Greetings!

As a member of the National Association of Rehabilitation Providers & Agencies (NARA), each spring I attend a conference in Washington, D.C., where we visit our congressional leaders on Capitol Hill to advocate for legislation that supports therapy services.

Last week I had the opportunity to meet with multiple congressmen and women or their legislative staff. I would like to share with you some of the current legislation we are asking them to support.

**Medicare Access to Rehabilitation Services Act (H.R. 713 / S. 367)**

This legislation would repeal the financial limits on outpatient physical therapy, occupational therapy, and speech language pathology services which originated back in the Balanced Budget Act of 1997. H.R. 713 was introduced by Representatives Jim Gerlach (R-PA) and Xavier Becerra (D-CA), and S. 367 was introduced by Senators Ben Cardin (D-MD) and Susan Collins (R-ME) on February 14, 2013. Congress has recognized the possible danger in the policy of placing financial limits on therapy services and since 1997 has acted 10 times to prevent the implementation of the therapy caps by moratoriums and an exceptions process implemented in 2006. Last year Congress authorized CMS to establish a $3,700 manual medical review (MMR) for patients who exceed the therapy cap through the exceptions process. This manual medical review has been inconsistently applied and for the most part has greatly hindered the consistent delivery of services. Delays in authorization and inconstant criteria by intermediaries to obtain authorization have been widespread. The Medicare Access to Rehabilitation Services Act (H.R. 713/ S. 367) would be a long term solution to this problem.

**Physical Therapist Workforce and Patient Access Act (H.R. 1252 / S.602)**

U.S. Representatives John Shimkus (R-IL) and Diana DeGette (D-CO) and Senators Jon Tester (D-MT) and Roger Wicker (R-MS) introduced legislation to enable physical therapists to participate in the National Health Service Corps (NHSC) Loan Repayment Program.

**SUMMARY OF THE LEGISLATION**

The bill adds physical therapy to the definition of the National Health Service Corps' primary health services by amending Section 331(a)(3)(D) of the Public Health Service Act (42 U.S.C. 254d(a)(3)(D)).
The bill adds physical therapists to the National Health Service Corps Loan Repayment Program to the list of eligible providers by amending Section 338B of the Public Health Service Act (42 U.S.C. 254l–1).

The bill adds the following to the Loan Repayment Program’s eligibility requirements by amending Section 338B of the Public Health Service Act (42 U.S.C. 254l–1): receipt of a doctoral or master’s degree in physical therapy; enrollment in a physical therapy graduate training program; and enrollment as a full-time student in a course of a study or program leading to a degree in physical therapy.

**The Access to Frontline Health Care Act of 2013 (H.R. 702)**

Representative Bruce L. Braley (D-IA) introduced the Access to Frontline Health Care Act of 2013 on Feb 14, 2013. This legislation amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS) to establish and carry out a Frontline Providers Loan Repayment Program to allow repayment of the student loans of individuals who agree to serve as a health care professionals for two years in a frontline care scarcity area. This Bill is similar to the “Physical Therapist Student Loan Repayment Eligibility Act,” but includes as frontline care services physical therapy, audiology, speech language pathology and, occupational therapy.

This initiative will encourage therapists to practice in rural and urban underserved communities by helping to address the rising student loan debt load of therapists that might otherwise not be able to afford to practice in those areas.

**SGR & MPPR**

We asked our congressional leaders to intervene and pass legislation that would prevent further cuts in the physician fee schedule which are projected at 30% in 2014 by the sustainable growth rate (SGR) calculation. Unless Congress intervenes, the SGR cuts will go into effect January 1, 2014, and will have significant ramifications on the services offered to Medicare patients. During the past six years Congress has blocked payment cuts determined by the flawed “sustainable growth rate” formula. Along with blocking the SGR cuts Congress has coupled extensions to the exceptions process preventing the therapy cap from impacting our most medically unstable Medicare patients. It is essential that along with the SGR fix, Congress must take action to provide a long-term policy solution to eliminate the therapy caps.

These payment cuts are especially devastating considering the reductions that are already being shouldered by providers due to a variety of government payment and policy challenges including the MPPR (Multiple Procedure Payment Reduction). As part of the American Taxpayer Relief Act of 2012, Congress increased the current multiple procedure payment reduction (MPPR) applied to outpatient therapy from 20% in private practice and 25% in facilities to 50% in all outpatient settings. Implemented on April 1, 2013, therapy providers
believe that this policy is flawed and will have significant impact on therapy payment and patient care.

Infinity Rehab is working closely with the therapy community to move away from multiple procedure services with an alternative payment system. Congress has previously questioned the appropriateness of this policy for therapy given that MPPR is not discipline specific (a physical therapist payment may be reduced if a patient sees an occupational therapist in the same day) and that therapy codes were originally valued to account for the efficiencies of the multiple procedures a therapist provides on a given day of treatment.

**Telehealth Promotion Act (H.R. 6719)**

On December 30, 2012, Representative Mike Thompson (D-CA) introduced a bill to promote and expand the application of telehealth under Medicare and other Federal health care programs, and for other purposes. Among other things it would remove arbitrary coverage restrictions on telehealth from Federal Health Care Programs and allow the following:

- real-time video visits in metropolitan areas
- store-and-forward (not real time) beyond Alaska and Hawaii demonstration sites
- all providers to the extent of their Medicare coverage
- provider judgment, not CMS procedure code-specific list approved for telehealth

I encourage all Infinity Rehab employees to meet with their representatives in their districts as it is important to get as much congressional support for these bills as possible. I have found my representatives to be generally knowledgeable about the issues facing our practice and appreciative to hear directly from constituents in their districts.

Please do not hesitate to contact me directly for further talking points on these issues.

Regards,

Mike

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*Scroll down to see some photos of my trip to DC.*
I'm joined here by other NARA members as we had an opportunity to discuss therapy legislation with Senator Jeff Merkley (D-OR) (second from right).
Me with fellow NARA members visiting congressional leaders on Capitol Hill.
Of course I commuted by bicycle to all of my appointments. Washington, D.C. has a wonderful bike share program.