



Medicare Outpatient Therapy Cap

ACTION

Tell Congress to support the Medicare Access to Rehabilitation Services Act of 2015, S. 539/ H.R. 775, legislation that would repeal the Medicare outpatient therapy caps and ensure Medicare patients continue to have access to medically necessary speech-language pathology, occupational therapy, and physical therapy services. A repeal of the Medicare therapy caps should also be included in any Sustainable Growth Rate (SGR) reform package.

BACKGROUND

This year there is a real opportunity to end the pattern of yearly extensions of the therapy cap exceptions process. With a March 31, 2015, deadline to address Medicare payment cuts, members in both the House and the Senate have developed a bipartisan plan to address Medicare payments. This plan includes a replacement strategy for therapy caps.

It is imperative that members of Congress continue to show support for the repeal of the therapy caps. During the last session of Congress, 225 members of Congress supported repeal legislation. This is a majority of the House of Representatives. Congressman Charles Boustany (R-LA) has reintroduced the therapy cap repeal legislation in the House (H.R. 775) with 66 original cosponsors and Senator Cardin (D-MD) has introduced the legislation in the Senate (S. 539).

If your member was a sponsor of the bill during the last session, please request that he or she sign on as soon as possible. If the member is new to Congress, for example, or for some other reason has never signed on to the bill, this is an excellent opportunity to get him or her to do so.

Repealing the therapy caps must happen within the larger context of reforming the SGR methodology for Medicare Part B reimbursement.

The therapy caps are arbitrary and do not take into account the medical needs of the beneficiary. While the yearly patches allow access to services, the yearly expiration causes uncertainty of care for both therapy providers and recipients to ensure high-quality ongoing treatment.

Under the cap for speech-language pathology and physical therapy services, Medicare beneficiaries who suffer from speech-language disorders due to life-altering events (e.g., stroke, head injury, Alzheimer's, Parkinson's) risk being denied therapy and/or forced to pay out-of-pocket for services to help them regain their ability to communicate effectively.

It is clear that short-term extensions of the therapy cap exceptions process and implementation of cost containment measures—such as Multiple Procedure Payment Reductions (MPPR)—are not the answer and only serve to deny care to patients with the most critical need. Congress and the Centers for Medicare & Medicaid Services must continue to engage with stakeholders to develop a long-term solution that ensures access to outpatient therapy services in a cost effective and clinically appropriate manner.



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