman or congresswoman? Describe the bill, summarize how it will impact the issues you outlined above, explain the impact on your patient’s lives. Make it clear this is a bi-partisan bill, this is not a polarizing topic, it is a very sensible, accessible solution to make a large impact on CV disease treatment access.***

I come to you, as a Virginia state resident and a cardiac rehab/patient-facing healthcare worker to present the potential improvement on these issues and goals for heart disease and cardiac rehab utilization by compelling your sponsorship of this **bi-partisan** bill:

**HR 1406/S 3012: Sustainable Cardiopulmonary Rehabilitation Services in the Home Act.** This bill will allow permanent extension of the virtual cardiac rehab services that have been proven to be safe and effective during the covid-19 pandemic. Centers for Medicare & Medicaid do not have the authority to allow virtual delivery of hospital outpatient services **beyond the expiration of the public health emergency (PHE) which expired on May 11, 2023. Legislative action is necessary.** This bill does that.

* Specifically: delivery of cardiopulmonary rehabilitation services via virtual (real-time, audio-video) telecommunications technology in the beneficiary’s home, designating that home as a provider-based location of a hospital outpatient department, virtual direct supervision of physician, physician assistant, nurse practitioner, or clinical nurse specialist, through two-way audio-visual communications technology, provide reimbursement for services delivered by a physician or a practitioner, or by a hospital.
* ***Optional/Drive the message home: give some high level, profound context to the importance of our industry and our service line. Drive home the points made above by summarizing the ask to cosponsor this bill and describe it’s impact on your patients access to care, if passed.***

Cardiac rehabilitation is a class 1A recommendation and has decades of longitudinal data proving its ability to significantly impact the health and quality of life of patients who participate. We now have three years of strong data (from Arkansas Heart Hospital which I included in this folder) to prove the efficacy and safety of virtual cardiac rehab. Patients who live in rural areas and cardiac rehab deserts (like your district), lack transportation, or just can’t get to a brick-and-mortar cardiac rehab can improve and extend their life by accessing virtual cardiac rehabilitation.

Ultimately, lack of access to cardiac rehabilitation should **never** limit a qualifying patient’s ability to reap the benefits of participating in cardiac rehab and an opportunity to seek treatment for their cardiovascular disease.

Please cosponsor HR 1406/S3012: Sustainable Cardiopulmonary Rehabilitation Services in the Home Act.

Sincerely,

Tara Steadman, MHA BS

* ***Optional, but something I decided to do was to include my citations and referencing them throughout your letter (by number). Remember that the people you’re talking to are not healthcare adjacent, they are probably oblivious to the nuances of our niche service line. Include any relevant information to your argument and try to assume they are unaware of cardiac rehab. More information isn’t better but concise, relevant information can strengthen your depiction of the issue at hand and the subsequent solution.***
1. <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.122.061046>
2. <https://newsroom.heart.org/news/home-based-cardiac-rehabilitation-may-help-people-live-longer>
3. <https://millionhearts.hhs.gov/about-million-hearts/optimizing-care/cardiac-rehabilitation.html#:~:text=Despite%20these%20benefits%2C%20participation%20in,and%20differences%20by%20cardiac%20diagnosis>.
4. <https://www.ahajournals.org/doi/full/10.1161/CIRCOUTCOMES.122.009618>
5. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
6. <https://www.cdc.gov/nchs/pressroom/states/virginia/va.htm>
7. <https://www.federalregister.gov/documents/2021/07/23/2021-14973/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part> (refer to section H)
8. <http://waysandmeans.house.gov/wp-content/uploads/2022/02/2021-Congressional-District-Report-CMS30.pdf>