

## HR 4136

### Strengthening Medicare Intensive Cardiac Rehabilitation Programs Act

**Congress:** 115 (2017–2019, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Oct 25, 2017

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Oct 27, 2017)

**Official Text:** <https://www.congress.gov/bill/115th-congress/house-bill/4136>

## Sponsor

**Name:** Rep. Smith, Jason [R-MO-8]

**Party:** Republican • **State:** MO • **Chamber:** House

## Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Bera, Ami [D-CA-7]	D · CA		Oct 25, 2017
Rep. Eshoo, Anna G. [D-CA-18]	D · CA		Oct 25, 2017
Rep. Mullin, Markwayne [R-OK-2]	R · OK		Oct 25, 2017

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Oct 27, 2017
Ways and Means Committee	House	Referred To	Oct 25, 2017

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
115 S 46	Related bill	Jan 5, 2017: Read twice and referred to the Committee on Finance.

## **Strengthening Medicare Intensive Cardiac Rehabilitation Programs Act**

This bill amends title XVIII (Medicare) of the Social Security Act to revise requirements related the approval of intensive cardiac rehabilitation programs by the Centers for Medicare & Medicaid Services (CMS) for purposes of Medicare coverage.

To be approved by the CMS as an intensive cardiac rehabilitation program under current law, a program must show that it: (1) positively affected the progression of coronary heart disease or reduced the need for either coronary bypass surgery or percutaneous coronary interventions, and (2) accomplished a significant reduction in other specified health measures. The bill instead requires a program to show that it: (1) reversed the progression of coronary heart disease or reduced the need for coronary bypass surgery; and (2) accomplished, in addition to a significant reduction in other specified health measures, a significant increase in the measure of blood flow to the heart. The bill further requires a program to show, using research specific to its own program, that these measures were accomplished by lifestyle changes alone.

The bill removes the specific requirement that such a program be "physician-supervised" but retains other existing requirements for program supervision.

A program that was previously approved by the CMS as an intensive cardiac rehabilitation program shall be deemed to have met these requirements.

To be eligible for an intensive cardiac rehabilitation program under current law, an individual must have had one of several specified conditions or interventions. The bill adds to the list of qualifying conditions: (1) stable, chronic heart failure; and (2) any additional condition that the CMS determines shall be covered under such a program.

### **Actions Timeline**

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- **Oct 27, 2017:** Referred to the Subcommittee on Health.
- **Oct 25, 2017:** Introduced in House
- **Oct 25, 2017:** 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.