

Medicare Outpatient Therapy Cap

Action

Tell Congress to support the Medicare Access to Rehabilitation Services Act of 2015 (S. 539/ H.R. 775). This legislation would repeal the Medicare outpatient therapy cap and ensure Medicare patients continue to have access to medically necessary speech-language pathology, occupational therapy, and physical therapy services .

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Background

On April 14, 2015, the Senate voted to pass H.R. 2, legislation already approved in the House to fix the flawed Sustainable Growth Rate (SGR) payment policy, and replace it with a payment system based on outcomes and quality. At that time, the Senate failed to pass an amendment proposed by Senators Cardin (D-MD) and Vitter (R-LA), which would have permanently repealed the therapy caps. Although the amendment had bipartisan support, it failed on a procedural vote (58-42) related to the budget and that the amendment needed to be paid for. Sixty votes were needed to pass the amendment.

As passed, H.R. 2 will extend a modified therapy cap exceptions process through 2017. In opposing the amendment, Senator Orrin Hatch (R-UT), Chairman of the Senate Finance Committee, vowed to work to find a permanent solution to the therapy cap in the coming years.

Now—more than ever—it is imperative that members of Congress continue to show support for the repeal of the therapy cap by supporting S. 539 and H.R. 775.

If your member was a cosponsor of the bill during the last session and is not a current cosponsor, please request that he or she sign on as soon as possible. If your Senator voted in favor of the therapy cap repeal amendment and is not a current cosponsor, this is an excellent time to ask them to support the Senate bill. If the member is new to Congress, 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.

The therapy cap does 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 are not the answer and only serve to deny care to patients with the most critical need.