

109TH CONGRESS
2D SESSION

H. R. 4824

To amend title XVIII of the Social Security Act to provide coverage for cardiac rehabilitation and pulmonary rehabilitation services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 2006

Mr. PICKERING (for himself and Mr. LEWIS of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide coverage for cardiac rehabilitation and pulmonary rehabilitation services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pulmonary and Car-
5 diac Rehabilitation Act of 2006”.

1 **SEC. 2. COVERAGE OF ITEMS AND SERVICES UNDER A CAR-**
 2 **DIAC REHABILITATION PROGRAM AND A PUL-**
 3 **MONARY REHABILITATION PROGRAM.**

4 (a) IN GENERAL.—Section 1861 of the Social Secu-
 5 rity Act (42 U.S.C. 1395x), as amended by section
 6 5112(a) of the Deficit Reduction Act of 2005, is amend-
 7 ed—

8 (1) in subsection (s)(2)—

9 (A) in subparagraph (Z), by striking
 10 “and” at the end;

11 (B) in subparagraph (AA), by adding at
 12 the end “; and”; and

13 (C) by adding at the end the following new
 14 subparagraph:

15 “(BB) items and services furnished under
 16 a cardiac rehabilitation program (as defined in
 17 subsection (ccc)) or under a pulmonary rehabili-
 18 tation program (as defined in subsection
 19 (ddd)).”; and

20 (2) by adding at the end the following new sub-
 21 sections:

22 “Cardiac Rehabilitation Program

23 “(ccc)(1) The term ‘cardiac rehabilitation program’
 24 means a physician-supervised program (as described in
 25 paragraph (2)) that furnishes the items and services de-
 26 scribed in paragraph (3).

1 “(2) A program described in this paragraph is a pro-
2 gram under which—

3 “(A) items and services under the program are
4 delivered—

5 “(i) in a physician’s office;

6 “(ii) in a physician-directed clinic; or

7 “(iii) in a hospital on an outpatient basis;

8 “(B) a physician is immediately available and
9 accessible for medical consultation and medical
10 emergencies at all times items and services are being
11 furnished under the program, except that, in the
12 case of items and services furnished under such a
13 program in a hospital, such availability shall be pre-
14 sumed; and

15 “(C) individualized treatment is furnished
16 under a written plan established, reviewed, and
17 signed by a physician every 30 days that describes—

18 “(i) the patient’s diagnosis;

19 “(ii) the type, amount, frequency, and du-
20 ration of the items and services furnished under
21 the plan; and

22 “(iii) the goals set for the patient under
23 the plan.

24 “(3) The items and services described in this
25 paragraph are—

1 “(A) physician-prescribed exercise;

2 “(B) cardiac risk factor modification, in-
3 cluding education, counseling, and behavioral
4 intervention (to the extent such education,
5 counseling, and behavioral intervention is close-
6 ly related to the individual’s care and treatment
7 and is tailored to the individual’s needs);

8 “(C) psychosocial assessment;

9 “(D) outcomes assessment; and

10 “(E) such other items and services as the
11 Secretary may determine, but only if such items
12 and services are—

13 “(i) reasonable and necessary for the
14 diagnosis or active treatment of the indi-
15 vidual’s condition;

16 “(ii) reasonably expected to improve
17 or maintain the individual’s condition and
18 functional level; and

19 “(iii) furnished under such guidelines
20 relating to the frequency and duration of
21 such items and services as the Secretary
22 shall establish, taking into account accept-
23 ed norms of medical practice and the rea-
24 sonable expectation of patient improve-
25 ment.

1 “(4) The Secretary shall establish standards to
2 ensure that a physician with expertise in the man-
3 agement of patients with cardiac pathophysiology
4 who is licensed to practice medicine in the State in
5 which a cardiac rehabilitation program is offered—

6 “(A) is responsible for such program; and

7 “(B) in consultation with appropriate staff,
8 is involved substantially in directing the
9 progress of individual patients in the program.

10 “Pulmonary Rehabilitation Program

11 “(ddd)(1) The term ‘pulmonary rehabilitation pro-
12 gram’ means a physician-supervised program (as de-
13 scribed in subsection (ccc)(2) with respect to a program
14 under this subsection) that furnishes the items and serv-
15 ices described in paragraph (2).

16 “(2) The items and services described in this para-
17 graph are—

18 “(A) physician-prescribed exercise;

19 “(B) education or training (to the extent the
20 education or training is closely and clearly related to
21 the individual’s care and treatment and is tailored to
22 such individual’s needs);

23 “(C) psychosocial assessment;

24 “(D) outcomes assessment; and

1 “(E) such other items and services as the Sec-
2 retary may determine, but only if such items and
3 services are—

4 “(i) reasonable and necessary for the diag-
5 nosis or active treatment of the individual’s
6 condition;

7 “(ii) reasonably expected to improve or
8 maintain the individual’s condition and func-
9 tional level; and

10 “(iii) furnished under such guidelines re-
11 lating to the frequency and duration of such
12 items and services as the Secretary shall estab-
13 lish, taking into account accepted norms of
14 medical practice and the reasonable expectation
15 of patient improvement.

16 “(3) The Secretary shall establish standards to en-
17 sure that a physician with expertise in the management
18 of patients with respiratory pathophysiology who is li-
19 censed to practice medicine in the State in which a pul-
20 monary rehabilitation program is offered—

21 “(A) is responsible for such program; and

22 “(B) in consultation with appropriate staff, is
23 involved substantially in directing the progress of in-
24 dividual patients in the program.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to items and services furnished on
3 or after the date of the enactment of this Act.

