



NARA
The National Association of
Rehabilitation Providers and Agencies

Legislative and Regulatory Priorities 2021

NARA works to provide rehabilitation providers with information and advocacy efforts for legislation and regulations that directly impact their businesses and their ability to deliver quality care to patients. Our current advocacy priorities for 2021 include:

- **Educating the Biden Administration and New Members of Congress.** The change in Administrations will bring new leadership to the U.S. Department of Health and Human Services (“HHS”), the Centers for Medicare and Medicaid Services (“CMS”), and other federal agencies of import to rehabilitation providers. The elections also brought 7 new Senators and 60 new Members of the House. These new federal officials and legislators must be briefed on issues of importance to rehabilitation providers as well as the value of the services they furnish to patients. Such education is a high priority.
- **Upcoming rate adjustment for PTAs and OTAs under Part B Medicare.** NARA opposes policies which would 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 no 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 the MIPS value-based payment model including the financial benefits which may accrue from such participation. NARA supports legislation or policy changes that would allow rehabilitation agencies and other institutional rehabilitation providers to participate in this program.
- **Reducing Administrative Burden.** NARA supports efforts to reduce administrative burden of providing health care and of billing federally funded health programs. For this reason, NARA endorses efforts to increase efficiencies and reduce cost in the delivery of health services including, inter alia, 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 also supports the elimination of barriers for Medicare beneficiaries to optimize access to rehabilitative therapies.
- **Promote Rehabilitation Services as an Alternative to Opioids.** NARA endorses the CDC guidelines encouraging the use of nonpharmacological approaches to pain management including physical therapy and occupational therapy. NARA calls for policies that encourage 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 including increasing the health provider workforce in rural and medically underserved areas, adding physical therapists and occupational therapists to federal student loan repayment programs, expanding opportunities in public programs for direct access to rehabilitative therapy services, including the cost of education support federal programs to reduce student loan burden, expanding coverage and payment for rehabilitation services delivered via digital health and telehealth, and reducing 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.
- **Safety with Coronavirus Pandemic:** role of rehabilitation, impact on industry (SNFs, HHAs, etc.), safety rehabilitation providers and patients
- **Health Disparities, Discrimination, Social Determinants of Health:** these loom large in the Biden Administration. NARA will be collaborating and sharing resources from our professional associations that can aid in this initiative.
- **Medicare Reform:** Solvency of the Medicare trust funds, value-based reimbursement, value-based insurance design.
- **Federal Deficit:** Budget cuts to address burgeoning federal deficit and no disproportionate harm to rehabilitation providers/patients.
- **Commercial Market Reform:** shoring up the ACA.