



Setting The Standards in Rehabilitation

July 17, 2017

The Honorable Michael Burgess  
The Honorable Gene Green  
Subcommittee on Health  
House Energy and Commerce Committee  
U.S. House of Representatives  
Washington, DC 20515

Re: Medicare Therapy Caps

Dear Chairman Burgess and Ranking Member Green:

We endorse the bipartisan *Medicare Access to Rehabilitation Services Act* (H.R.807) which currently has [173](#) cosponsors. (The Senate companion bill [S.253] has garnered [26](#) cosponsors to date). This legislation would permanently repeal the \$1,980/year arbitrary therapy cap imposed on each Medicare beneficiary. Because the current exceptions mechanism expires on December 31, 2017, corrective legislation must be passed before the end of this year.

The Medicare therapy cap was included in the Balanced Budget Act of 1997 and since then has regularly been altered by Congress by the use of waivers or exceptions processes. This is because shortly after passage Congress heard from Medicare beneficiaries all over the country who were adversely affected by this provision.

This therapy cap was part of a budget gimmick that solved a government budget problem, but created a health policy nightmare for seniors most of whom have more than three chronic conditions. Physical therapy is the solution to keeping these individuals functioning independently, enjoying their lives and contributing to society.

There are numerous ways to repeal this outdated policy and replace it with contemporary methods utilized in the private sector in the 21<sup>st</sup> century. These include recognized and accepted practices that were embraced in a Senate amendment (introduced by Sen. Ben Cardin in 2015) that garnered the bipartisan support of 58 senators (thus falling just two votes shy of the 60 vote threshold required during that debate). These include:

- Per episode (rather than per year) limits with continuation allowed upon demonstration of progress toward rehabilitation goals
- Automatic exceptions for patients who need more than one type of rehabilitation therapy (e.g., physical and speech therapy)
- Targeted medical review of therapy services

- CMS monitoring of medical reviewers for accountability
- Prior authorization of services in certain circumstances
- Objective reporting on the patient's function upon patient intake and patient discharge from a course of outpatient therapy services
- Improvement of data collection on patient function during course of outpatient therapy services. This should include updating of the functional limitation reporting currently required but not being utilized by Medicare to perform predictive analytics which contemporary methods now make possible.

PTPN commends Chairman Burgess and the Energy and Commerce Health Subcommittee for holding this July 20 hearing and for your leadership efforts to relieve this burden from the Medicare beneficiaries who are so unfairly impacted by the current law.

And we urge thorough, thoughtful action to implement an effective and updated therapy policy that allows our nation's seniors to access the type and amount of care that enable them to achieve and maintain optimal function

Sincerely,



Michael Weinper, PT, DPT, MPH  
President and Chief Executive Officer