



Information Bulletin

American Physical Therapy Association

VICTORY!!!

Congress Overrides Presidential Veto (HR 6331)

Legislation Enacted to Ensure Access to Critical Physical Therapy Services for Seniors and Persons with Disabilities and Avoid Detrimental Cuts and Caps to Health Care Providers.

This afternoon, the United States House of Representatives and the Senate voted to override the Presidential veto to pass **HR 6331 – the Medicare Improvements for Patients and Providers Act**. HR 6331 includes critical provisions for physical therapists and their patients, including legislation to avoid the 10.6% cut in payments under the Medicare physician fee schedule and the expiration of the therapy cap exceptions process. **The House passed this legislation by a 383-41 vote and by a 70-26 Senate vote. A 2/3's vote was needed by the House and the Senate to override the Presidential veto. Once the Senate voted to approve HR 6331, it now becomes law immediately.**

HR 6331 – The Medicare Improvements to Patients and Providers Act

Provisions Critical to Physical Therapist Practice and the Patients We Serve

- An 18 month extension of the therapy cap exceptions process until December 31, 2009 to ensure access for seniors and persons with disabilities to physical therapy, occupational therapy, and speech-language pathology services.
- Continuation of the .5% update for the remainder of 2008 and a 1.1% update for 2009 in the conversion factor to maintain adequate payments to providers under the Medicare program. This provision overrides a scheduled 10.6% reduction in payments under the Medicare physician fee schedule for the remainder of 2008 and an additional 5.0% cut for 2009.
- Extension of the Medicare Work Geographic Practice Cost Index (GPCI) under the Medicare physician fee schedule to ensure payment equity and access to services in rural America.

- Increases the bonus payments for qualified providers that meet the criteria for reporting under the Physician Quality Reporting Initiative (PQRI) from 1.5% to 2.0% for 2009 and 2010 to improve quality in the Medicare program.
- Delays competitive bidding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) under Medicare for 18 months by voiding Round 1 of the DMEPOS competitive acquisition program. This provision sets a new process for competitive bidding. DMEPOS items included in round 1 will be reduced by 9.5% to off-set the cost of this provision.
- Improves Medicare coverage of prevention services for seniors and persons with disabilities.
- Expands scope and duration of previously authorized medical home demonstration to improve access to primary health care.
- Adds hospital-based or critical access hospital-based renal dialysis centers, skilled nursing facilities, and community mental health centers to list of originating sites for payment of telehealth services.

Thanks!

The extensive advocacy by physical therapists and patients made the difference! Thanks for your work to ensure Medicare beneficiaries access to essential rehabilitation services provided by physical therapists and physical therapy assistants. APTA will continue to advocate for long-term policy solutions to the flawed payment formula, a permanent solution to the therapy cap once and for all, and other Medicare policy initiatives.