Key Legislative Issues for Therapy Providers in 2023

Speakers:
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• Christie L. Sheets/ NARA Executive Director
• Nicole Ruzinski Bertsch/Principal, Williams & Jensen, PLLC
• Karina V. Lynch/Partner, Williams & Jensen, PLLC

Housekeeping Reminders
• All attendees are on mute
• Handouts were provided in the reminder email for this webinar sent 1 hour ago
• **Questions for Speakers:** submit them using the Q&A button on the attendee control panel
• **Technical Questions:** submit them using the Chat button on the attendee control panel
• **Recording:** will be posted for NARA Members on the Portal within 24 hours
Disclaimer

The information shared in today’s presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation.

SCHEDULING MEETINGS DURING CONFERENCE
Soapbox

- Soapbox is working on scheduling Hill Visits for those that registered for Hill Visits with your conference registration
- Soapbox will be providing you with your confirmed Hill Visit schedule
- For those that have indicated that they would like a Hill Visit Buddy, Sabrena will contact you with who your buddy will be once Soapbox has a final schedule of all Hill Visits

SCHEDULING MEETINGS OUTSIDE OF CONFERENCE
Scheduling Meetings

• Each legislator has a website with a direct link to schedule a meeting and to invite them to an event (such as inviting them to your facility)
  – The person in your group who lives in the district or who has business in that district should request the meeting and/or
  – The person in your group who has a relationship with that office should request the meeting
Scheduling Meetings

In Comment box you will request a meeting (you can be specific in the date or dates of request) to discuss stopping payment reductions for rehabilitation providers.

NAVIGATING THE US CAPITOL
SENATE BUILDINGS
The Hart Senate Office Building

Dirksen Senate Office Building
Russell Senate Office Building

HOUSE OF REPRESENTATIVE BUILDINGS
Cannon Building

Longworth Building
Rayburn Building

Ford Building
NARA ADVOCACY
Advocacy Asks

• We have 4 priorities that we would like to discuss during our visits:
  1. Workforce Shortage: NARA sees the shortage of qualified rehabilitation professionals as critical as the shortage of nurses and urges Congress to support the following initiatives: (1) Provide incentives through scholarships and tuition reimbursement to prospective and current students in therapy educational programs; and (2) Ability to bring in qualified rehabilitation professionals from other countries more readily.
  3. Waive Pay-Go: Congress must waive Pay-Go to avoid a 4% across the board cut to Medicare.
  4. Supervision: Legislation that specifies that supervision requirements for outpatient physical therapy services that are furnished through private practice may not be more stringent for purposes of Medicare coverage than under state law.

Workforce Shortage

• The current shortage of qualified rehabilitation professionals not only has a negative impact on our ability to provide rehabilitation services to individuals in need, but the short supply has also created the demand for higher wages and benefits which results in increased cost of service to our patients, and ultimately to all third-party payers.

• NARA sees the shortage of qualified rehabilitation professionals as critical as the shortage of nurses and urges Congress to support the following initiatives:
  – Provide incentives through scholarships and tuition reimbursement to prospective and current students in therapy educational programs; and
  – Ability to bring in qualified rehabilitation professionals from other countries more readily.
Stop Payment Reductions for Rehabilitation Providers

• From 2011 through 2023, rehabilitation providers have incurred up to 37% reduction in reimbursement

<table>
<thead>
<tr>
<th>Policy/Year</th>
<th>Reduction Therapists</th>
<th>Reduction Therapy Assistants</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPPR 2011-2012 (initially 25%)</td>
<td>-7%</td>
<td>-7%</td>
</tr>
<tr>
<td>Sequestration (2011-2030)</td>
<td>-2%</td>
<td>-2%</td>
</tr>
<tr>
<td>MPPR 2013-Current (increase to 50%)</td>
<td>-7%</td>
<td>-7%</td>
</tr>
<tr>
<td>Physician Fee Schedule 2021</td>
<td>-4%</td>
<td>-4%</td>
</tr>
<tr>
<td>Physician Fee Schedule 2022</td>
<td>-0.75%</td>
<td>-1.75%</td>
</tr>
<tr>
<td>Physician Fee Schedule 2023</td>
<td>-1.35%</td>
<td>-1.35%</td>
</tr>
<tr>
<td>SUBTOTAL OF CURRENT REDUCTIONS</td>
<td>-22.10%</td>
<td>-37.10%</td>
</tr>
<tr>
<td>Statutory PAYGO</td>
<td>-4%</td>
<td>-4%</td>
</tr>
<tr>
<td>Physician Fee Schedule 2024</td>
<td>-3.4%</td>
<td>-3.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30.10%</td>
<td>45.10%</td>
</tr>
</tbody>
</table>

Stop Payment Reductions for Rehabilitation Providers

• Impact of Reimbursement Reductions:
  – Disproportionate impact of beneficiaries that are high risk and in rural and underserved areas
  – Decreased ability to invest in the technology needed for emerging practice areas
  – Inability to meet increased salary requirements for qualified rehabilitation professionals due to inflation and the rising cost of living resulting in a significant workforce shortage
  – Loss of essential skilled healthcare workforce to nonhealthcare jobs
  – Closures of clinics secondary to not being able to cover their operational costs = decrease access to therapy services needed by beneficiaries after falls, joint replacements, strength declines and other injuries
Stop Payment Reductions for Rehabilitation Providers

• Provider Burden
  – Increase in Medicare beneficiaries enrolled in Medicare Advantage plans:
    • Prior authorization requirements
    • Post pay takebacks without documentation review
    • Reimbursement not consistent with Medicare Physician Fee Schedule rates
    • Medicare Advantage payers denying providers credentialing/contracting as in-network providers

Impact on Medicare Reimbursement 2015 - 2023

- Inflation
- Conversion Factor
- Sequestration
- PT Salary
- OT Salary
Stop Payment Reductions for Rehabilitation Providers

• What we are asking for:
  – Support Legislation and CMS Changes that would Exempt Rural and Underserved Areas From the 15% Assistant Reduction and Mitigation to Those Disproportionately Impacted.
    • Create a class-specific geographic index for physical and occupational therapy services furnished by physical therapy assistants and occupational therapy assistants to offset the payment reduction in rural areas.

– Find a Long-Term Solution for the Medicare Physician Fee Schedule. The Physician Fee Schedule effects beneficiaries receiving services in all settings including outpatient clinics, hospitals, home health, and skilled nursing facilities.
  – Senate: Sponsor companion bill of H.R.2474 - Strengthening Medicare for Patients and Providers Act when introduced
Stop Payment Reductions for Rehabilitation Providers

- **H.R.2474 - Strengthening Medicare for Patients and Providers Act**
  - The bill was introduced by Reps. Raul Ruiz, D-Calif., Larry Bucshon, R-Ind., Ami Bera, D-Calif., and Mariannette Miller-Meeks, R-Iowa. All four are physicians.
  - This is bipartisan legislation that could support transformation to the fee schedule by allowing annual inflation-based updates to a flawed payment system. This bill modifies certain adjustments to payment amounts under the Medicare physician fee schedule.
  - The payment amounts under the Medicare physician fee schedule are based on a service's relative value, a conversion factor, and a geographic adjustment factor. Current law provides for separate conversion factors for physicians that are qualifying participants in advanced alternative payment models (also known as qualifying APM participants) and for other physicians beginning in 2026, with an annual update of 0.75% and 0.25%, respectively.
  - The bill replaces the separate conversion factors for qualifying APM participants and other physicians with a single conversion factor and provides for an update that is equal to the annual percentage increase in the Medicare Economic Index, beginning in 2024. (The Medicare Economic Index is a specialized index that is generally used to determine allowed charges for physician services based on annual price changes.)
  - Use of this index in the fee schedule could pave the way for providers, to gain ground in a payment system that has reduced payment year over year through coding changes and the U.S. Centers for Medicare & Medicaid Services’ budget neutrality requirements.
Stop Payment Reductions for Rehabilitation Providers

• Congress should enact provisions to prevent statutory PAYGO sequester from taking effect because of the American Rescue Plan Act. Congress has acted to waive the reductions, or “wipe the PAYGO scorecard clean” after passing legislation that increased the deficit since the enactment of PAYGO. Congress must prevent the 4% reduction in Medicare reimbursement from taking effect so providers can continue to provide beneficiaries access to these much-needed services.

Supervision

• Congress should enact legislation that specifies that supervision requirements for outpatient physical therapy services that are furnished through private practice may not be more stringent for purposes of Medicare coverage than under state law. Currently outpatient therapy services in group practice, one of the least acute settings, has more stringent supervision requirements than all others. This results in the need for 2 clinicians on site for services to be delivered, further exacerbating difficult workforce issues.
Planning For Your Visits

- Have a plan with your group prior to the visits
- Do your homework! Know the legislators that you will be meeting with.
- Review the NARA resources
- Designate a lead/host person to act as the moderator for the virtual and/or in-person visits. Lead/Host Responsibilities:
  - Intro to NARA
  - Facilitate intro of other group members
  - List our ‘asks’/Bills to support, then pass on to other speakers to go into more detail
  - Host also closes and summarizes with same ‘asks’
  - Liaison/lead or host to complete post visit survey monkey

Capture The Moment

- Take a picture
- Share the picture and express your appreciation for the meeting on social media (remember to tag the legislators office and NARA)
- NARA Social Media:
  - Twitter: @rehabassoc
  - LinkedIn: National Association of Rehab Providers and Agencies
NARA Advocacy At Home

- Invite for a visit!
- Attend an in person or virtual town hall!
- Request a meeting
- Email
- Participate /Have patients participate in NARA Calls to Action

Invite To An Event
Who You Gonna Call

• Government Affair Committee
  – Chairperson: Sabrena McCarley, Transitional Care Management
  – Lisa Chambers, Blue Sky Therapy
  – Babak Amali, Prodigy Rehabilitation
  – Jessica Beaudry, Vertis Therapy
  – Kevin Christensen, Intermountain Healthcare

• Political Action Committee (PAC)
  – Chairperson, Trustee: Lee Glasoe, Prairie Rehabilitation
  – Trustee: Chris Batchelor, Big Stone Therapies
  – Trustee: Beth Payne, Independence Rehab

Our voices truly are louder when we advocate together!