

Sample Op-Ed

Stroke is the most common cause of adult disability occurring in more than 500,000 Americans are affected by stroke each year. Hundreds of thousands of stroke survivors, as well as those who suffer from head injuries and other debilitating brain injuries, face a long, arduous struggle to regain the ability to talk, walk, or even swallow. Now, a new Medicare policy rationing rehabilitation treatment threatens to hinder the ability of older Americans to get the services they need to return to their normal way of life.

The threat to these Americans, and the families who care for them, comes directly from Congress. In 1997, with passage of the Balanced Budget Act, Congress broke its promise not to cut Medicare benefits. Section 4541(c) of the Act places an arbitrary annual cap of \$1,500 on outpatient speech-language therapy combined with physical therapy. The cap went into effect earlier this year, and already health professionals are witnessing the detrimental effects of the cap on older Americans.

Faced with an annual cap of \$1500, some stroke survivors are now choosing to delay medically necessary services—or even refuse it altogether—for fear of exhausting their cap. If untreated, patients' conditions can worsen and require significantly more expensive treatment. For example, when dysphagia (an impairment associated with a stroke or head trauma that disrupts normal swallowing) is left untreated, it can cause aspiration pneumonia, which will require hospitalization, ultimately costing Medicare more than \$20,000 to treat.

In other cases, patients who have exhausted their \$1500 limit in an outpatient rehabilitation facility will likely disrupt their care and seek it in more expensive and less accessible hospital outpatient settings, ultimately costing Medicare more for the same treatment. So again, while the cap was intended to result in overall Medicare savings, it will actually result in increased treatment costs.

Furthermore, placing speech-language pathology and physical therapy under a shared \$1500 cap puts patients at an even greater risk of receiving inadequate services and indirectly forces patients and their families to ration medically-needed care—literally forcing patients to choose between talking and walking. So in effect, this caps these critical rehabilitation services far below the \$1500 amount.

A growing number of Members of Congress have recognized that the arbitrary cap is not good health policy. Both the House and Senate are now considering the “Medicare Rehabilitation Benefit Improvement Act of 1999” (H.R. 1837 and S. 472), which would provide exemptions to the arbitrary cap to Medicare beneficiaries in need of services. The Senate now has more than 50 co-sponsors backing this important legislation. Representatives in the U.S. House should also co-sponsor and pass this bill, which would help to rectify this poor policy decision.