

**118<sup>th</sup> Congress One-Pager****Enhancing the “Three-Hour Rule” for Inpatient Rehabilitation**

H.R. 6110, the Access to Inpatient Rehabilitation Therapy Act of 2023, is a bipartisan bill introduced by Representatives Glenn “GT” Thompson (R-PA) and Joe Courtney (D-CT). This legislation would restore physician judgment to prescribe the appropriate mix of skilled services that constitute an intensive rehabilitation therapy program in an inpatient rehabilitation hospital or unit (IRF).

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 IRF 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, among others, are no longer counted toward satisfaction of the “three-hour rule,” severely limiting their availability in many rehabilitation hospitals.

H.R. 6110 would maintain the explicit focus on the four therapies listed above in order for the patient to qualify for IRF admission, while adding flexibility throughout their stay for the physician and rehabilitation team to modify the appropriate mix of skilled services to provide a more tailored treatment plan to meet individual patient needs. It is critical that physicians are allowed to use their extensive training and professional judgment to make treatment decisions for their patients in order to ensure access to the most appropriate, individualized care for their conditions.

For background, the “three-hour rule” was waived entirely for IRFs during the COVID-19 public health emergency. Data from inpatient rehabilitation facilities during the PHE demonstrates that despite this broad flexibility, IRF admissions did not significantly increase, nor was there a significant decrease in therapy minutes provided in IRFs. This suggests that modifying the “three-hour rule” as H.R. 6110 will not be costly and may be budget neutral.

Enacting H.R. 6110, the Access to Inpatient Rehabilitation Therapy Act, in the 118<sup>th</sup> Congress will help ensure IRF patients can access the medically appropriate care they need.

**[AAPM&R urges all Members of the House to cosponsor H.R. 6110, the Access to Inpatient Rehabilitation Therapy Act, to restore physician judgment in IRF care and preserve expanded access to skilled rehabilitation therapies for Medicare beneficiaries.](#)**