WomenHeart
The National Coalition for Women with Heart Disease

January 22, 2016

Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Re: Chronic Care Working Group Policy Options

Dear Chairman Hatch, Ranking Member Wyden, Sen. Isakson, and Sen. Warner:

On behalf of WomenHeart: the National Coalition for Women with Heart Disease, we want to thank the members of the Finance Committee and the Chronic Care Working Group for your interest and commitment to improve care for the millions of Americans managing chronic illness. Addressing patients' unmet need and calling attention to the value of providing high quality care at lower cost to women living with heart disease is a large part of our mission at WomenHeart.

We welcome the opportunity to contribute to your work by requesting that the committee consider incorporating S.488, the cardiac rehabilitation bill in any final policy document or legislative proposal. By allowing physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation programs on a daily basis, Medicare beneficiaries' will have increased access to cardiac rehabilitation programs that improve health outcomes, reduce health care costs, and lead to a better quality of life.

Heart disease is often the underlying condition that many middle aged and older Americans suffer, in addition to hypertension, diabetes and obesity. Since 1984, coronary deaths in women exceed deaths in women from all forms of cancer combined.[1] With accurate diagnosis, prompt care and appropriate treatment, many women with heart disease can extend and improve their lives. This is much more likely if they complete a program of cardiac rehabilitation.

Cardiac rehabilitation is a comprehensive exercise, education and behavioral modification program for patients with medical conditions such as myocardial infarction, coronary bypass surgery, and heart failure.[2] Sessions are usually scheduled three times a week for a three month period. Patients perform physical exercise under supervision with the goal of being able to return to work and perform daily life activities. The program also helps the patient with exercise training, education on nutrition, smoking cessation and counseling to reduce stress levels.[2,]

Cardiac rehabilitation has been found to reduce rates of mortality, morbidity, and functional disability.[4,5,6] Data suggests that cardiac rehabilitation could protect two thirds of heart attack victims from experiencing a second attack.[6] Participation in cardiac rehabilitation reduces all-cause mortality by 25%, lowers blood pressure, and reduces low-density lipoproteins serum levels, which are known to cause atherosclerosis.[6,7] In addition, participation in a cardiac rehabilitation program can reduce the likelihood of hospital readmissions and reduce cardiovascular symptoms such angina, dyspnea, and fatigue.[8,9,10]

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For women who have had heart attacks and other heart conditions, enrollment and completion in cardiac rehabilitation programs is both a life-saving and life enhancing opportunity. However, although CR is recommended for all patients with CAD and chronic angina, participation rate is low especially in women.[11] Despite the evidence of long-term health benefits, fewer than 20% of all eligible patients ever participate in a cardiac rehabilitation program. Among Medicare beneficiaries the utilization rate for eligible beneficiaries is 12%.[12, 13]

By removing the current requirement for physician supervision, and allowing physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation programs, more hospitals can offer the program and more patients can receive these services. S.488 has strong bipartisan support and clearly meets the goals of incentivizing the appropriate level of care for beneficiaries, facilitating the delivery of high quality care, and producing improved patient outcomes.

We also appreciate the opportunity to provide our input into this process and look forward to working with the Committee and Working Group to achieve success for the millions of patients who will benefit from these provisions. If you have any questions or would like to discuss any of these comments further, please contact Susan Campbell, 202-464-8740 or scampbell@womenheart.org.

Sincerely,

Mary McGowan
Chief Executive Officer
WomenHeart: the National Coalition for Women with Heart Disease

References:

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