



# APTA FAL Call Briefing Memo

November 2019

**CMS 2020 PFS Final Rule:** Recap [HERE](#). \*Agenda item

**HOME HEALTH:** The final 2020 Home Health rule follows through on an APTA-supported proposal to allow physical therapists assistants (PTAs) and occupational therapy assistants (OTAs) to perform maintenance therapy services under a maintenance program established by a qualified therapist, as long as the services fall within scopes of practice in state licensure laws. In addition to supervising the services provided by the PTA or OTA, the qualified therapist still would be responsible for the initial assessment, plan of care, maintenance program development and modifications, and reassessment every 30 days.

**NATIONAL INSTITUTES OF HEALTH:** Members of the Disability and Rehabilitation Research Coalition (DRRC), of which APTA is a steering committee member, met with leadership from the National Institute of Biomedical Imaging and Bioengineering (NIBIB), National Institute of Arthritis and Musculoskeletal and Skins Diseases (NIAMS), and the National Center for Medical Rehabilitation Research (NCMRR) to share rehabilitation research objectives. APTA member Becky Craik was in attendance. She noted many opportunities for physical therapist researchers in NIBIB and NIAMS that were unavailable previously, and that NCMRR is the coordinator of rehabilitation science across the Institutes.

**CMS:** APTA submitted comments in response to the final rule intended to prevent providers and suppliers who have been sanctioned by CMS from re-entering Medicare, Medicaid or CHIP by using different names or by joining up with different companies. Although CMS has issued this final rule, many of the details of how it will be operationalized have not yet been worked out. For the time being CMS will be conducting a review of enrolled providers to determine which have affiliations with sanctioned providers. APTA submitted comments cautioning CMS against expanding the rule to be applicable to all providers, regardless of whether or not they are suspected of committing any violations, as that would create a regulatory burden that outweighed the benefit of the rule.

**STARK LAW:** A new proposed rule issued by CMS creates new, permanent exceptions to the Stark Law for value based arrangements. Value based arrangements would be defined so that only parties that qualify as participants in the same value-based enterprise (VBE) may access the exception. A VBE must meet specific requirements to ensure it is a legitimate arrangement intended to achieve a value-based purpose. Finally, CMS is also soliciting comments about the role of price transparency in the context of the Stark Law and whether to require cost-of-care information at the point of a referral for an item or service.

**CONGRESS:** Legislation expanding the use of telehealth under Medicare ([HR 4932/S 2741](#)), including for physical therapy has been introduced. To view the recap click [HERE](#). The Allied Health Workforce Diversity Act passed the House of Representatives on Mon., Oct 28. The Senate companion (S. 2747) was introduced in the Senate on October 30 by Senators Casey (D-PA) and Murkowski (R-AK). To view recap click [HERE](#). \*See November Congressional Update for additional information.