

G.S. 150B-21.3A Report for 10A NCAC 14F, CERTIFICATION OF CARDIAC REHABILITATION PROGRAMS

Agency - HHS - Division of Health Service Regulation

Comment Period - April 15, 2025 - June 14, 2025

Date Submitted to APO - March 27, 2026

Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]	RRC Determination of Public Comments [150B-21.3A(c)(2)]	RRC Final Determination of Status of Rule for Report to APO [150B-21.3A(c)(2)]	OAH Next Steps
SUBCHAPTER 14F- CERTIFICATION OF CARDIAC REHABILITATION PROGRAMS	SECTION .1100 – GENERAL INFORMATION: DEFINITIONS	10A NCAC 14F .1101	DEFINITIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1200 – CERTIFICATION	10A NCAC 14F .1201	CERTIFICATE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1202	CERTIFICATION PROCESS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1203	CERTIFICATE RENEWAL	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1204	CERTIFICATION FOLLOWING PROGRAM CHANGES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1205	INSPECTIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1206	ADVERSE ACTION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1300 – ADMINISTRATION	10A NCAC 14F .1301	STAFF REQUIREMENTS AND RESPONSIBILITIES	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1302	POLICIES AND PROCEDURES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1303	CONTINUOUS QUALITY IMPROVEMENT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1400 – PATIENT RIGHTS	10A NCAC 14F .1401	PATIENT RIGHTS	Amended Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1500 – ADMISSION AND DISCHARGE	10A NCAC 14F .1501	ADMISSION AND DISCHARGE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1600 – PATIENT ASSESSMENT	10A NCAC 14F .1601	PATIENT ASSESSMENT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1700 – CARE PLANNING AND FOLLOW-UP EVALUATION	10A NCAC 14F .1701	CARE PLANNING	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1702	FOLLOW-UP EVALUATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
SECTION .1800 – PROVISION OF SERVICES	10A NCAC 14F .1801	PERSONNEL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt	
	10A NCAC 14F .1802	EXERCISE THERAPY	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt	
	10A NCAC 14F .1803	NUTRITION SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt	
	10A NCAC 14F .1804	MENTAL HEALTH SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt	
	10A NCAC 14F .1805	VOCATIONAL REHABILITATION COUNSELING AND SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt	

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		10A NCAC 14F .1806	PATIENT EDUCATION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .1900 – EMERGENCIES	10A NCAC 14F .1901	EMERGENCY PLAN	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1902	EMERGENCY EQUIPMENT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .1903	EMERGENCY DRILLS	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .2000 – MEDICAL RECORDS	10A NCAC 14F .2001	POLICIES AND PROCEDURES FOR MEDICAL RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2002	CONTENT OF MEDICAL RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .2100 – FACILITIES AND EQUIPMENT	10A NCAC 14F .2101	PHYSICAL ENVIRONMENT AND EQUIPMENT	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2102	GRADED EXERCISE TESTING LABORATORY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2103	EXERCISE THERAPY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2104	NUTRITION SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2105	MENTAL HEALTH SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		10A NCAC 14F .2106	VOCATIONAL REHABILITATION SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 6, 2016.	Necessary	No		Yes	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

"Date: May 29, 2025

To: Shanah Black, Rule Review Manager

From: North Carolina Cardiopulmonary Rehabilitation Association, Amy Birling, President

RE: Periodic Review – 10A NCAC 14F, Certification of Cardiac Rehabilitation Programs

The North Carolina Cardiopulmonary Rehabilitation Association (NCCRA) appreciates the opportunity to provide comment on the Periodic Review of 10A NCAC 14F, Certification of Cardiac Rehabilitation Programs.

The North Carolina Cardiovascular and Pulmonary Rehabilitation Association (NCCRA) respectfully requests that 10A NCAC 14F, Certification of Cardiac Rehabilitation Programs be retired because it has now become obsolete, redundant and conflicts with current practice and CMS regulations. Other more up-to-date rules and guidelines better address current practice.

This request is based on:

Article 8.

Cardiac Rehabilitation Certification Program.

§ 131E-169. Rules and enforcement.

(a) The Department is authorized to adopt, amend, and repeal all rules as may be designed to further the accomplishment of this Article.

(b) The Department shall enforce the rules adopted for the certification of cardiac rehabilitation programs. (1983, c. 775, s. 1.)

Cardiac rehabilitation is a medically directed, evidence-based, multidisciplinary, intervention that began in the mid-20th century to address the need for effective rehabilitative care to address the high morbidity and mortality associated with myocardial infarction and facilitate recovery from it. Evidence has emerged over the past 50 years leading to the evolution of cardiac rehabilitation from an exercise therapy to a comprehensive intervention with a focus on secondary prevention for cardiovascular disease incorporating nutrition therapy, psychological support, and management of risk factors in addition to supervised exercise training.

Clinical practice guidelines from the American College of Cardiology (ACC) and the American Heart Association (AHA) recommend cardiac rehabilitation with supervised exercise training for patients with stable angina or stable heart failure with a reduced ejection fraction, and for patients after myocardial infarction, coronary artery revascularization by means of either PCI or CABG, heart valve repair or replacement, or heart transplantation. In addition, supervised exercise training is recommended for patients with symptomatic peripheral-artery disease. (AHA Statement 2024)

10A NCAC 14F, Certification of Cardiac Rehabilitation Programs Rule became effective in 1983 and was last updated in 2016 and 2018. There were no published guidelines addressing the practice of cardiac rehabilitation prior to 1983. In fact, North Carolina was and continues to be the only state in the US with a state law regulating cardiac rehabilitation practice. North Carolina's 10A NCAC 14F has been instrumental in setting a standard of practice for cardiac rehabilitation within North Carolina as well as nationally and worldwide, however, more recent guidelines better address current program and patient needs.

The science of cardiac rehabilitation and secondary prevention has grown exponentially since 1983 and a robust evidence base including numerous peer reviewed studies, expert consensus statements, professional society practice guidelines and CMS rules (CFR 42 410.49) currently regulate the practice of cardiac rehabilitation. The American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR) serves as the accreditation body for cardiac and pulmonary rehabilitation programs in the United States.

These organizations provide expert, up to date guidance and regulation of the practice of cardiac rehabilitation. The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and American Heart Association (AHA) have defined the core components of CR in the 2024 Update: Core Components of Cardiac Rehabilitation Programs. This update addresses the core components of patient assessment, nutritional counseling, weight management and body composition, cardiovascular disease and risk factor management, psychosocial management, aerobic exercise training, strength training, and physical activity counseling and an added component of program quality as well as addressing new methods for delivery of these services to include virtual and hybrid options to improve patient access and attrition.

Thank you for your consideration of this request.

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References:

1. Brown T, et al. Core Components of Cardiac Rehabilitation Programs: 2024 Update: A Scientific Statement from the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation. *Circulation*. 2024; 150: e328-e347. DOI: 10.1161/CIR.0000000000001289. October 29, 2024.
2. Thomas RJ. Cardiac Rehabilitation – Challenges, Advances, and the Road Ahead. *N Engl J Med* 2024; 390 No. 9: 830-841.
3. ACSM Guidelines for Exercising Testing and Prescription 12th Edition. Wolters Kluwer Philadelphia PA. 2026
4. American Association of Cardiovascular & Pulmonary Rehabilitation. Guidelines for Cardiac Rehabilitation Programs. 6th Ed. Champaign (IL): Human Kinetics; 2020

