

**Missouri State Medical Association
House of Delegates**

Resolution #2
(A-20)

Introduced by: Tri-County Medical Society

Subject: Eliminating Barriers in Rural Communities for Cardiac Rehabilitation

Referred to: Reference Committee B

1 WHEREAS, diseases of the heart were the number one cause of death in the United States in 2015 with
2 one in four deaths attributed to heart disease; and

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4 WHEREAS, diseases of the heart were the number one cause of death in 30 states and the District of
5 Columbia, and the number two cause of death in 20 states in 2015; and

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7 WHEREAS, of the 3,142 counties in the United States (U.S.), 97% are rural and contain 19.3% of the U.S.
8 population, which is about 60 million people; and

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10 WHEREAS, approximately one half of Americans suffer from high blood pressure, high LDL cholesterol,
11 or they smoke; and

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13 WHEREAS, after a heart attack, patients using cardiac rehab were 53% less likely to die from any cause
14 and 57% less likely to experience cardiac-related mortality than were those who did not use cardiac
15 rehab; and

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17 WHEREAS, Healthy People 2020 objectives, the U.S. Department of Health and Human Service’s Million
18 Hearts initiative aims to increase cardiac rehab use to over 70% among heart attack survivors across the
19 U.S.; and

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21 WHEREAS, current rules for “National Coverage Determination (NCD) for Cardiac Rehabilitation
22 Programs (20.10)” states that coverage is subject to the following conditions (one of five listed here):

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24 ...”The program is staffed by personnel necessary to conduct the program safely and
25 effectively, who are trained in both basic and advanced life support techniques and in
26 exercise therapy for coronary disease. Services of nonphysician personnel must be
27 furnished under the direct supervision of a physician. Direct supervision means that a
28 physician must be in the exercise program area and immediately available and
29 accessible for an emergency at all times the exercise program is conducted. It does
30 not require that a physician be physically present in the exercise room itself, provided

31 the contractor does not determine that the physician is too remote from the patients'
32 exercise area to be considered immediately available and accessible...”, now,
33 therefore be it

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35 RESOLVED, That the Centers for Medicare and Medicaid Services, National Coverage
36 Determination for Cardiac Rehabilitation Programs rules be modified to allow for cardiac
37 rehabilitation programs to operate with the general supervision of a physician when an
38 Automated External Defibrillator (AED) is immediately available, and the patient is attended by
39 nursing staff currently trained in Basic Life Support and AED use; and be it further

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41 RESOLVED, that the MSMA forward this issue to the American Medical Association (AMA).

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Fiscal Note:

Current Policy: