



American Academy of
Physical Medicine and Rehabilitation

9700 W. Bryn Mawr Ave., Ste. 200
Rosemont, IL 60018

ENHANCING THE “THREE-HOUR RULE”

H.R. 8746, the *Access to Inpatient Rehabilitation Therapy Act of 2022*, is a bipartisan bill introduced by Representatives Joe Courtney (D-CT) and Glenn “GT” Thompson (R-PA), and co-sponsored by Representative G.K. Butterfield (D-NC). This legislation would restore physician judgment to prescribe the appropriate mix of skilled modalities that constitute an intensive rehabilitation therapy program in an inpatient rehabilitation facility (IRF).

AAPM&R urges Congress to pass *H.R. 8746, the Access to Inpatient Rehabilitation Therapy Act of 2022*, to restore physician judgment in IRF care and preserve expanded access to skilled rehabilitation therapies for Medicare patients, after the expiration of the public health emergency (PHE).

The Centers for Medicare and Medicaid Services (CMS) currently requires that Medicare beneficiaries need a “relatively intense” course of rehabilitation treatment to qualify for an inpatient rehabilitation hospital or unit stay. CMS defines “relatively intense” as three hours of skilled therapy per day, five days per week, which is known as the “three-hour rule.” In 2010, CMS revised the IRF regulations and narrowed the three-hour rule so that only ***physical therapy, occupational therapy, speech therapy, and/or orthotics and prosthetics*** are countable toward the three-hour rule. Other skilled therapies such as recreational therapy and respiratory therapy are no longer counted, limiting their availability in many rehabilitation hospitals.

H.R. 8746 would maintain the explicit focus on the four therapies listed above, while adding flexibility for the physician and rehabilitation team to determine the appropriate mix of skilled services to provide a more tailored treatment plan to meet individual patient needs.

During the public health emergency, the three-hour rule has been waived entirely for IRFs. Data over more than two years of the PHE demonstrates that despite this broad flexibility, IRF admissions have not increased, nor has there been a significant decrease in therapy minutes provided in IRFs. It is critical to ensure that flexibility continues after the end of the PHE so patients can access the most appropriate, individualized care for their conditions.

Enacting H.R. 8746, the Access to Inpatient Rehabilitation Therapy Act of 2022, in the 117th Congress will help ensure IRF patients can access the medically appropriate care they need.

Contact AAPM&R’s Health Policy Team at healthpolicy@aapmr.org