

2022 AAPM&R Advocacy Achievements and Future Focus

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

Advocated for appropriate coding and reimbursement on behalf of physiatry at meetings of the American Medical Association's (AMA) Current Procedural Terminology (CPT) Panel and the AMA Relative Value Scale Update Committee (RUC).



Advanced dialogue with the CMS Innovation Center regarding strategies for payment model improvements in the Innovation Center's Second Decade.



Successfully advocated against the proposed 2023 CMS split (or shared) visits policy. Encouraged CMS to consider an updated policy and streamlined documentation requirements for 2024 and beyond.

Participated in the development and field testing of a Medicare cost measure for low back pain, which may be included in the Merit Based Incentive Payment System (MIPS) as early as 2024.

Promoted the value of physical medicine and rehabilitation and represented patients' needs in meetings with officials in numerous federal offices and agencies including the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS), Medicare Payment Advisory Commission (MedPAC), National Center for Medical Rehabilitation Research (NCMRR), Office of Inspector General (OIG), White House Domestic Policy Council, and the Food and Drug Administration (FDA).



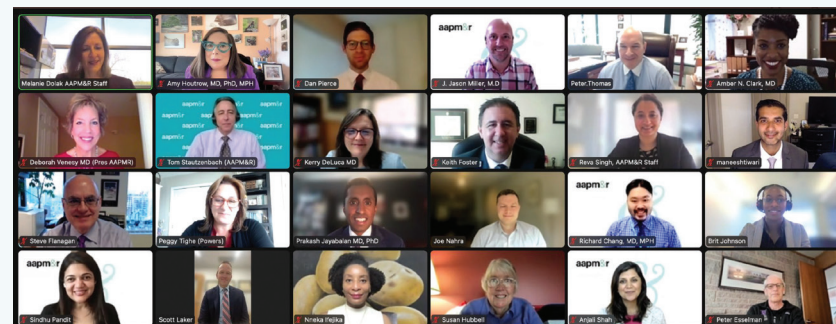
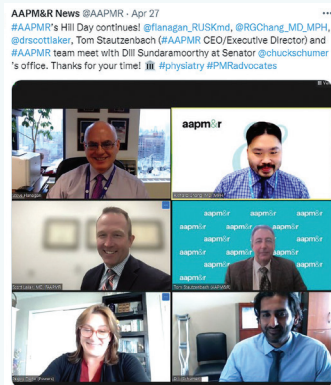
2023 FOCUS

- ⊕ Continue physician reimbursement advocacy efforts including, but not limited to, advocating for physician payment reform and improvements to the split (or shared) visits policy.
- ⊕ Continue to identify and advocate for physiatry's value in alternative payment models.
- ⊕ Continue advancing advocacy strategies in telehealth to support payment parity, continued coverage, waiver expansions, interstate licensure, etc. following the public health emergency.

Influencing State and Federal Legislative and Regulatory Policy

Hosted the spring AAPM&R Hill Day and fall Future Leaders Hill Day events with approximately 70 virtual visits to Congressional offices to discuss key priorities such as:

- Restoring physician judgment to IRF care by introducing the *Access to Rehabilitation Therapy Act of 2022* (H.R. 8746).
- Advancing access to multidisciplinary care for individuals with Post-Acute Sequelae of SARS-CoV-2 (PASC) or “Long COVID” by supporting the *TREAT Long COVID Act* (H.R. 7482 / S. 4015).
- Streamlining prior authorization by supporting the *Improving Seniors’ Timely Access to Care Act* (H.R. 3173/S. 3018) that passed the House of Representatives in September.
- Opposing further physician reimbursement cuts and encouraging a long-term solution to budget neutrality in the Medicare physician fee schedule.



Submitted more than 40 comment letters to national organizations on various Health Policy, Practice and Scope of Practice, Quality, Regulatory, Reimbursement, and Research topics, including our annual letters to CMS on the proposed Physician Fee Schedule and IRF Prospective Payment System.

Advocated for Congressional action on establishing a pathway to permanent comprehensive telehealth reform.

Advanced introduction of the *Comprehensive Access to Resources and Education (CARE) for Long COVID Act* (S.3726).

Expanded the language on Long COVID in the *PREVENT Pandemics Act* (S.3799), including language requiring coordinated activities among relevant Federal departments and agencies, diversity of research participants, and others.

Recruited 47 Congressional Representatives in a successful grassroots campaign on Capitol Hill to oppose the CMS IRF Review Choice Demonstration, which would subject selected IRFs to 100% pre-claim or post-claim review of their Medicare claims and met with the Centers for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG) to discuss possible alternatives to the proposed Demonstration and current auditing processes.

Conducted a grassroots campaign asking Congressional offices to support increased graduate medical education (GME) funding of physician resident seats to address the physician shortage.

Successfully advocated to the current Administration to create a comprehensive national plan on Long COVID, demonstrated by the directive in the White House’s National COVID-19 Preparedness Plan that focuses on Long COVID. The plan includes directives for a federal interagency group to develop a National Research Action Plan on Long COVID and to launch Centers of Excellence in communities across the country that will provide high-quality care to those experiencing Long COVID.



Influencing State and Federal Legislative and Regulatory Policy (continued)

Facilitated the appointments for 40 Academy leaders on national technical expert panels, writing groups, and quality measure and guideline development panels via our Quality Liaison process.



Met with the National Center for Medical Rehabilitation Research (NCMRR), an institution within the National Institutes of Health (NIH), to discuss their priorities, specifically NIH’s Diversity, Equity, Inclusion, and Accessibility agenda; a health disparities designation for people with disabilities; and Long COVID research at NIH.

2023 FOCUS

- ⊕ Continue to introduce, proactively monitor, and actively advocate for state and federal legislation relevant to PM&R physicians and their patients.
- ⊕ Continue amplifying physiatry’s voice on Capitol Hill through AAPM&R Hill Days.
- ⊕ Ensure physiatry is represented in relevant national dialogues such as technical expert panels.

Fighting Scope of Practice of Battles

Convened a Workgroup of external Inpatient Rehabilitation Facility (IRF) stakeholders including PM&R physicians, neurologists, patients/caregivers, and organizations including Brain Injury Association of America (BIAA), Commission on Accreditation of Rehabilitation Facilities (CARF), and American Medical Rehabilitation Providers Association (AMRPA) to develop consensus standards for the qualifications of rehabilitation physicians and medical directors in IRFs.

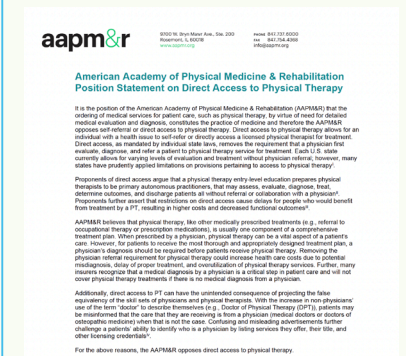
Defeated a Louisiana bill that sought to only allow physicians who have completed a residency in orthopedic surgery or neurosurgery to perform certain procedures of the spine.

Released “Call to Action” campaigns for members in various states to oppose state legislation seeking to inappropriately expand the scope of practice for Nurse Practitioners and Physician Assistants. Bills were successfully defeated in Kentucky, South Dakota, and Wisconsin.

2023 FOCUS

- ⊕ Fighting local and national Scope of Practice expansion battles, including the Department of Veterans Affairs (VA) Supremacy Project and opposition to HR 6087: Improving Access to Workers’ Compensation for Injured Federal Workers Act.
- ⊕ Publish and disseminate consensus standards on the qualifications of IRF rehabilitation physicians and medical directors.
- ⊕ Actively participate in American Medical Association’s Scope of Practice Partnership.

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



Minimizing Barriers to Care and Burdensome Administrative Requirements

Continued efforts to reduce physiatrist burden by advocating for reforms to prior authorization and the appropriate use criteria (AUC) program. Efforts included submission of various comments to CMS, especially regarding changes needed in the Medicare Advantage (MA) program, expressing the negative implications of the use of proprietary guidelines in MA plans, and advocating that medical professional societies be consulted in its report on the AUC program. CMS announced via their AUC webpage that while the educational and operations testing period will continue, the payment penalty phase will not begin January 1, 2023, even if the PHE for COVID-19 ends in 2022.

Preparing Physiatrists for the Future with Cutting-edge Resources

- Convened a Skilled Nursing Facility (SNF) Workgroup to develop a position statement and job description outlining physiatry's role and impact in SNFs.
- Convened a Social Justice Workgroup to explore the Academy's engagement on social justice issues.



Submitted a letter to the Medicare Payment Advisory Commission (MedPAC) promoting the important role that PM&R physicians play in serving the needs of patients in skilled nursing facility (SNF) settings. This letter was offered in response to MedPAC's recent discussion on the challenges of providing high-quality care for patients in nursing homes.



Honored to represent @AAPMR today to speak at the Dirksen Senate Office in a Congressional Briefing in support of much needed technology for wheelchair users.

#AAPMRAdvocate @UTSWBrain @ClinicianTask



7:34 PM · Sep 14, 2022 from Arlington, VA · Twitter for iPhone

Successfully advocated for the passage of two AMA House of Delegates (HOD) resolutions regarding ensuring bundled payments do not incentivize limiting medically necessary care and advocating for repeal or modification of the Appropriate Use Criteria (AUC) Program.



Joined the Regulatory Relief Coalition, a group of national physician specialty organizations advocating for regulatory burden reduction.



2023 FOCUS

- ⊕ Publish a White Paper addressing telehealth innovations in physiatry and a range of practical telehealth educational resources for members.
- ⊕ Convene a new Practice Management Strategic Planning Committee to advance practice management advocacy priorities.
- ⊕ Further promote physiatry's role in IRFs, SNFs, and throughout the rehabilitation continuum of care.
- ⊕ Continue efforts to reduce physiatrist burden by advocating for reforms to prior authorization. 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.



New bill to allow any physician prescribed therapy to count towards the "Three hour rule" in IRFs for medicare patients.

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Learn how you can get involved at www.aapmr.org/advocacy.

Questions: Email us at healthpolicy@aapmr.org.

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