

110<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 552

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

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 18, 2007

Mr. LEWIS of Georgia (for himself and Mr. PICKERING) 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

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## 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”.

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) is amended—

6 (1) in subsection (s)(2)—

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

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

11 (C) by adding at the end the following new  
12 subparagraph:

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

18 (2) by adding at the end the following new sub-  
19 sections:

20 “Cardiac Rehabilitation Program

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

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

1           “(A) items and services under the program are  
2 delivered—

3                   “(i) in a physician’s office;

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

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

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

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

16                   “(i) the patient’s diagnosis;

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

20                   “(iii) the goals set for the patient under  
21 the plan.

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

24                   “(A) physician-prescribed exercise;

1           “(B) cardiac risk factor modification, including  
2           education, counseling, and behavioral intervention  
3           (to the extent such education, counseling, and behav-  
4           ioral intervention is closely related to the individual’s  
5           care and treatment and is tailored to the individual’s  
6           needs);

7           “(C) psychosocial assessment;

8           “(D) outcomes assessment; and

9           “(E) such other items and services as the Sec-  
10          retary may determine, but only if such items and  
11          services are—

12                 “(i) reasonable and necessary for the diag-  
13                 nosis or active treatment of the individual’s  
14                 condition;

15                 “(ii) reasonably expected to improve or  
16                 maintain the individual’s condition and func-  
17                 tional level; and

18                 “(iii) furnished under such guidelines re-  
19                 lating to the frequency and duration of such  
20                 items and services as the Secretary shall estab-  
21                 lish, taking into account accepted norms of  
22                 medical practice and the reasonable expectation  
23                 of patient improvement.

24          “(4) The Secretary shall establish standards to en-  
25          sure that a physician with expertise in the management

1 of patients with cardiac pathophysiology who is licensed  
2 to practice medicine in the State in which a cardiac reha-  
3 bilitation program is offered—

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

5 “(B) in consultation with appropriate staff, is  
6 involved substantially in directing the progress of in-  
7 dividual patients in the program.

8 “Pulmonary Rehabilitation Program

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

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

16 “(A) physician-prescribed exercise;

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

21 “(C) psychosocial assessment;

22 “(D) outcomes assessment; and

23 “(E) such other items and services as the Sec-  
24 retary may determine, but only if such items and  
25 services are—

1           “(i) reasonable and necessary for the diag-  
2           nosis or active treatment of the individual’s  
3           condition;

4           “(ii) reasonably expected to improve or  
5           maintain the individual’s condition and func-  
6           tional level; and

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

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

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

19                 “(B) in consultation with appropriate staff, is  
20          involved substantially in directing the progress of in-  
21          dividual patients in the program.”.

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

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