AAPM&R Advocacy Achievements and Future Focus
Fighting for Physiatrists and Their Patients

Positioning Physiatry at the Forefront of Key Health Policy and Reimbursement Debates

- Successfully campaigned for the AMA Relative Value Scale Update Committee (RUC) to vote to create a permanent RUC seat for Physical Medicine & Rehabilitation, giving PM&R a formal voice in RUC deliberations. Academy member and RPAC chair, Matthew Grierson, MD, FAAPMR was appointed the PM&R RUC member, with alternate member Clarice Sinn, DO, FAAPMR.

- Represented physiatry on the RTI Technical Expert Panel, which provides comments on the CMS report to Congress on a unified post-acute care system and associated prototype.

- Advanced dialogue in joint meeting with representatives from AMA, the Centers for Medicare & Medicaid Innovation (CMMI), and several other specialty societies regarding payment model improvements.


- Promoted value of physical medicine and rehabilitation and represented patients’ needs in meetings with officials in numerous federal offices and agencies including the White House Domestic Policy Council, CMS, CDC, FDA, CMMI, CARF, Joint Commission, and MedPAC.

- Successfully advocated for the passage of two AMA House of Delegates (HOD) resolutions regarding Increased Funding, Research and Education for Post Viral Syndromes and Preventing Medicare Advantage Plans from Limiting Care.

WHAT’S NEXT?
- Ongoing physician reimbursement advocacy efforts.
- Continue to advocate for coverage of telehealth during the PHE and beyond.
- Identify and advocate for physiatry’s value in alternative payment models.
Influencing State and Federal Legislative and Regulatory Policy

Successfully expanded the AAPM&R Hill Day to meet with more than 50 Congressional offices, twice as many as previous in-person meetings, to discuss AAPM&R’s call to action on Long COVID; reducing physiatry’s burden by improving flexibility in the IRF three-hour rule and streamlining prior authorization; and increasing patient access to rehabilitation by supporting telehealth expansion and delaying the implementation of PAC reform.

Submitted more than 60 comment letters to national organizations on various Health Policy, Practice and Scope of Practice, Quality, Regulatory, and Reimbursement topics including our annual letters to CMS on the proposed Physician Fee Schedule and IRF Prospective Payment System.

Disseminated AAPM&R’s Principles for a Medicare Unified Post-Acute Care Payment System to relevant stakeholders including MedPAC.

Successfully advanced the re-introduction of the Resident Physician Shortage Reduction Act and the Coronavirus Provider Protection Act.

Met with CMS Chief Medical Officer to discuss quality of care in IRFs and scope of practice concerns, waiving the 60% rule in IRFs, and CMS’ proposed post-acute care goals in 2021.

2022 FOCUS

- Introduce, proactively monitor, and actively advocate for state and federal legislation relevant to PM&R physicians and their patients.
- Further expand physiatry’s reach on Capitol Hill through AAPM&R Hill Days.

Advancing Quality Improvement and Rehabilitation Research Initiatives

Assisted 40 Academy leaders in securing positions on national technical expert panels, writing groups and quality measure and guideline development panels via our Quality Liaison process.

Advanced intersectionality and including people with disabilities in equity issues in rehabilitation research.

NEXT STEPS

- Continue working to streamline quality reporting requirements.
Fighting Scope of Practice Battles

Released “Call to Action” campaigns for members in various states to oppose state legislation seeking to expand the scope of practice for Nurse Practitioners and Physician Assistants by eliminating collaborative agreements with practicing physicians. Though the legislation passed in Delaware, the bills were successfully defeated in New York and Louisiana.

COMING SOON

Convening stakeholders to establish consensus definitions for the qualifications of rehabilitation physicians and medical directors in IRFs.

Publishing a new position statement on Direct Access to Physical Therapy.

Published a new scope of practice resource, a “Comparison of U.S. Education and Training for Physiatrists and Other Healthcare Providers” chart, for members to use as a resource in their local advocacy efforts.

Minimizing Barriers to Care and Burdensome Administrative Requirements

Successfully supported the re-introduction and advancement of the Seniors’ Timely Access to Care Act, which would streamline the prior authorization process.

Advanced the introduction of the Improving Access to Medicare Coverage Act, which would require counting outpatient observation days in hospital beds toward the coverage for SNFs.

UPCOMING

Working to reduce physiatrist burden by advocating for reforms to prior authorization and to the Appropriate Use Criteria program.

Expanding the flexibility of the Inpatient Rehabilitation Facility three-hour rule and 60% rule to allow physician discretion to individualize patient inpatient rehabilitative and medical care.
Preparing Physiatrists for the Future with Cutting-edge Resources

Convened a Telehealth Innovations Workgroup to explore opportunities for physiatrists.

Updated several AAPM&R position statements on topics including Expert Witness Testimony and Fraud and Abuse.

FUTURE FOCUS

🔍 Develop a White Paper addressing telehealth innovations in physiatry and a range of practical telehealth educational resources for members.

🔍 Further define and advocate for physiatry’s role in skilled nursing facilities and throughout the rehabilitation continuum of care.

Learn how you can get involved at www.aapmr.org/advocacy.
Questions: Email us at healthpolicy@aapmr.org.