



## **NARA Legislative and Regulatory Priorities**

NARA's Legislative and Regulatory priorities reflect our mission and values by highlighting issues of importance to our membership. This collection of issues and policy recommendations have been compiled by the Government Affairs Committee and approved by the NARA Board of Directors. It is used to guide our advocacy efforts and to provide direction as we educate policymakers.

### **Upcoming rate adjustment for PTAs and OTAs under Part B Medicare**

NARA opposes policies which will rebase fee schedule reimbursement for care provided by Physical Therapist Assistants and Occupational Therapy Assistants. NARA believes reimbursement for assistants who are under the supervision of a physical therapist or occupational therapist should not be subject to a payment differential. In this regard, it is noteworthy that there are not differentials for therapy assistants under Medicare A.

### **Access to Merit-based Incentive Payment System (MIPS) by Rehabilitation Agencies**

Currently rehabilitation providers which are required to use the uniform billing form (UB-04) are not able to participate in MIPS value-based payment model including such financial benefits which may accrue from such participation. NARA supports legislation or policy changes that will allow rehabilitation agencies and other institutional rehabilitation providers to participate in this program.

### **Reducing Administrative Burden (S 1260)**

NARA supports efforts to reduce administrative burden in the provision of care and the process of billing federally-funded health programs as well as efforts to increase efficiencies in the delivery of health services that reduce cost. NARA supports data sharing, standardization of electronic medical records and outcome registries, reduction of complex billing requirements, simplification of coding and submission rules, and removal of burdensome prior authorization requirements. NARA supports the elimination of barriers for Medicare beneficiaries to optimize access to rehabilitative therapies.

### **Promote Rehabilitation Services as an Alternative to Opioids**

NARA supports the CDC guidelines encouraging the use of nonpharmacological approaches to pain management including Physical Therapy and Occupational Therapy. NARA encourages policymakers to reduce barriers encouraging individuals with muscle skeletal conditions to use Physical and Occupational therapies as alternatives to Opioids.

NARA believes a multidisciplinary team approach, early conservative treatment, and education for primary care providers and the general public must be part of a comprehensive strategy to combat the opioid crisis.

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### **Access to Rehabilitation Providers**

NARA supports legislation that will improve access to rehabilitative services to the general population. This can be aided by increasing the health provider workforce in rural and medically underserved areas by adding physical therapists and occupational therapists to federal student loan repayment programs, expanding opportunities in public programs for direct access to rehabilitative therapy services, addressing physical therapy workforce issues by including cost of education support federal programs to reduce student loan burden and expanding coverage and payment for rehabilitation services delivered via digital health and telehealth and reduce out-of-pocket costs for nonpharmacological rehabilitation services.

### **Telehealth and Digital Health services**

NARA supports the use of telehealth and digital health services to improve access for rehabilitation services. NARA encourages policymakers to remove barriers and develop compensation models to promote telehealth and digital health services for rehabilitation services. NARA supports legislation requiring Medicare and federal health plans to provide parity for both coverage and payment for rehabilitation services provided through telehealth services. NARA also promotes legislation that supports the utilization of electronic health records by rehabilitation professionals

### **Medicare Home Health Flexibility Act (S 1725/HR 3127)**

NARA supports legislation allowing occupational therapists to initiate (open) home health services under Medicare A. Occupational therapists have the necessary skills and education to assess a patient and complete Oasis documentation to begin home health services.

*NARA is the trade association representing over 100 organizations consisting of over 80,000 healthcare professionals dedicated to providing a multitude of skilled rehabilitation therapy services to individuals in a variety of settings including inpatient, outpatient, skilled care, assisted living, educational systems, industry/occupational health.*

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