



U.S. Rep. Phil English

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English Calls for Therapy Cap Action this Year *Bipartisan Group of House Lawmakers Push for Extension of Exceptions Process*

Washington, D.C. – In an effort to fix a longstanding inequality in the Medicare system, a bipartisan group of 177 House lawmakers led by U.S. Rep. Phil English (R-Pa.) today urged the Chairmen and Ranking Members of the House Ways and Means and Energy and Commerce Committees to consider legislation to address the cap on therapy services under Medicare before the completion of the 109th Congress.

“For nearly a decade, the same poisonous policy has haunted the long-term health of America’s oldest and frailest seniors,” said English, a member of the House Ways and Means Health Subcommittee. “If Congress does not act this year, seniors will be left to bear the brunt of an unfair financial burden associated with required therapy services. By extending the current exceptions process we will ensure seniors’ rehabilitative needs will be met without limiting care to an arbitrary price tag.”

The Balanced Budget Act (BBA) of 1997 imposed annual caps per beneficiary of \$1,500 on occupational therapy and a separate combined \$1,500 cap on physical therapy and speech-language pathology under Medicare Part B. Since then, Congress has acted three times to place a moratorium on the therapy caps. On January 1, 2006, a cap of \$1,740 (adjusted for inflation) went into effect for these health care services. In response, Congress included a provision in the *Deficit Reduction Act of 2005* (P.L. 109-171) to provide beneficiaries with a clinically based exceptions process to the financial limitation on rehabilitation services under Medicare. To date, the exceptions process has served as a mostly acceptable alternative to ensure seniors have access to all necessary services.

English was joined by a bipartisan group 177 House members in a letter today urging the Chairmen and Ranking Members of the House Ways and Means and Energy and Commerce Committees to extend the exceptions process for a minimum of the 2007 calendar year, providing the Centers for Medicare and Medicaid Services (CMS) and Congress time to establish an effective and permanent solution

“Whether a person receives speech, occupational or physical therapy, it should be a decision made between a doctor and a patient, not by accountants monitoring a set limit,” English said. “I am committed to working with my colleagues to move past the era of short-term fixes and on to creating an effective and fiscally responsible long-term solution.”

English has introduced legislation to permanently repeal the caps on rehabilitative therapy under Medicare for the past three Congresses. This Congress, H.R. 916, the *Medicare Access to Rehabilitation Services Act* has gained the support of 251 members of Congress from both sides of the aisle.

** Copy of the Letter Follows:

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May 30, 2006

The Honorable William M. Thomas
Chairman, Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Charles Rangel
Ranking Member, Committee on Ways and Means
1106 Longworth House Office Building
Washington, DC 20515

The Honorable Joe Barton
Chairman, Committee on Energy and Commerce
2109 Rayburn House Office Building
Washington, DC 20515

The Honorable John Dingell
Ranking Member, Committee on Energy and Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Thomas and Barton and Ranking Members Rangel and Dingell:

We write to request your full consideration of the need for passage of legislation in 2006 to address the Medicare outpatient therapy caps. In the 109th Congress, legislation to repeal the caps has gained the support of more than 250 Members of the United States House of Representatives and more than 40 organizations representing clinicians, patients and disease advocacy groups. Without Congressional action in 2006, the arbitrary therapy caps will return on January 1, 2007 and will result in restricted access to rehabilitation services and a shift in patients and costs to inpatient settings.

As you know, these caps were placed on outpatient physical therapy, occupational therapy and speech language pathology services as part of the Balanced Budget Act of 1997. Since this time, Congress has acted three times to place a moratorium on the therapy caps. These caps went back into effect on January 1, 2006. Fortunately, under your leadership, Congress passed legislation as part of the Deficit Reduction Act of 2005 that provided beneficiaries with a clinically based exceptions process to this financial limitation on rehabilitation services under Medicare. While problems have arisen during the launch of the exceptions process, we believe that if those problems are rectified this process remains a viable option for ensuring access to necessary services in a fiscally responsible manner.

Since the Deficit Reduction Act only authorized the exceptions process for 2006, we respectfully request an extension of this exceptions process for a minimum of the 2007 calendar year. This will allow the Centers for Medicare and Medicaid Services (CMS) to continue to monitor the implementation of this policy and assist in the development of a long-term alternative to the therapy cap. We appreciate your consideration of this request to extend the exceptions process beyond 2006.

Sincerely,