

Update on H.R. 1406, the "Sustainable Cardiopulmonary Rehabilitation Services in the Home Act,"

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Key Updates:

CBO Outreach

- The Congressional Budget Office (CBO) reached out to the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) before performing their cost estimate (score) for HR 1406.

Energy and Commerce Committee

- The Energy and Commerce Committee has passed HR 1406 out of committee with a few amendments - see below.

Amendments

- Two-Year Extension: The bill is now a two-year extension instead of a permanent Medicare benefit, which aligns it with the larger Telehealth bill which is the vehicle it hopes to attach to.
- Definition of Direct Supervision: The definition of "direct supervision" has been amended. AACVPR is currently working to revert this change to the original definition.

Implications:

CBO Score

The involvement of the CBO indicates a financial assessment of the bill's impact, which is critical for its progress through Congress.

Committee Passage

Passing out of the Energy and Commerce Committee is a significant step in the legislative process, moving the bill closer to a full vote in the House.

Amendments

The two-year extension provides a temporary alignment with broader telehealth legislation, potentially facilitating smoother integration and implementation.

The change in the definition of direct supervision could affect how respiratory therapists and other healthcare providers deliver services under this bill. The AACVPR's efforts to revert the definition aim to maintain the original standards and practices.

Action Items:

- Monitoring the Bill: Continued tracking of HR 1406's progress through the legislative process.
- Advocacy: Supporting AACVPR's efforts to revert the definition of direct supervision back to its original form.
- Stakeholder Engagement: Engaging with relevant stakeholders to understand the implications of the amendments and to advocate for necessary changes.

Amendments in Detail:

The Energy and Commerce Committee made several amendments:

- Extension of Virtual Rehabilitation Services: The bill extends the ability to deliver cardiac and pulmonary rehabilitation services via telehealth. This includes the continuation of services that were temporarily allowed during the public health emergency, ensuring that virtual rehabilitation can be performed through two-way audio-visual communications ([Virtual Heart & Lung Rehab](#)).
- Virtual Supervision Flexibility: The amendment permits the virtual presence of a provider to supervise these rehabilitation programs. This means that providers do not have to be physically present with the patient during the rehabilitation sessions, reducing administrative burdens and enhancing flexibility ([Virtual Heart & Lung Rehab](#))([Democrats, Energy and Commerce Committee](#)).
- Alignment with Other Telehealth Provisions: The bill aligns the virtual rehabilitation services with other telehealth provisions, particularly by ensuring that these services can be provided similarly to how mental health services are delivered via telehealth. This integration aims to streamline processes and reduce regulatory hurdles for providers ([House Committee on Energy and Commerce](#)).