

AAPM&R Advocates for You!

As the primary medical society for physical medicine and rehabilitation, AAPM&R is the organization that advocates on behalf of PM&R physicians and their patients. We position PM&R physicians as essential leaders early and across the healthcare continuum, defend against threats to PM&R practices and provide members with a powerful voice and opportunities to advocate for the specialty.

With your support this year, we submitted more than 1,400 letters to Congress, sent more than 50 comment letters to federal and local regulatory agencies, and secured 45 volunteers to serve on national and clinical workgroups.

Throughout 2023, the Academy has prioritized:

1	Defending the Role of Physiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians	5	Advocating for Expanded Telehealth Innovations and Enhanced Ways for Physiatrists to Advance Patient Care
2	Fighting Against PM&R Physician Fee Cuts and For Improved PM&R Physician Payment	6	Advancing Long COVID Advocacy to Position PM&R Physicians as Leaders in Multi-Disciplinary Care
3	Fighting to Reduce Physiatrist Burden by Removing Prior Authorization Barriers	7	Preparing Physiatrists to Navigate Through the End of the COVID-19 Public Health Emergency
4	Working to Preserve Physiatrists' Expertise in Determining Medical Necessity in Inpatient Rehabilitation Facility (IRF) Admissions	8	Advocating for Your Patients

1 Defending the Role of Psychiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians

AAPM&R continues fighting national and local scope of practice expansion battles to protect and preserve the leadership role of psychiatrists on the healthcare team.



WINS

- ✓ In partnership with the Multi-Society Pain Workgroup, we submitted comments to the Oklahoma State Legislature opposing Oklahoma HB 2168, which would allow certified registered nurse anesthetists to perform interventional pain procedures. The comments were successful in defeating the bill.
- ✓ Solicited Academy members in New York to stop the elimination of oversight of physician assistants (PAs) in Part W of the Governor's proposed Health and Mental Hygiene Budget (A.3007/S.4007). Academy members sent more than 80 letters to state officials. The final budget was signed by the Governor on May 3 and the provision eliminating the oversight of physician assistants was removed.



CAMPAIGNS

- ✓ In late 2022 the National Basketball Association (NBA) modified their Team Health and Performance Personnel policy, effectively placing unique and unwarranted limitations on psychiatrists' capacities to serve as medical team physicians in the NBA. Once aware of this announcement, the Academy worked quickly to coordinate an action plan that included fact-seeking dialogue with NBA executive and medical leadership, and engagement with various multidisciplinary sports medicine organizations.

AAPM&R also created a workgroup to elevate the understanding and value of what we do in sports medicine and proactively position PM&R as leaders in sports medicine.

 **650+**
LETTERS SENT OPPOSING INAPPROPRIATE SCOPE OF PRACTICE EXPANSION



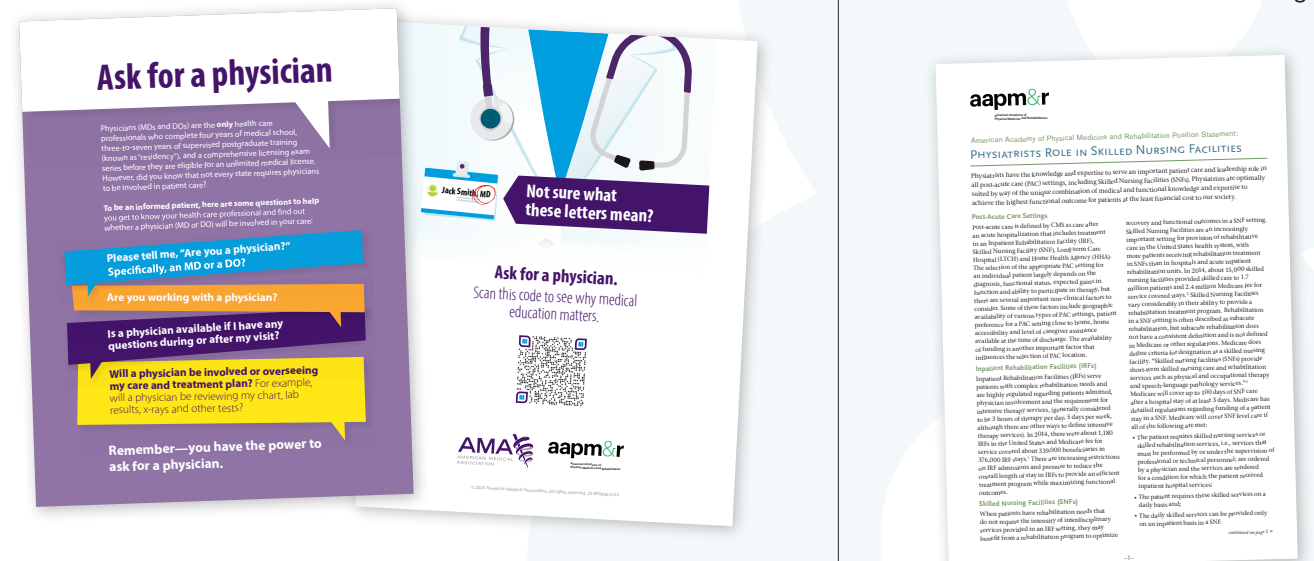
CAMPAIGNS (CONTINUED)

- ✓ Contacted members of Congress to oppose the *Improving Care and Access to Nurses Act* (H.R. 2713), which would inappropriately expand scope of practice for nurse practitioners and other advanced practice registered nurses under the Medicare program, removing physicians from their proper role as head of the healthcare team and diminishing the quality of care available to patients.
- ✓ Contacted members of Congress to oppose the *Improving Access to Workers' Compensation for Injured Federal Workers Act* (S. 131/H.R. 618), which would inappropriately expand the scope of practice for nurse practitioners and physician assistants under the federal Worker's Compensation Program.
- ✓ In response to a draft coverage policy proposal that recommended expanding the scope of practice for non-physician providers for intraoperative neurophysiological monitoring services, we submitted a joint statement with the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) affirming the necessity of physician supervision for these medical services.



RESOURCES

- ✓ Partnered with the American Medical Association (AMA) to release a new resource to empower patients to ask questions about the qualifications of who is providing their healthcare – the “Ask for a Physician” Patient Card. The card includes a QR code that directs patients to a webpage with a high-level overview of the differences in education and training between physicians and non-physicians.
- ✓ Published an **in-depth job description** for psychiatrists in SNFs and updated **AAPM&R's Position Statement on Psychiatrists' Role in Skilled Nursing Facilities** to ensure that PM&R physicians are equipped with the best resources to promote, protect and demonstrate their immense value within this setting.



Learn more at aapmr.org/scopeofpractice.

2 Fighting Against PM&R Physician Fee Cuts and For Improved PM&R Physician Payment

AAPM&R remains committed to pursuing fair reimbursement for physician-led care in the evolving healthcare environment.




WINS

- Medicare physician payment reform was a top priority during Congressional meetings for our annual Hill Day, where we advocated for high-quality, high-value care and sustainable positive annual updates to the Medicare Physician Fee Schedule while meeting with more than 20 Congressional offices. Faced with the immediate threat of reduced payment in 2024, we will continue to engage Congress and encourage members to contact their representatives via grassroots advocacy.



CAMPAIGNS

- Submitted comments to the Centers for Medicare & Medicaid Services (CMS) in response to the 2024 Medicare Physician Fee Schedule Proposed Rule. Comments identified areas in which CMS proposals could negatively impact payment for psychiatric services. Our #PMRAdvocates sent 142 letters to CMS voicing concerns about payment cuts and policies which could negatively impact PM&R physicians.
- Submitted comments to the CMS Innovation Center Request for Information on New Episode-Based Payment Models using the Academy's Principles of Alternative Payment Models. We provided suggestions on designing and implementing new episode-based payment models focused on accountability for quality and cost, health equity and specialty integration.

 **142**
**LETTERS SENT TO CMS
VOICING CONCERNS
ABOUT PAYMENT CUTS AND
POLICIES WHICH COULD
NEGATIVELY IMPACT PM&R
PHYSICIANS**



COLLABORATIONS AND CRITICAL MEETINGS

- AAPM&R representatives attended the AMA Relative Value Scale Update Committee (RUC) and Current Procedural Terminology (CPT) meetings to advocate for correct coding language and code valuation for psychiatry services.



RESOURCES

- Developed several educational articles for members in *The Psychiatrist* newsletter on topics including 2023 reimbursement and coding changes, split (or shared) billing and documentation tips, and the new Medicare sacroiliac joint procedure policies. Read more at www.aapmr.org/members-publications/newsletters/the-psychiatrist-newsletter.



Learn more at aapmr.org/reimbursement.

3

Fighting to Reduce Psychiatrist Burden by Removing Prior Authorization Barriers

AAPM&R's efforts aim to reduce the burden of your daily work by exposing the flaws of the "peer-to-peer" system and decreasing lengthy response times from insurance plans while protecting the aspects of your career that you enjoy.



WINS

- ✓ We continue to push CMS on regulatory reforms to reduce the burdens imposed by unnecessary prior authorization requirements through individual Academy comments and coalition sign-on letters in 2023.



CAMPAIGNS

- ✓ Endorsed H.R. 4968, the *Getting Over Lengthy Delays in Care As Required by Doctors (GOLD CARD) Act*, legislation to allow Medicare Advantage plans to waive or reduce prior authorization requirements for clinicians who demonstrate a track record of compliance with a plan's procedures.
- ✓ A bipartisan majority of Congress joined together to send a letter to CMS urging swift finalization of regulations to streamline and reform the prior authorization process. Academy members sent 350+ messages to Congressional representatives urging support for this letter and for common-sense reforms to the prior authorization process.



350+

MESSAGES SENT TO
CONGRESSIONAL
REPRESENTATIVES URGING
SUPPORT FOR THIS LETTER
AND FOR COMMON-SENSE
REFORMS TO THE PRIOR
AUTHORIZATION PROCESS.



COLLABORATIONS AND CRITICAL MEETINGS

- ✓ We partner with numerous coalitions to amplify our impact:
 - ✓ Regulatory Relief Coalition, a group of national physician specialty organizations advocating for regulatory burden reduction in Medicare.
 - ✓ We also participate in other coalitions working to reform prior authorization processes, including the Coalition to Preserve Rehabilitation.

Learn more at aapmr.org/reducingburden.

4

Working to Preserve Psychiatrists' Expertise in Determining Medical Necessity in Inpatient Rehabilitation Facility (IRF) Admissions

AAPM&R strongly defends the vital role of the rehabilitation physician in making the complex medical decision to admit a patient to an IRF.



CAMPAIGNS

- ✓ The Office of the Inspector General (OIG) is conducting a nationwide audit of claims from October 2021-September 2022. AAPM&R has partnered with the American Medical Rehabilitation Providers Association and the Federation of American Hospitals to provide feedback on the audit while the OIG conducts its work. The goal of this innovative project is to identify specific areas that might require clarification in the regulations and make meaningful recommendations to decrease the IRF admissions error rate and have a positive impact on the Medicare IRF benefit.
- ✓ Despite strong ongoing opposition from your Academy, CMS began the Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD) in Alabama in August. The RCD requires CMS contractors to review an IRF's documentation to determine if beneficiaries meet the IRF RCD coverage requirements. AAPM&R has formally registered significant concerns about the RCD since it was initially announced by CMS in December 2020, and we were successful in convincing CMS to not begin this burdensome program during an already challenging public health emergency. We are communicating with CMS officials and will continue to closely track and respond to all developments with the demonstration (previous comments can be found at aapmr.org/testimonyandwrittencomments).



Learn more at aapmr.org/irfadmissions.

5 Advocating for Expanded Telehealth Innovations and Enhanced Ways for Psychiatrists to Advance Patient Care

AAPM&R strongly supports the coverage of telehealth services and encourages members to utilize telehealth as an expansion of their practice.



WINS

- ✓ We joined other organizations to advocate for keeping telehealth waivers in place through the end of 2024, and our advocacy efforts were successful! Payment parity, as well as an expanded list of covered services, remain in place through December 1, 2024.



CAMPAIGNS

- ✓ We continue to advance advocacy strategies in telehealth to support establishing a permanent, comprehensive telehealth reform through payment parity, continued coverage, waiver expansions and interstate licensure agreements.



RESOURCES

- ✓ We published a white paper, *Telehealth in PM&R: Past, Present and Future in Clinical Practice and Opportunities for Transitional Research*, addressing telehealth innovations in psychiatry and a range of practical telehealth educational resources for members.



Learn more at aapmr.org/telehealth.

6 Advancing Long COVID Advocacy to Position PM&R Physicians as Leaders in Multi-Disciplinary Care

Since March 2021, we have been leading an extensive advocacy effort to support the urgent needs of America's Long COVID patients.



WINS

- ✓ In July 2023, the White House answered our call to action and officially opened a new Office of Long COVID Research and Practice to lead the whole-of-government response and to implement the National Research Action Plan on Long COVID.
- ✓ Following advocacy efforts from AAPM&R, the U.S. Department of Health and Human Services (HHS), through the Agency for Healthcare Research and Quality, published a funding opportunity for Long COVID research. HHS recently announced the grant awards, and we are thrilled to share that six of the nine Long COVID clinics to receive this funding are part of our Multi-Disciplinary PASC Collaborative. Each awardee will receive \$1 million for up to five years and this grant goes directly to clinics to use at the point of care.



CAMPAIGNS

- ✓ Advocated for federal legislation to provide more resources for the fight against Long COVID. These initiatives in the current session of Congress include: the *CARE for Long COVID Act*, from Senator Tim Kaine (D-VA), and the *Long COVID RECOVERY NOW Act*, introduced by Representative Lisa Blunt Rochester (D-DE). AAPM&R worked with these Congressional offices to develop the legislative initiatives and is working to build support to get these bills signed into law. Learn more at aapmr.org/covid.
- ✓ We also joined a coalition letter to Congressional leaders, asking the relevant committees to make Long COVID a priority and provide additional resources and funding for continued research of Long COVID.



RESOURCES

- ✓ Our press coverage and newsroom – To date, we connected PM&R physicians with 120+ major national media outlets to discuss how vital PM&R physicians are in healthcare. Our members are touting their expertise, not only with Long COVID, but also on a variety of clinical topics, such as back pain, sports medicine, cancer rehabilitation medicine, geriatric PM&R and more. Learn more at aapmr.org/newsroom.
- ✓ Our Multi-Disciplinary PASC Collaborative continues to develop clinical guidance to improve quality-of-care.
 - ✓ Those guidance statements focus on: fatigue, breathing discomfort, cognitive symptoms, cardiovascular complications, pediatrics, autonomic dysfunction, neurological symptoms (*new in 2023!*) and mental health (*new in 2023!*).



Learn more at aapmr.org/longcovidadvocacy.

7

Preparing Physiatrists to Navigate Through the End of the COVID-19 Public Health Emergency

To prepare for the end of the federal COVID-19 PHE declaration on May 11, 2023, we provided members with an online resource containing the most up-to-date information on which COVID-19 flexibilities were scheduled to end, which waivers were scheduled to be extended on a temporary basis and which became permanent.

Learn more at aapmr.org/phe.

8

Advocating for Your Patients

AAPM&R is a powerful ally in advancing the causes important to you and your patients.



WINS

- ✓ CMS dramatically expanded coverage of seat elevation systems in power wheelchairs for Medicare beneficiaries, an advancement that comes after many years of advocacy from AAPM&R and our members who treat patients that rely on seat elevation systems to perform daily activities. This is a significant step forward in expanding equity and access to critically important medical technology, and will improve the quality of life for patients that rely on power wheelchairs.
- ✓ The National Institute of Minority Health and Health Disparities (NIMHD) announced that it will designate people with disabilities as a health disparity population for research undertaken by the National Institutes of Health (NIH). This groundbreaking move, which follows years of advocacy from AAPM&R, will help address health disparities faced by people with disabilities and ensure that NIH research going forward will include their perspectives.
- ✓ The AAPM&R Delegation to the American Medical Association successfully introduced and gained approval for two resolutions that addressed increasing accessibility for users of wheelchairs on airplanes and expediting repairs for power and manual wheelchairs.
- ✓ Your Academy was asked by the U.S. Government Accountability Office (GAO) earlier this year to provide expert input for a study on the quality of care currently available for patients with limb loss and limb difference, as well as ways that our national healthcare system can be improved for this patient population.



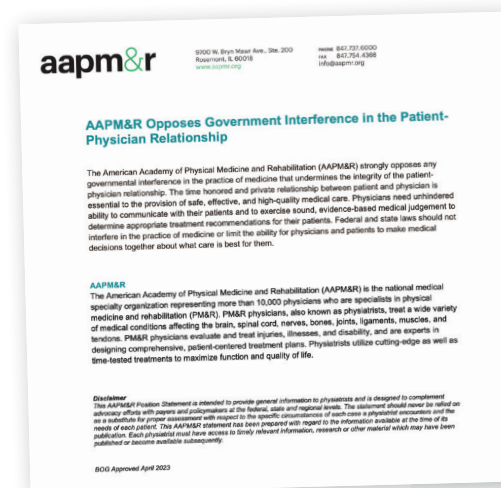
COLLABORATIONS AND CRITICAL MEETINGS

- ✓ Created a task force to explore the Academy's engagement on societal concerns impacting health equity. The task force will oversee the newly formed Social Determinants of Health (SDOH) Workgroup.
- ✓ Accepted the invitation to participate in the newly formed AMA Firearm Injury Prevention Task Force and the Healthcare Coalition for Firearm Injury Prevention. Both groups aim to advance firearm injury prevention using a public health approach.
- ✓ Joined the National Traumatic Brain Injury (TBI) Registry Coalition, a collaborative dedicated to advocating for the federal government to create a national registry for individuals living with a TBI.



RESOURCES

- ✓ Published a position statement, *"Opposing Government Interference in the Patient-Physician Relationship"* in recognition that this time-honored relationship is essential to the provision of safe, effective and high-quality medical care.



Learn more at aapmr.org/advocacy.

Our Academy volunteers made this important work happen. Thank you to the following committees, as well as workgroup members and liaisons, for your ongoing efforts to advocate for your specialty and your patients!

Quality, Practice, Policy, and Research Committee

Evidence, Quality and Performance Committee

Health Policy and Legislation Committee

Innovative Payment and Practice Models Committee

Reimbursement and Policy Review Committee

State Advocacy Committee



We NEED members like YOU to JOIN our advocacy efforts.
Learn more and get involved at aapmr.org/advocacy.

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