



American Association of  
NURSE PRACTITIONERS®



AMERICAN  
COLLEGE of  
CARDIOLOGY®



American  
Heart  
Association.



American  
Lung  
Association.



American  
Nurses  
Association



ATS  
American Thoracic Society



COPD  
FOUNDATION



National Rural  
Health Association



PCNA  
PREVENTIVE CARDIOVASCULAR  
NURSES ASSOCIATION



WOMENHEART

April 2, 2025

The Honorable Shelley Moore Capito  
170 Russell Senate Office Building  
Washington, DC 20510

The Honorable Amy Klobuchar  
425 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senators Capito and Klobuchar,

On behalf of the undersigned organizations, we write in strong support of S. 717, the *Increasing Access to Quality Cardiac Rehabilitation Care Act of 2025*. This bipartisan legislation would ensure that eligible Medicare patients have timely access to lifesaving cardiovascular and pulmonary rehabilitation services.

Heart disease remains the leading cause of death in the United States with more than 700,000 deaths per year.<sup>1</sup> Not only does heart disease have a tremendous impact on the lives of patients and their families, but managing and treating heart disease and related risk factors is estimated to cost the United States over \$320 billion annually.<sup>2</sup> Chronic obstructive pulmonary disease (COPD) is the fifth leading cause of death in the United States, with nearly 150,000 deaths per year.<sup>3</sup> COPD is estimated to cost the United States nearly \$25 billion annually in medical costs.<sup>4</sup>

Cardiac and pulmonary rehabilitation are medically supervised programs that include exercise training, education on heart/lung healthy living, and counseling services. While these programs have been proven to improve patients' quality of life and reduce the economic burden of these diseases, less than 25 percent of qualifying patients receive cardiac rehabilitation and fewer than 3 percent of qualifying patients receive pulmonary rehabilitation.<sup>5,6,7</sup> Participation rates are even lower for female and minority patients, and those who live in rural or economically deprived urban communities.<sup>8,9</sup>

S. 717 will authorize physician assistants/associates, nurse practitioners, and clinical nurse specialists to order cardiac and pulmonary rehabilitation. These providers are routinely on the front line in critical care environments, such as hospitals and hospital clinics, emergency rooms, and intensive care units. They are highly trained providers, who are qualified to order these safe and effective services. Your legislation will eliminate obstacles, delays, and unnecessary paperwork that can prevent patients from beginning rehabilitation services that are needed on a timely basis, especially in rural and underserved communities

We thank you for your leadership and continued dedication to the well-being of patients across the nation. We look forward to working with you to advance this bill

Sincerely,

American Academy of Physician Associates

American Association for Respiratory Care

American Association of Nurse Practitioners

American College of Cardiology

American Heart Association

American Lung Association

American Nurses Association

American Thoracic Society

COPD Foundation

National Rural Health Association

Preventive Cardiovascular Nurses Association

WomenHeart

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<sup>1</sup> <https://www.cdc.gov/heart-disease/about/index.html>

<sup>2</sup> Birger M, Kaldjian AS, Roth GA, Moran AE, Dieleman JL, Bellows BK. Spending on Cardiovascular Disease and Cardiovascular Risk Factors in the United States: 1996 to 2016. *Circulation*. 2021 Jul 27;144(4):271-282. doi: 10.1161/CIRCULATIONAHA.120.053216. Epub 2021 Apr 30. PMID: 33926203; PMCID: PMC8316421.

<sup>3</sup> <https://www.lung.org/research/trends-in-lung-disease/copd-trends-brief/copd-mortality>

<sup>4</sup> <https://www.lung.org/research/trends-in-lung-disease/copd-trends-brief/copd-burden>

<sup>5</sup> <https://millionhearts.hhs.gov/data-reports/factsheets/cardiac.html>

<sup>6</sup> <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.119.005902>

<sup>7</sup> <https://www.atsjournals.org/doi/10.1513/AnnalsATS.201805-332OC>

<sup>8</sup> Li S, Fonarow GC, Mukamal K, Xu H, Matsouaka RA, Devore AD, Bhatt DL. Sex and Racial Disparities in Cardiac Rehabilitation Referral at Hospital Discharge and Gaps in Long-Term Mortality. *J Am Heart Assoc*. 2018 Apr 6;7(8):e008088. doi: 10.1161/JAHA.117.008088. PMID: 29626153; PMCID: PMC6015394.

<sup>9</sup> Castellanos LR, Viramontes O, Bains NK, Zepeda IA. Disparities in Cardiac Rehabilitation Among Individuals from Racial and Ethnic Groups and Rural Communities-A Systematic Review. *J Racial Ethn Health Disparities*. 2019 Feb;6(1):1-11. doi: 10.1007/s40615-018-0478-x. Epub 2018 Mar 13. PMID: 29536369.