

# THE MEDICARE ACCESS TO REHABILITATION SERVICES ACT (H.R. 775/S. 539)

## Repeal of the Therapy Cap on Outpatient Rehabilitation Services

### POSITION

The American Physical Therapy Association (APTA) strongly supports the Medicare Access to Rehabilitation Services Act, legislation that would repeal the cap on outpatient rehabilitation services. H.R. 775 was introduced by Representatives Charles Boustany (R-LA), Xavier Becerra (D-CA), Marsha Blackburn (R-TN), and Lois Capps (D-CA). S. 539 was introduced by Senators Ben Cardin (D-MD) and Susan Collins (R-ME).

### BACKGROUND

In 1997, Congress passed the Balanced Budget Act, which created an annual financial limit on physical therapy and speech-language pathology services, and a separate “cap” on occupational therapy, for all outpatient settings. This action was not based on data, quality-of-care concerns, or clinical judgment—its sole purpose was to save resources needed to balance the federal budget. Since 1997, Congress has acted 13 times to prevent implementation of the cap, including the 2006 creation of an exceptions process allowing patients to receive medically necessary services exceeding the annual cap amount. Historically, Congress has passed short-term extensions of the therapy cap exceptions process along with the sustainable growth rate (SGR) extension. In the 2015 Medicare Access and CHIP Reauthorization Act (MACRA), the SGR formula was permanently repealed, while the therapy cap only received an extension through December 31, 2017. Although a permanent solution to this policy was nearly accomplished by including provisions in Senate SGR legislation in the 113th Congress to repeal and reform the therapy cap, the permanent SGR legislation was passed without this important repeal for Medicare beneficiaries. APTA believes this was a missed opportunity for a long-term solution and puts beneficiaries at further risk when the extension expires in 2018.

*For more information on APTA priorities, visit APTA's policy center at <http://policy.apta.org>.*

### PATIENT ACCESS TO SERVICES

This legislation would end an arbitrary cap on outpatient therapy services that disregards clinical appropriateness of care and discriminates against the most vulnerable Medicare beneficiaries. The cap limits services so often needed after a stroke, traumatic brain injury, or spinal cord injury, or to effectively manage conditions such as Parkinson disease, multiple sclerosis, and arthritis. If the therapy cap is in effect, it reduces Medicare beneficiaries' access to rehabilitation services by forcing them to bear 100% of the cost of care once they exceed the cap, or rationing their care to avoid exhausting their benefits. Negative impacts of a hard cap on therapy services include delayed care, having to choose between necessary services, and a reduction in an individual's independence in his or her home and community.

### COST-EFFECTIVENESS

An arbitrary cap prevents beneficiaries from receiving the rehabilitation care they need from physical therapists in a timely fashion. As a result, these beneficiaries are more likely to require higher-cost interventions to remain functional. The harmful impact of the cap is worsened by coupling physical therapy and speech-language pathology services under 1 cap. Forcing patients to choose between 2 vital functions of daily living—movement and speech—only further exacerbates the impact of the cap. In addition, continual extensions of the therapy cap exceptions process costs significantly more in the long run than enacting the already negotiated permanent solution.

### REPEAL BROADLY SUPPORTED

Repeal of the therapy cap continues to receive strong bipartisan support. In the 113th Congress, this legislation enjoyed a bipartisan majority of support in the House, with 225 cosponsors, and garnered the support of more than one-third of the Senate. In 2015, an amendment was offered to permanently repeal the therapy cap once and for all and provide an appropriate alternative policy along with MACRA. This amendment received a majority of 58 votes in support in the Senate, just shy of the 60-vote threshold needed. APTA and other therapy stakeholders including patient, consumer, and provider groups support provisions to repeal and reform the therapy cap and urge that a permanent solution be examined before the deadline approaches. Passing this legislation after 18 years provides an opportunity to end the pattern of yearly extensions that puts access to medically necessary therapy for 1 million Medicare beneficiaries at risk.

### Co-sponsor H.R. 775/S. 539 Today!

For additional information, contact the American Physical Therapy Association's Government Affairs Department at 703/706-8533 or [advocacy@apta.org](mailto:advocacy@apta.org).



American Physical Therapy Association

1111 North Fairfax Street • Alexandria, Virginia 22314-1488  
800/999-2782 • [www.apta.org](http://www.apta.org)

# FACTS ABOUT PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS



## WHO WE ARE

Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very old, who have medical problems or other health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs also work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapist assistants (PTAs) provide selective physical therapy interventions under the direction and supervision of physical therapists.

## WHAT WE DO

PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Under the direction and supervision of the PT, PTAs provide selective physical therapy interventions based on the developed plan of care.

## WHERE WE PRACTICE

PTs and PTAs provide care for people in a variety of settings, including outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

## EDUCATION & LICENSURE

All PTs must receive a graduate degree from an accredited physical therapist program before taking a national licensure examination that permits them to practice. The majority of programs offer the doctor of physical therapy (DPT) degree. State licensure is required in each state in which a PT practices. PTAs must complete a 2-year associate's degree and are licensed, certified, or registered in most states.

## AMERICAN PHYSICAL THERAPY ASSOCIATION

The American Physical Therapy Association ([www.apta.org](http://www.apta.org)) is a national organization representing more than 90,000 physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research.

## CONTACT INFORMATION AND RESOURCES

### Justin Moore Public Affairs

[justinmoore@apta.org](mailto:justinmoore@apta.org)  
703/706-3162

### Michael Matlack Grassroots and Political Affairs

[michaelmatlack@apta.org](mailto:michaelmatlack@apta.org)  
703/706-3163

### Monica Massaro Congressional Affairs

[monicamassaro@apta.org](mailto:monicamassaro@apta.org)  
703/706-3156

### Ken Sprague Grassroots and Political Affairs

[kensprague@apta.org](mailto:kensprague@apta.org)  
703/706-8509

### Mandy Frohlich Government Affairs

[mandyfrohlich@apta.org](mailto:mandyfrohlich@apta.org)  
703/706-8548

### Adnan Jalil Congressional Affairs

[adnanjalil@apta.org](mailto:adnanjalil@apta.org)  
703/706-3391

### Michael Hurlbut Congressional Affairs

[michaelhurlbut@apta.org](mailto:michaelhurlbut@apta.org)  
703/706-3160