

January 7, 2014

Chairman Joe Pitts
Energy and Commerce Committee
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Frank Pallone
Energy and Commerce Committee
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Pallone,

The American Occupational Therapy Association (AOTA) appreciates the opportunity to submit a statement, for the record, as the Committee examines Medicare extender policies. We are encouraged by the Committee's attention to this important topic and look forward to working with you as you seek more appropriate long term solutions to many of these continuing policies. In particular, AOTA urges the Committee to strongly consider the arbitrary dollar limit enacted against Medicare Part B therapy services in 1997 and its enduring impact on beneficiaries.

AOTA is the national professional association representing the interests of more than 140,000 occupational therapy practitioners and students. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. Occupational therapy practitioners and their patients are greatly impacted by Medicare rules and payment policies, and AOTA appreciates the opportunity to weigh in as the Committee examines the future of Medicare extender policies, especially the Medicare Part B therapy cap.

As the Committee considers these policies in the context of ongoing Medicare provider payment reform, AOTA, respectfully, reminds the Committee that since the inception of the Sustainable Growth Rate formula (SGR) and the therapy cap in 1997, annual extensions to fix both have moved together. AOTA asks that the Committee recognize the interconnected nature of these two flawed policies by addressing the cap in any final legislation that reforms the Medicare physician fee schedule.

The therapy cap is uniquely problematic in that it exists as a statutory provision directly preventing Medicare beneficiaries from receiving covered services after an arbitrary dollar limit is reached. The policy puts government between the patient and the healthcare provider and restricts a physician's ability to prescribe treatment that is otherwise medically indicated. If the exceptions process were allowed to expire at its current level, a typical Medicare beneficiary would be limited to approximately a single evaluation and just 19 therapy sessions. For a stroke survivor, often needing 3-5 therapy sessions a week, the cap would allow for less than two months of care. Interrupting care in such an artificial manner serves only to reduce function in patients and diminish quality of life and the ability to live independently. Ultimately, these factors together contribute to poorer health outcomes and costlier care options for beneficiaries and the Medicare program, long term.

Further, the creation of the therapy cap was not based on data, quality-of-care concerns, or clinical judgment, but rather as a means to generate savings. AOTA has argued from the outset that an arbitrary therapy cap on outpatient services, without regard to clinical appropriateness of care, discriminates against our nation's most vulnerable Medicare beneficiaries. Since its enactment, Congress has collectively agreed with that sentiment, demonstrating its distaste for the policy, consistently, by acting to delay its impact through moratoriums and the implementation of an exceptions process.

AOTA, along with the other therapy professions, has shared constructive proposals to address the therapy cap and maintained close dialogue with the Committees throughout the current discussions on SGR. As you may know, many of our suggested reforms were included in the Senate Finance Committee mark approved in Committee before the new year.

Now is the time to address the long flawed therapy cap policy. AOTA urges Congress to seize the momentum behind Medicare payment reform as an opportunity to develop a more thoughtful approach to how Medicare pays for therapy services. Including a long-term solution to the therapy cap in any legislative effort aimed at reforming SGR is critical to ensuring that our commitment to Medicare beneficiaries seeking medically necessary care is honored. We look forward to continuing to work closely with your Committee as you ready a comprehensive bill for House consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Christina Metzler". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Christina Metzler
AOTA Chief Public Affairs Officer
American Occupational Therapy Association, Inc.