







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 RPRC chair, Matthew Grierson, MD, FAAPMR was appointed the PM&R RUC member, with alternate member Clarice Sinn, DO, FAAPMR.

 modern.strong Yes! Wonderful news. Voice is power! 
2w 1 like Reply

 Shirley Curtis-Klein That's "Well, hallelujah!" news!       2

 Megan Alm Power team!!!     1
   2w

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

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).

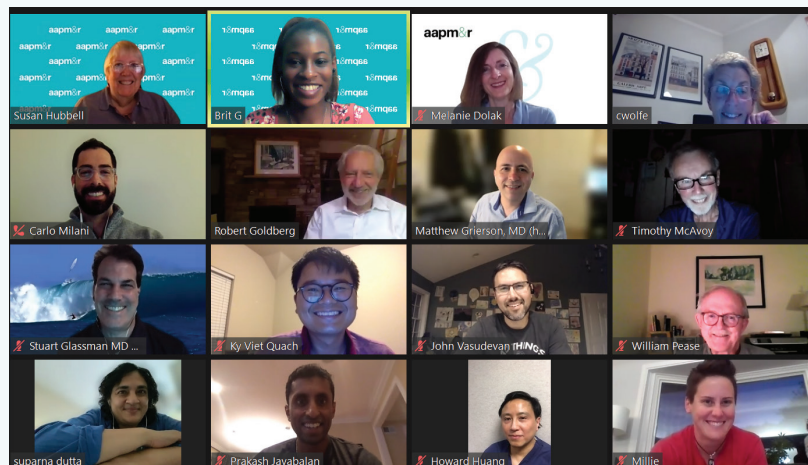
Advanced dialogue in joint meeting with representatives from AMA, the Centers for Medicare & Medicaid Innovation (CMMI), and several other specialty societies regarding payment model improvements.

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.



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.

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.

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.

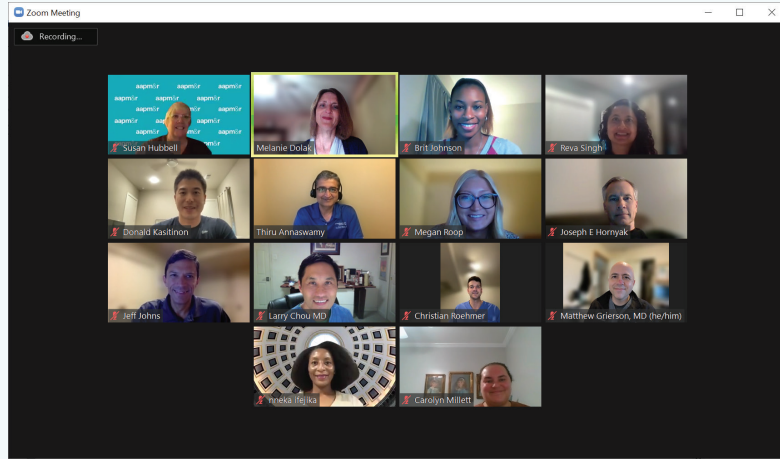
Fighting Scope of Practice Battles

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.



Comparison of U.S. Education and Training for Physiatrists and Other Healthcare Providers

With the increase in non-physician efforts to expand their scope of practice and to practice autonomously through legislation, reform (led by the widespread use of the term “scope of practice”), and the use of “collaborative agreements” (often used to describe the relationship between a physician and a non-physician healthcare provider), it is important for the profession to establish a common language and to define the qualifications of rehabilitation physicians and medical directors in IRFs.

	Physician (MD or DO)	Physician Assistant (PA)	Nurse Practitioner (NP)	Physical Therapist (PT)	Chiropractor (DC)
Undergraduate Education	4 Years - B.S. or B.A.	4 Years - B.S. or B.A. and 18-24 months (18-month) post-graduate and clinical hours	4 Years - B.S. in Nursing	4 Years - B.S. or B.S. in Physical Therapy	30 or more hours of post-graduate education
 licensure Exam	Medical College Admission Test (MCAT)	Graduate Record Examination (GRE) (Some states accept MCAT)	National Council Licensure Examination for Nurse Practitioners (NCLEX-RN)	Graduate Record Examination (GRE)	Most chiropractic exams do not require an entrance exam
Post-graduate Training	Physician Postgraduate Residency Program (1-2 year) or Fellowship Program (1-2 year optional educational training)	18-month PA-Certification Program	2-4 year NP-Certification Program in Nursing	1-2 year Post-graduate Professional Doctorate Program in Physical Therapy	1-2 year Post-graduate Doctorate Program in Chiropractic
Continuing Education and Training - Required	10-15 year recertification	1-2 year optional educational training	1-2 year optional educational training	1-2 year optional educational training	1-2 year optional educational training
Annual Cost: Typical Out-of-Pocket Training	12,000-15,000 hours	2,000 hours	500-700 hours	2,000 hours	One year of post-graduate training (not included)

Scope of Practice Authority	Director of Medicine (M.D.) or Director of Osteopathic Medicine (D.O.)	Medical Director of Physician Assistant Practice	Nurse Practitioner (NP) or Doctor of Nursing Practice (DNP)	Director of Physical Therapy (DPT)	Director of Chiropractic (D.C.)
Varies by State General Requirements:	Varies by State General Requirements:	Varies by State and Jurisdiction. General Requirements:	Varies by State and Jurisdiction. General Requirements:	Varies by State. General Requirements:	Varies by State. General Requirements:
State Licensure Cycle Renewed every 1-3 years.	State Licensure Cycle Renewed every 2-3 years.	Required Continuing Education (CME) Hours Per Year: 30 hours.	Required Continuing Education (CME) Hours Per Year: 10-20 hours.	Required Continuing Education (CME) Hours Per Year: Varies widely.	Required Continuing Education (CME) Hours Per Year: Varies widely.
Hours must be dedicated to patients (depending on state and specialization).		Hours must be dedicated to patients (depending on state and specialization).			
Independent Practice Authority	No	Supervision and Collaboration requirements vary by State ¹	Practice Authority Varies by State ²	Direct Access by PT Varies by State ³	No

Notes:

1. Academic Requirements, The Association of Chiropractic Colleges. <http://www.aacchc.org/academic-requirements>. Accessed July 25, 2021.
2. Becoming a Physical Therapist: Education & Licensure Requirements, Study.com. <https://www.study.com/academy/course/physical-therapy-education-requirements.html>. Accessed July 25, 2021.
3. Certification, Licensure and Education, American Chiropractic Association. <http://www.aacchc.org/academic-requirements>. Accessed July 25, 2021.
4. Chiropractic Education, National Board of Chiropractic Examiners. <http://www.nbcex.org/About-NBC-Examiners>. Accessed July 25, 2021.
5. Compare the Education Steps Between Primary Care Physicians and Nurse Practitioners, Primary Care Coalition. <http://www.pcccoalition.org/compare-education-steps-between-primary-care-physicians-and-nurse-practitioners>. Accessed July 25, 2021.
6. How Long Does It Take to Become a Chiropractor? Career Steps, Indeed.com. <https://www.indeed.com/career-advice/entry-level/how-long-does-it-take-to-become-a-chiropractor>. Accessed July 25, 2021.
7. How to Become a Chiropractor, Northwest College of Health Sciences. <http://www.nwchs.edu/degrees/undergraduate/chiropractor>. Accessed July 25, 2021.

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 Psychiatrists for the Future with Cutting-edge Resources

Convened a Telehealth Innovations Workgroup to explore opportunities for psychiatrists.



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 psychiatry and a range of practical telehealth educational resources for members.
- ⊕ Further define and advocate for psychiatry'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.