

110TH CONGRESS
1ST SESSION

S. 329

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

IN THE SENATE OF THE UNITED STATES

JANUARY 18, 2007

Mr. CRAPO (for himself, Mrs. LINCOLN, and Ms. SNOWE) introduced the following bill; which was read twice and referred to the Committee on Finance

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 2007”.

6 **SEC. 2. COVERAGE OF ITEMS AND SERVICES UNDER A CAR-**
7 **DIAC REHABILITATION PROGRAM AND A PUL-**
8 **MONARY REHABILITATION PROGRAM.**

9 (a) IN GENERAL.—Section 1861 of the Social Secu-
10 rity Act (42 U.S.C. 1395x) is amended—

4 (B) in subparagraph (AA), by striking the
5 period at the end and inserting “; and”; and

6 (C) by adding at the end the following new
7 subparagraph:

8 “(BB) items and services furnished under
9 a cardiac rehabilitation program (as defined in
10 subsection (ccc)) or under a pulmonary rehabili-
11 tation program (as defined in subsection
12 (ddd)).”; and

13 (2) by adding at the end the following new sub-
14 sections:

15 “Cardiac Rehabilitation Program

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

“(2) A program described in this paragraph is a program under which—

22 “(A) items and services under the program are
23 delivered—

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

2 “(B) a physician is immediately available and
3 accessible for medical consultation and medical
4 emergencies at all times items and services are being
5 furnished under the program, except that, in the
6 case of items and services furnished under such a
7 program in a hospital, such availability shall be pre-
8 sumed; and

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

12 “(i) the patient’s diagnosis;

13 “(ii) the type, amount, frequency, and du-
14 ration of the items and services furnished under
15 the plan; and

16 “(iii) the goals set for the patient under
17 the plan.

18 “(3) The items and services described in this para-
19 graph are—

20 “(A) physician-prescribed exercise;

21 “(B) cardiac risk factor modification, including
22 education, counseling, and behavioral intervention
23 (to the extent such education, counseling, and behav-
24 ioral intervention is closely related to the individual’s

1 care and treatment and is tailored to the individual's
2 needs);

3 "(C) psychosocial assessment;

4 "(D) outcomes assessment; and

5 "(E) such other items and services as the Sec-
6 retary may determine, but only if such items and
7 services are—

8 "(i) reasonable and necessary for the diag-
9 nosis or active treatment of the individual's
10 condition;

11 "(ii) reasonably expected to improve or
12 maintain the individual's condition and func-
13 tional level; and

14 "(iii) furnished under such guidelines re-
15 lating to the frequency and duration of such
16 items and services as the Secretary shall estab-
17 lish, taking into account accepted norms of
18 medical practice and the reasonable expectation
19 of patient improvement.

20 "(4) The Secretary shall establish standards to en-
21 sure that a physician with expertise in the management
22 of patients with cardiac pathophysiology who is licensed
23 to practice medicine in the State in which a cardiac reha-
24 bilitation program is offered—

25 "(A) is responsible for such program; and

1 “(B) in consultation with appropriate staff, is
2 involved substantially in directing the progress of in-
3 dividual patients in the program.

4 “Pulmonary Rehabilitation Program

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

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

12 “(A) physician-prescribed exercise;

13 “(B) education or training (to the extent the
14 education or training is closely and clearly related to
15 the individual’s care and treatment and is tailored to
16 such individual’s needs);

17 “(C) psychosocial assessment;

18 “(D) outcomes assessment; and

19 “(E) such other items and services as the Sec-
20 retary may determine, but only if such items and
21 services are—

22 “(i) reasonable and necessary for the diag-
23 nosis or active treatment of the individual’s
24 condition;

1 “(ii) reasonably expected to improve or
2 maintain the individual’s condition and func-
3 tional level; and

4 “(iii) furnished under such guidelines re-
5 lating to the frequency and duration of such
6 items and services as the Secretary shall estab-
7 lish, taking into account accepted norms of
8 medical practice and the reasonable expectation
9 of patient improvement.

10 “(3) The Secretary shall establish standards to en-
11 sure that a physician with expertise in the management
12 of patients with respiratory pathophysiology who is li-
13 censed to practice medicine in the State in which a pul-
14 monary rehabilitation program is offered—

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

16 “(B) in consultation with appropriate staff, is
17 involved substantially in directing the progress of in-
18 dividual patients in the program.”.

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

