

Medicare Regulatory Relief

AAPM&R believes Congress has an opportunity to significantly lessen regulatory burdens on physicians practicing in post-acute care (PAC) settings, particularly physical medicine and rehabilitation (PMR) physicians (physiatrists), by pursuing several regulatory relief proposals.

The pace of change in all four PAC settings presents significant challenges for physiatrists and the PAC providers in which they practice. Alternative payment and delivery models, new bundled payment initiatives, detailed documentation requirements, and quality improvement activities impose significant regulatory burdens on PAC physicians, primarily PMR specialists. Furthermore, these regulatory burdens contribute significantly to physician dissatisfaction, a key symptom of physician burnout, which ultimately impacts access to patient care.

- **Reducing Burden of Technical Denials:** Congress should direct the Centers for Medicare and Medicaid Services (CMS) to streamline Medicare's documentation requirements in the inpatient rehabilitation hospital (IRF) setting to make them less burdensome on physicians. This would reduce the number of unnecessary claim denials and enable physicians to spend more time treating patients rather than documenting their services.
- **Support H.R. 626, the Access to Inpatient Rehabilitation Therapy Act of 2017.** Congress should pass H.R. 626, legislation that would permit IRFs to count recreational therapy services toward the 3-Hour intensity of therapy requirement. This would return to the physician and the rehabilitation team the discretion to prescribe the mix of therapy services that best meets the patient's needs without arbitrary regulatory restrictions. The proposal is not expected to have a major budget impact.
- **AFIRM Act:** Congress should pass the Senate-based Audit & Appeals Fairness, Integrity, and Reforms in Medicare Act of 2015 (AFIRM Act), which would dramatically increase the number of Administrative Law Judges (ALJ) who hear Medicare claims denials and reduce the lengthy backlog of ALJ hearings. Without a functioning appeals system, physicians and other providers cannot effectively challenge inappropriate coverage decisions made by Medicare contractors. This reduces the ability of physicians to fight for their patients and undermines their medical judgment.

AAPM&R urges Congress to support these policy proposals, which lessen regulatory burdens on physicians and thereby help enhance access to patient care.

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