AMERICAN ACADEMY OF FAMILY PHYSICIANS

July 29, 2020

The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, NW
Washington, DC 20201

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians and medical students across the country, I write to request that the Centers for Medicare & Medicaid Services (CMS) revise the National Coverage Determination for Cardiac Rehabilitation Programs to allow for them to operate under the general supervision of a physician when an Automated External Defibrillator (AED) is immediately available and when the patient is attended by nursing staff currently trained in Basic Life and AED use.

Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States, according to the Centers for Disease Control and Prevention. The AAFP recognizes the significant evidence demonstrating the benefits of cardiac rehabilitation, a medically supervised program for people who have had a heart attack, heart failure, heart valve surgery, coronary artery bypass grafting, or percutaneous coronary intervention. Cardiac rehabilitation can reduce cardiovascular risk, improve the health and quality of life, enhance emotional well-being, and improve other outcomes.

In the July 1, 2016 issue, *American Family Physician* published "Cardiac Rehabilitation Improving Function and Reducing Risk" which found that patients living in rural areas are less likely to participate in cardiac rehabilitation, even if they are referred to a program and noted that distance from home was the most common reason cited for not completing the program. The U.S. Health and Human Services Department's Million Hearts® 2022(millionhearts.hhs.gov) program has set a national goal of 70% participation in cardiac rehabilitation by eligible patients. One of the barriers to cardiac rehabilitation, particularly in rural areas, is the CMS requirement for direct supervision of a physician.

CMS guidance(www.cms.gov) on Non-Surgical Extended Duration Therapeutic Services differentiates between "direct" and "general" physician supervision. Direct supervision means the definition specified for all outpatient therapeutic services in 410.27(a)(1)(iv), that is, immediate availability to furnish assistance and direction throughout the performance of the procedure. General supervision means the definition specified in the physician fee schedule at 410.32(b)(3)(i), that the service is performed under the supervisory practitioner's overall direction and control but his or her presence is not required during the performance of the procedure.

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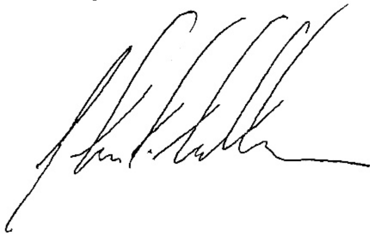
CMS makes Medicare National Coverage Determinations through an evidence-based process, with opportunities for public participation. In 1989, the CMS revised the National Coverage Analysis for Cardiac Rehabilitation Programs (CAG-00089R2) to clarify the term "direct supervision" to mean a physician must be immediately available and accessible but not required to be physically present in exercise room itself. Unfortunately, even clarifying that a physician must be immediately available and accessible is an insurmountable barrier for cardiac rehabilitation facilities in rural communities.

We appreciate your consideration and invite you to contact Teresa Baker, Senior Government Relations Representative, at 202-655-4907 or tbaker@aafp.org with any comments or questions.

Sincerely,



John Cullen, MD
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