



February 17, 2017

The Honorable Lynn Jenkins  
United States House of Representatives  
1526 Longworth House Office Building  
Washington, DC 20515

**RE: Support for legislation that would allow physician assistants, nurse practitioners and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation programs on a day-to-day basis under Medicare.**

Dear Representative Jenkins:

On behalf of the Association of Rehabilitation Nurses (ARN), representing more than 5,400 rehabilitation nurses and more than 13,000 certified rehabilitation registered nurses that work to enhance the quality of life for those affected by physical disability and/or chronic illness, I am writing to express our support for legislation that would allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac and pulmonary rehabilitation programs on a day-to-day basis under Medicare.

ARN supports efforts to ensure people with physical disability and chronic illness have access to comprehensive, quality care in whichever care setting is most appropriate for them. Rehabilitation nurses take a holistic approach to meeting patients' nursing and medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. We continue to provide support and care, including patient and family education, which empowers these individuals when they return home, to work, or to school. Rehabilitation nurses often teach patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient and caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including in freestanding rehabilitation facilities, hospitals, long-term subacute care facilities and skilled nursing facilities, long-term acute care facilities, comprehensive outpatient rehabilitation facilities, home health, and private practices.

The current requirement of direct physician supervision for cardiac and pulmonary rehabilitation as set forth by the *Medicare Improvements for Patients and Providers Act* (MIPPA, P.L. 110-275) is inappropriately and unnecessarily more stringent than other outpatient services. Current trends in health care, including the physician shortage and the complexity of providing and managing care for clients and families, are influencing the conversion of many positions in nursing to advanced practice positions (i.e. nurse practitioners, clinical nurse specialists). Cardiac and pulmonary rehabilitation is proven to reduce the risk of a future cardiac event. To achieve optimal patient outcomes, it is imperative that physician assistants, nurse practitioners, and clinical nurse specialists be granted the authority to supervise cardiac and pulmonary rehabilitation.

ARN supports advanced practice nurses in the clinical practice of rehabilitation and has developed a scope and standards of practice incorporating ARN's definitions regarding advanced practice and the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. The advanced practice nurse in rehabilitation nursing provides service through core competencies of direct care, consultation, research, expert guidance, leadership, ethical decision making, and collaboration. Advanced practice nurses in rehabilitation hold a master's or doctorate degree in nursing and demonstrate a high level of autonomy and expert skill in rehabilitation nursing. Responsibilities may include:

- Conducting comprehensive assessments, and conceptualizing, diagnosing, and coordinating care for complex health issues associated with chronic illness and disabilities.
- Providing leadership for disease management, complications prevention, disease prevention, quality improvement measures, and outcome management activities.

As the number of people experiencing chronic illness and disability increases, flexibility in the provision of cardiac and pulmonary rehabilitation is necessary to enhance access to these important services.

Thank you again for your leadership on this important issue. We look forward to working with your office and other stakeholders towards the passage of this legislation. If we can be of any assistance to you or your staff, please do not hesitate to contact our Health Policy Associate, Jeremy Scott, at (202) 230-5197 or at [jeremy.scott@dbr.com](mailto:jeremy.scott@dbr.com). We look forward to working with you and your staff throughout the 115th Congress.

Sincerely,



Stephanie Vaughn, PhD RN CRRN FAHA  
President

cc: Andrew Franke