

Congress of the United States
Washington, DC 20515

September 27, 2019

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

We write regarding the Centers for Medicare and Medicaid Services' (CMS) 2020 Physician Fee Schedule (PFS) proposed rule, released on July 29, 2019, which contains policies that impact delivery of physical therapy and occupational therapy services under the Medicare fee-for-service (FFS) program. Table 111 in the PFS proposed rule illustrates the specialty payment impacts if CMS finalizes the proposal on evaluation and management (E/M) value increases without modification. Of primary concern is the potential reimbursement cut to services furnished by physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants due to the redistribution of the E/M code value increases. These arbitrary, across-the-board cuts to codes physical therapists and occupational therapists bill when providing services to Medicare beneficiaries will impede access to essential services for seniors and individuals with disabilities.

The number of Medicare beneficiaries accessing physical therapy and occupational therapy services has been increasing due in part to the aging of our population and increase in the number of beneficiaries with multiple chronic conditions. This trend is positive in that expanded utilization of outpatient physical therapy and occupational therapy means reduced necessity for costly hospitalization and readmission. The timing of these cuts is particularly alarming as occupational and physical therapists are on the front lines addressing pain management for many who would otherwise have no other option than to utilize opioid medications to address their pain. Early access to occupational and physical therapy holds the promise of reducing opioid use among patients with pain. However, a proposed 8 percent reduction in the reimbursement rate for these essential services will create significant hardships for therapists attempting to address the needs of this population of beneficiaries.

Further, a severe and arbitrary reimbursement reduction could create challenging and likely unsustainable financial circumstances that may adversely impact patients' access to care and the ability of providers to continue to furnish care to beneficiaries. The significant reduction

in reimbursement could result in a decreased workforce and an inability to meet the growing needs of the Medicare population. Rising student loan debt and shrinking reimbursement provide the perfect storm for discouraging individuals from choosing to enter these professions in the future.

While we recognize the interest of CMS to address the reimbursement rate of those health care professionals who bill for E/M codes, we believe that CMS must reassess the impact of such a sizable redistribution of the Medicare Part B fee schedule, which is conducted in a budget neutral manner. We are particularly concerned for beneficiaries in rural and urban underserved areas who need physical therapy and occupational therapy services. Physical therapists and occupational therapists, particularly those in rural and underserved areas, will be unable to sustain these lower Medicare payments and could be forced to reduce essential staff or possibly even close their doors as a result of this change. Cuts of this magnitude have the potential to cause diminished access and force seniors and individuals with disabilities to travel long distances to receive essential services.

Therefore, we urge CMS to closely reevaluate the magnitude an 8 percent cut would have on occupational and physical therapy services, and strongly recommend that CMS not adopt the proposed 8 percent reimbursement reduction to physical therapy and occupational therapy providers in 2021. Alternatively, CMS should be championing early access to physical therapy and occupational therapy for patients with multiple chronic conditions, dementia, musculoskeletal disorders and non-opioid pain management needs.

Thank you for your consideration of our concerns. Our collective efforts are crucial to ensuring that Medicare beneficiaries continue to have access to the occupational therapy and physical therapy services appropriate for their condition(s).

Sincerely,



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Member of Congress



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Member of Congress



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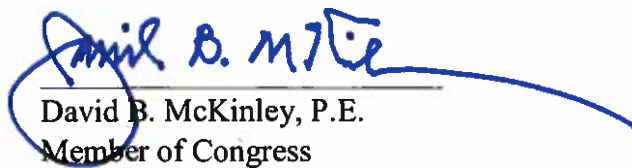
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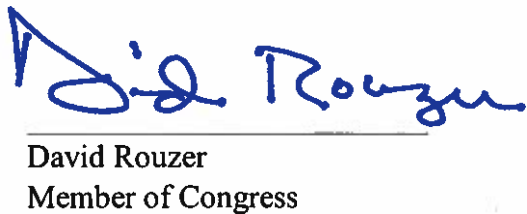
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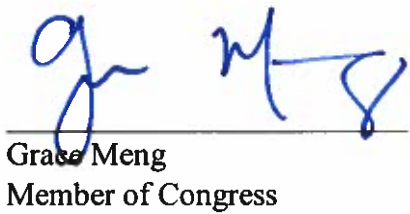
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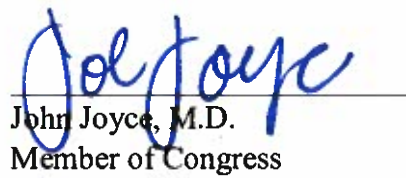
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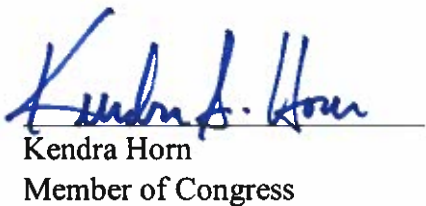
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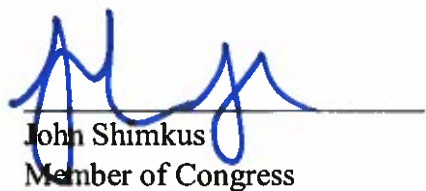
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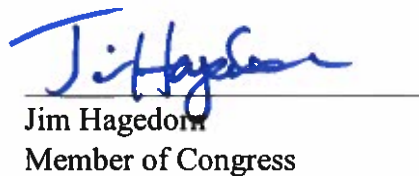
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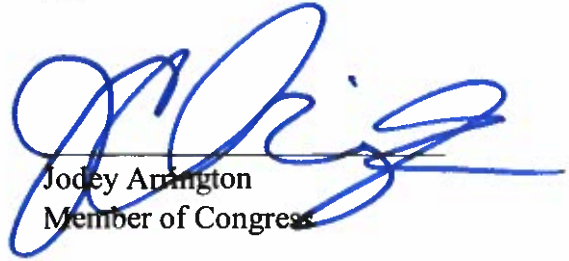
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