



Issue Brief

Support the Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act of 2021 (H.R. 5536)

Issue

A 15% cut to reimbursement for services furnished by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs) was imposed on January 1, 2022. This reduction, on top of multiple other reductions already being imposed, greatly erodes the ability of rehabilitation therapy providers to continue to provide services. With the current workforce shortage due to the impact of COVID-19, therapy providers now have fewer resources and are straining to continue access to care for Medicare beneficiaries.

Background

The National Association for the Support of Long Term Care (NASL) supports the *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act of 2021 (H.R. 5536)*, which was introduced on October 8, 2021, by Reps. Bobby Rush (D-IL) and Jason Smith (R-MO). This bipartisan legislation would delay for one year the 15% cut under Medicare Part B when services are provided by a PTA or an OTA.

Beginning in January 2022, payment for Medicare Part B services provided by a PTA or OTA was reduced by 15% due to a provision in the Bipartisan Budget Act of 2018. This cut went into effect in 2022 on top of significant additional reductions, including an overall fee schedule cut to offset physician pay reform. Additional cuts also include a 50% multiple procedure payment reduction (MPPR) policy, and anticipated return of the 2% Medicare sequestration in July 2022. On top of this cascade of cuts, CMS has also precluded therapists in institutional settings from earning a payment update under MIPs. These cuts are simply not sustainable and will threaten patient access to needed medical care in rural and underserved areas if Congress fails to act.

The rehabilitation therapy sector continues to be significantly challenged by the devastating impact of COVID-19 as therapy providers struggle to continue providing services to Medicare beneficiaries during the public health emergency (PHE). Each day is a new challenge with therapists in isolation, sick and those leaving the workforce. The American Medical Association reported the early pandemic's effect on rehabilitation therapy as among the hardest hit among the Medicare Physician Fee Schedule specialties, [with up to a 34% drop in spending for services](#). Without help from Congress, continuation of the 15% assistant cut will threaten access to care for patients. We need Congress to act now to temporarily suspend the 15% therapy assistant cut until January 1, 2023, and work to include H.R.5536 in the upcoming government funding package.

Key Facts

Effective January 1, 2022, payment for services provided in whole or in part by rehabilitation therapy assistants were cut 15%.

Therapists are sick or in isolation due to COVID-19, or simply leaving the workforce due to burnout and exhaustion

This payment reduction reduces that sustain the provision of patient care, making it difficult to recruit and retain qualified clinicians.

Ask Congress to:

Temporarily suspend the 15% therapy assistant payment reduction until January 1, 2023, so that patients can continue to maintain access to the critical rehabilitation therapy services they need.

Cosponsor the *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act of 2021 (H.R. 5536)*, which would delay the 15% cut to services furnished by therapy assistants.

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Issue Brief

The Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act of 2021 (H.R. 5536), cont'd

Access in Rural and Underserved Areas

Access to health care services is critical to good health, yet Medicare beneficiaries, particularly those who reside in rural and underserved areas, face a variety of barriers. Unfortunately, the 15% payment reduction for services furnished at least partly by physical therapist assistants and occupational therapy assistants will have a detrimental impact on beneficiary access to care in these areas. Oftentimes, there are more rehab therapy assistants furnishing services in these rural/underserved areas, and the only time that can be billed by the therapy assistants is the time actually spent with the patient. Therapy assistants need to practice where they live and when they have to drive long distances multiple times a day it further increases the costs for these providers because they're spending more time on the road and away from their patients. **H.R. 5536 addresses this problem by providing an exemption to the payment differential in designated rural and medically underserved areas.**

Ask Congress to:

- Temporarily suspend the 15% therapy assistant payment reduction until January 1, 2023; so that providers don't lose the critical resources they need to maintain access to rehabilitation therapy services for their patients.
- Cosponsor the *Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act of 2021 (H.R. 5536)*, which would delay the 15% cut; and work with Congressional and Committee leadership to add this bipartisan legislation to any upcoming government spending package.