

2016

Legislative Alert - Advocacy Committee Report

October 26, 2016

Orthotics & Prosthetics Legislation:

S.2312 DME Access and Stabilization Act.

-No change from previous report

-20 cosponsors

S.829/H.R.1530 Medicare Orthotics and Prosthetics Improvement Act of 2015

-No change from previous report

-1 cosponsors

H.R.1526: Medicare Audit Improvement Act of 2015

-No change from previous report

-4 cosponsors

H.R.5210/S.2736: Patient Access to Durable Medical Equipment Act of 2016 and PADME Act

-No change from previous report

-35 cosponsors

Rehabilitation Legislation:

S.539/H.R.775: Medicare access to Rehabilitation Services Act

Purpose: A bill to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

Status: H.R.775: Introduced: Feb. 5, 2015; Sponsor: Charles Boustany Jr.; **237 cosponsors (132D, 104R, 1I)**

S.539: Introduced: Feb. 24, 2015; Sponsor: Benjamin Cardin, **35 cosponsors (22D, 12R, 1I)**

-H.R.775: Increased by 6 cosponsors

-S.539: Increased by 2 cosponsors

S.2409/H.R.4273: Medicare and Medicaid Improvements Act of 2015.

-No change from previous report

-S.2409: 2 cosponsors

-H.R.4273: 10 cosponsors

H.R.3727: Health Insurance Rate Review Act

Purpose: To amend the Public Health Service Act to provide protections for consumers against excessive, unjustified or unfairly discriminatory increases in premium rates.

Status: Introduced: Oct. 8, 2015; Sponsor: Janice Schakowsky; **14 cosponsors (14D)**

H.R.3727: Increased by 1 cosponsor

S.1849: Medicare Patient Empowerment Act

-No change from previous report

-6 cosponsors

H.R.3770 End surprise billing act of 2015

Purpose: To amend title XVIII of the Social Security Act to prevent surprise billing practices, and for other purposes.

Status: Introduced: Oct. 20, 2015; Sponsor: Lloyd Doggett; **31 cosponsors (31D)**

-H.R.3770: Increased by 5 cosponsors

S.800/H.R.1631/H.R.1469: Enhancing the Stature and Visibility of Medical Rehabilitation Research at the NIH Act

*-No change from previous report**

-S.800: 7 cosponsors

-H.R.1631: 4 cosponsors

-H.R.1469: none

H.R.2646: Helping Families in Mental Health Crisis Act of 2015*

-No change from previous report

-H.R.2646: 207 cosponsors

Telehealth Legislation:

H.R.4155/S.2343 Telehealth Innovation & Improvement Act of 2015

-No change from previous report

-H.R.4155: 1 cosponsor

-S.2343: 1 cosponsor

H.R.2066 Telehealth Enhancement Act of 2015

-No change from previous report

-6 cosponsors

H.R.2948: Medicare Telehealth Parity Act of 2015

Purpose: This House bill seeks to amend title XVIII of the Social Security Act. Under Medicare, the bill would allow for a gradual expansion of telehealth coverage.

Status: Introduced: July 7, 2015; Sponsor: Mike Thompson; **67 cosponsors (43D, 24R)**

-H.R.2948: Increase by 5 cosponsors

H.R.4442/S.2484: CONNECT for Health Act*

Purpose: This bill amends titles XVIII and XI of the Social Security Act to promote cost savings and quality care under the Medicare program to use telehealth and remote patient monitoring services, and for other purposes.

Status: H.R.4442: Introduced Feb. 3, 2016; Sponsor: Diane Black; cosponsors: **32 (21D, 11R)**

S.2484: Introduced Feb. 2, 16; Sponsor: Brian Schatz; cosponsors: **18 (9R, 9D)**

-H.R.4442: Increase by 3 cosponsors

-S.2484: Increase by 8 cosponsors

Lymphedema Legislation:

H.R.1608/S2373: Lymphedema Treatment Act

Purpose: These companion House and Senate bills were introduced to amend title XVIII of the Social Security Act since Congress acknowledged that Medicare beneficiaries currently lack coverage for compression therapy. The goal is for Medicare to cover specific lymphedema compression treatment items and supplies as coverage benefits under durable medical equipment.

Status: H.R.1608: Introduced: March 25, 2015; Sponsor: David Reichert; **249 cosponsors (140D, 109R);**

S.2373: Introduced Dec. 8, 2015, Sponsor: Maria Cantwell; **28 cosponsors (19D, 9R)**

-H.R.1608: Increase by 12 cosponsors

-S.2373: Increase by 7 cosponsors

Legislative Alert - Presidential Candidate Positions on Healthcare

August 4, 2016

In an effort to keep our members informed, the Advocacy Committee has reviewed the presidential candidates' healthcare positions. We will provide updated information when/if it becomes available. This information is current as of 8/4/2016.

Democratic Nominee:

Hillary Clinton's Perspectives on Healthcare and the Impact on Hand Therapy Services

Information adapted from Hillary Clinton's Website:

<https://www.hillaryclinton.com/issues/health-care/>

Hillary Clinton's key agenda items that may touch upon hand therapy services:

- **"Defend and expand the Affordable Care Act."** Secretary Clinton believes that expanding affordable coverage is necessary to provide services while decreasing costs. She states she will defend the Affordable Care Act (ACA), which may directly affect coverage of hand therapy and other rehabilitation services.
 - **Impact on hand therapy:** This policy could increase access to hand therapy services. With more Americans insured, this could help stabilize healthcare costs.
- **"Lower out-of-pocket costs like co-pays and deductibles."** the secretary believes this will help make services affordable.
 - **Impact on hand therapy:** These policies may influence affordability of hand therapy services for both individuals and families.
- **"Support new incentives to encourage all states to expand Medicaid."** According to Secretary Clinton, incentivizing states to help provide and expand Medicaid will help serve individuals who do not have access to services.
 - **Impact on hand therapy:** These policies could influence the number of insured clients seeking hand therapy services. Many individuals who previously did not have Medicaid coverage would now be covered.
- **"Expand access to affordable healthcare to families regardless of immigration status."** Secretary Clinton believes that individuals and families who want to purchase health insurance should be able to do so regardless of immigration status.
 - **Impact on hand therapy:** These policies could influence the number of insured clients seeking hand therapy services. Many individuals who previously were not eligible to purchase coverage would now be covered.
- **"Expand access to rural Americans, who often have difficulty finding quality, affordable healthcare."** Secretary Clinton will take steps to expand telehealth reimbursement under Medicare and other programs in rural areas.
 - **Impact on hand therapy:** This could encourage passage of pending legislation designed to expand the eligibility of hand therapists to provide telehealth services and improve patient access to rural hand therapy services.

Republican Nominee:

Donald Trump's Perspectives on Healthcare and the Impact on Hand Therapy Services

Information adapted from Donald Trump's Website:

<https://www.donaldjtrump.com/positions/healthcare-reform>

<https://www.donaldjtrump.com/positions/veterans-administration-reforms>

Donald Trump's key agenda items that may touch upon hand therapy services:

- **Repeal the Affordable Care Act.** A repeal of the Affordable Care Act would lift the legal requirement for all Americans to purchase health insurance and would return free market competition to the health insurance industry.
 - **Impact on hand therapy:** This policy could impact access to hand therapy services for uninsured clients. For clients with insurance, free market competition could influence cost of coverage and subsequently the affordability of hand therapy services. Increased competition could bring down copayments or it could work in the reverse and plans could restrict visits or omit coverage altogether. Insurers could do this directly within the health plan or indirectly by applying large copayments for therapy services.
- **Offer tax deductions on health insurance premiums. Allow Health Savings Accounts (HSA) for individuals.** HSAs provide tax-free payment options. Candidate Trump proposes that HSAs be allowed to accumulate value overtime, to be inherited as part of an estate without penalty, as well as to be used to cover any family member's health expenses without penalty.
 - **Impact on hand therapy:** These policies may influence affordability of hand therapy services for both individuals and families.
- **Require price transparency from healthcare providers.**
 - **Impact on hand therapy:** These policies would allow clients to have a better understanding of the costs associated with hand therapy services and allow them to "comparison shop" for providers.
- **Propose Medicaid Block Grants.** Incentives would be offered to states that identify and eliminate Medicaid waste, fraud and abuse.
 - **Impact on hand therapy:** This policy may influence the stringency of Medicaid's regulations and influence reimbursement for hand therapy services.
- **Allow eligible veterans access to any physician that accepts Medicare.**
 - **Impact on hand therapy:** This policy may improve access for hand therapy services provided to veterans.
- **Create satellite VA clinics in rural and underserved areas.**
 - **Impact on hand therapy:** This policy may increase demand for hand therapists and improve access to hand therapy services in rural and underserved areas for veterans.

Legislative Alert - Active Legislative Update
July 13, 2016

Orthotics & Prosthetics Legislation:

S.2312 DME Access and Stabilization Act
-No change from previous report

S.829/H.R.1530 Medicare Orthotics and Prosthetics Improvement Act of 2015

-No change from previous report

H.R.1526: Medicare Audit Improvement Act of 2015

-No change from previous report

H.R.5210/S.2736: Patient Access to Durable Medical Equipment Act of 2016 and PADME Act

Purpose: To improve access to durable medical equipment for Medicare beneficiaries under the Medicare program, and for other purposes.

Status: H.R.5210: Introduced to the House of Representatives 5/12/16, passed House 7/5/16; Sponsor: Tom Price; Cosponsors: 121 cosponsors (102R, 19D)

S.2736: Status: Introduced to Senate 3/17/16, passed Senate 6/21/16; Sponsor: John Thune; Cosponsors: 35 (22R, 12D, 1I)

Rehabilitation Legislation:

S.539/H.R.775: Medicare access to Rehabilitation Services Act

Purpose: A bill to amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

Status: H.R.775: Introduced: 2/5/15; Sponsor: Charles Boustany Jr; 231 cosponsors (128D, 102R, 1I)

S 539: Introduced: 2/24/15; Sponsor: Benjamin Cardin, 33 cosponsors (21D, 11R, 1I)

S.2409/H.R.4273: Medicare and Medicaid Improvements Act of 2015

Purpose: To amend titles XVIII and XIX of the Social Security Act to improve payments for hospital outpatient department services and complex rehabilitation technology and to improve program integrity, and for other purposes.

Status: S.2409: Introduced: 12/16/15; Sponsor: Ron Wyden; 2 cosponsors (2D)

H.R.4273: Introduced 12/16/15; Sponsor: Gene Green; 10 cosponsors (10D)

H.R.3727: Health Insurance Rate Review Act

-No change from previous report

S.1849: Medicare Patient Empowerment Act

-No change from previous report

H.R.3770 End surprise billing act of 2015

-No change from previous report

S.800: Enhancing the Stature and Visibility of Medical Rehabilitation Research at the NIH Act

-No change from previous report

H.R. Helping Families in Mental Health Crisis Act of 2015

Purpose: To ensure the availability of psychiatric, psychological and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.

Status: Introduced 6/4/15, passed house 7/6/16; Sponsor: Tim Murphy, cosponsors: 207 (147R, 60D)

Telehealth Legislation:

H.R.4155/S.2343 Telehealth Innovation & Improvement Act of 2015

-No change from previous report

H.R.2066 Telehealth Enhancement Act of 2015

-No change from previous report

H.R.2948: Medicare Telehealth Parity Act of 2015

Purpose: This House bill seeks to amend title XVIII of the Social Security Act. Under Medicare, the bill would allow for a gradual expansion of telehealth coverage.

Status: Introduced: 7/7/15; Sponsor: Mike Thompson; 62 cosponsors (42D, 20R)

H.R.4442/S.2484: CONNECT for Health Act

Purpose: This bill amends titles XVIII and XI of the Social Security Act to promote cost savings and quality care under the Medicare program to use telehealth and remote patient monitoring services, and for other purposes.

Status: H.R.4442: Introduced 2/3/16; Sponsor: Diane Black; cosponsors: 29 (19D, 10R)

S.2484: Introduced 2/2/16; Sponsor: Brian Schatz; cosponsors: 10 (5R, 5D)

Lymphedema Legislation:

H.R.1608/S.2373: Lymphedema Treatment Act

Purpose: These companion House and Senate bills were introduced to amend title XVIII of the Social Security Act since Congress acknowledged that Medicare beneficiaries currently lack coverage for compression therapy. The goal is for Medicare to cover specific lymphedema compression treatment items and supplies as coverage benefits under durable medical equipment.

Status: H.R.1608: Introduced: 3/25/15; Sponsor: David Reichert; 237 cosponsors (135D, 102R); S2373:

Introduced 12/8/15, Sponsor: Maria Cantwell; 21 cosponsors (15 D, 6 R)

Legislative Alert - Legislation Cosponsor Updates

June 1, 2016

H.R.775: 228 cosponsors

S.539: 33 cosponsors

H.R.1528: 34 cosponsors

H.R.2948: 56 cosponsors

H.R.1608: 227 cosponsors

S.2373: 18 cosponsors

Legislative Alert - H.R.1526: Medicare Audit Improvement Act of 2015

April 29, 2016

This legislation amends the Medicare portion of the Social Security Act to modify payment policies in the Medicare program for DMEPOS:

- All records of an orthotist or prosthetist who furnishes a prosthesis or orthosis to a Medicare beneficiary are considered part of the medical record to determine if the device is medically necessary
- Medicare can deny payment if the supplier does not meet requirements for licensing or accreditation by a national board

- Authorizes MAC and RAC review for supplier license or accreditation for DME
- Payments that have been made to those who do not meet O & P national board requirements will be recouped. RAC can review claims dating back four years
- Patients are not liable for payment if the device is determined not reasonable or medically necessary
- DOES NOT directly address those DME supplies provided by OTs, PTs, or physicians
- DOES NOT apply to off-the-shelf orthoses
- Directs the Secretary of HHS to review utilization of orthotics and prosthetics and develop utilization review criteria if necessary

Why this bill matters to hand therapists

This bill does not specifically include an exception to the orthotist licensing or accreditation requirement for therapists.

What you can do

Therapists residing in North Carolina should contact Representative Mark Meadows' office to explain the omission and urge him to include an exception in the bill for therapists.

1024 Longworth HOB
 Washington, DC 20515
 Phone: (202) 225-6401
 Fax: (202) 226-6422
 Email: meadows@house.gov
<https://meadows.house.gov/contact/offices>

Legislative Alert - H.R. 775/S. 539: Medicare Access to Rehabilitation Services Act of 2015 *April 20, 2016*

These bills, introduced in their respective chambers in February 2015 would repeal the Medicare Rehabilitation Caps. To date, there are 225 bipartisan cosponsors in the House of Representatives and 32 bipartisan cosponsors in the Senate. On the House side, the bill has been assigned to the House Energy and Commerce Committee, which sent it to the Health Subcommittee, chaired by **Rep. Joseph Pitts (Pennsylvania)** and also to the House Ways and Means Committee Health Subcommittee, chaired by **Rep. Patrick Tiberi (Ohio)**. On the Senate side, the bill is stuck in the Senate Finance Committee, chaired by **Sen. Orrin Hatch (Utah)**. The respective committee chairs have the power to decide whether or not a bill is read and acted on by the committee. Both bills have been stalled for more than a year. A bill must be reported on by the committee before it can reach either chamber for a vote.

Despite both bills having the majority of bipartisan support, the respective committee chairs have not allowed action on these bills.

What this means for hand rehabilitation: Repeal of the Cap would remove the artificial restriction on Medically Necessary Rehabilitation Services and remove the burden from therapy providers of tracking the cap, initiating the exceptions process and facing manual medical review of claims exceeding \$3,700. This also reduces stress on Medicare beneficiaries who often discontinue their therapy after reaching the cap for fear they will face large out-of-pocket costs if they continue or who put off surgery until the beginning of the calendar year in order to make sure they have enough therapy visits for post-surgical rehabilitation.

What you can do: If you live in **Ohio, Pennsylvania or Utah**, please contact the committee chairman and let them know this legislation is important to you and your patients and should have the opportunity to reach the floor for a vote. You can check to see if your [congressperson](#) or [senators](#) have signed on to cosponsor this

legislation. (Scroll down to the Details section of the page where the cosponsors are listed.) If your legislators have signed on, tweet or email to thank them; if they haven't, send a tweet or email asking for their support of this legislation or schedule a visit with their local office to find out why they are hesitant to support the legislation. Please send any feedback you receive to asht@asht.org.

Legislative Alert - S. 800: Enhancing the Stature and Visibility of Medical Rehabilitation Research at the NIH Act

April 20, 2016

3/19/2015—Introduced in Senate

2/9/2016-Status: Sent to Senate floor to be voted on as part of a larger medical innovation package that hopes to join with legislation passed in the House.

This bill amends the Public Health Service Act to revise requirements for medical rehabilitation research.

The purpose of the National Center for Medical Rehabilitation Research (NCMRR) is revised to include coordination of research and research training.

The NCMRR must develop and periodically update a comprehensive research plan for medical rehabilitation research. Currently, this research plan is developed and updated by the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

The NCMRR must: (1) annually report on progress in achieving the objectives, benchmarks and guiding principles described in the research plan; and (2) develop guidelines governing the funding for medical rehabilitation research by the National Institutes of Health.

The Medical Rehabilitation Coordinating Committee must periodically host a scientific conference or workshop on medical rehabilitation research.

The Department of Health and Human Services must enter into interagency agreements to coordinate medical rehabilitation research.

More information about NIH MRCC comprehensive plan to support rehabilitation research can be found [here](#).

What does this mean for therapists?

Help to improve the lives of people with disabilities and chronic conditions by enhancing medical research completed at NIH, and in doing so, this could improve the provision of rehabilitation services and devices.

Legislative Alert - Adapted summaries of bills: H.R.4155/ S.2343 Telehealth Innovation & Improvement Act of 2015; H.R.2066 Telehealth Enhancement Act of 2015; H.R.2948 Medicare Telehealth Parity Act of 2015, and; H.R.1608/S2373 Lymphedema Treatment Act

February 19, 2016

H.R.4155/ S.2343 Telehealth Innovation & Improvement Act of 2015

H.R.4155: House Sponsor: Rep Diane Black [R-TN6]

Cosponsors as of February 14, 2016: NONE

Introduced: December 2, 2015

Referred to House Subcommittee: December 4, 2015

Status: Referred to Subcommittee on Health

S.2343: Senate Sponsor: Cory Gardner [R - CO4]

Cosponsors as of February 14, 2016: 1

Referred to Senate Committee: December 2, 2015

Status: Read twice and referred to the Committee on Finance

Summary: These companion bills will require the Center for Medicare and Medicaid Innovation to test the effect of telehealth services in Medicare healthcare delivery reform models for cost, effectiveness and improvement in quality of care without increased cost of delivery. The bill would expand Medicare coverage to telemedicine services in rural areas and allow those hospitals to evaluate the benefits of telehealth services.

Why is this bill important for hand therapists?

Giving the Center for Medicare and Medicaid Innovation and rural hospitals the ability to evaluate and test the impact of telehealth services may create an opportunity for expansion of future coverage for Medicare beneficiaries in hand therapy practices.

H.R.2066 Telehealth Enhancement Act of 2015

House Sponsor: Rep. Gregg Harper [R-MS3]

Cosponsors as of February 14, 2016: 6

Introduced: April 28, 2015

Referred to House Subcommittee: May 1, 2015

Status: Referred to the Subcommittee on Health

Summary: This bill was introduced for the purpose of expanding and promoting how telehealth is applied under Medicare and additional federal healthcare programs, as well as other purposes. Coverage would include (but not be limited to):

1. Increasing hospital payments with better-than-expected outcomes
2. Intertwining telehealth and remote patient monitoring into plans similar to Medicare Advantage and supplemental coverage
3. Bundling payments for telehealth services and remote patient monitoring
4. Including critical access hospitals, sole community hospitals, home telehealth sites, etc. as originating sites for telecommunication systems for eligible telehealth individuals
5. Specifying that universal telecommunication service support must be provided to additional healthcare providers including occupational therapists and physical therapists.
6. Enhancing healthcare provider access to advanced telecommunication and information services, disregarding provider location.

Why is this bill important for hand therapists?

Since this bill has multiple coverage and payment benefits, hand therapy practices would receive increased coverage benefits for clients and patients who receive telehealth services. The more telehealth is promoted within healthcare programs on the federal level, the more care options are available to Medicare beneficiaries.

H.R.2948: Medicare Telehealth Parity Act of 2015

House Sponsor: Rep. Mike Thompson [D-CA5]

Cosponsors as of February 14, 2016: 27

Introduced: July 7, 2015

Referred to House Subcommittee: July 10, 2015

Status: Referred to the Subcommittee on Health

Summary: This House bill seeks to amend title XVIII of the Social Security Act. Under Medicare, the bill would allow for a gradual expansion of telehealth coverage. Coverage expansion would include (but not be limited to):

1. Expanding telehealth coverage in three phases
2. Extending "originating site" for telehealth service payment to any federally qualified health center and any rural health clinic (with eligible telehealth individual is located at time of service via telecommunication system.)
3. Authorizing additional telehealth providers to include occupational therapists and physical therapists
4. Extending coverage of Medicare to remote patient management services for certain chronic health conditions

Why is this bill important for hand therapists?

Telehealth expansion will increase the ability for healthcare practitioners to offer increased services to their Medicare clients and/or patients. Occupational and physical therapists would be authorized providers for telehealth, which inevitably expands reimbursement for hand therapy services, especially in rural health clinics and for certain chronic health conditions.

H.R.1608/S2373: Lymphedema Treatment Act

H.R.1608: House Sponsor: Rep. David Reichert [R - WA8]

Cosponsors as of February 14, 2016: 188

Introduced: March 25, 2015

Referred to House Subcommittee: March 27, 2015

Status: Referred to the Subcommittee on Health

S.2373: Senate Sponsor: Maria Cantwell [D - WA]

Cosponsors as of February 14, 2016: 10

Referred to Senate Committee: December 8, 2015

Status: Read twice and referred to the Committee on Finance

Summary: These companion House and Senate bills were introduced to amend title XVIII of the Social Security Act since Congress acknowledged that Medicare beneficiaries currently lack coverage for compression therapy. The goal is for Medicare to cover specific lymphedema compression treatment items and supplies as coverage benefits under durable medical equipment. Covered treatment items (as prescribed by a physician, physician assistance, nurse practitioner or clinical nurse specialist) are as follows: multilayer compression bandaging systems, custom or standard fit gradient compression garments, non-elastic and low elastic compression garments and compression wraps and directional flow pads and any other compression garments, bandaging systems, devices and aids determined to be effective in the prevention or treatment of lymphedema.

Why is this bill important to hand therapists?

Medicare coverage of certain compression treatment items and supplies will impact reimbursement for hand therapy practitioners. These expanded items will be able to be billable under durable medical equipment for any Medicare beneficiary receiving lymphedema hand therapy services.

Summaries Adapted From:

www.govtrack.us and

http://thomas.loc.gov/home/bills_res.html (The Library of Congress)

Legislative Alert - H.R. 3762: Restoring Americans' Healthcare Freedom Reconciliation Act of 2015
February 12, 2016

Feb 2, 2016 —The President vetoed this bill (1/8/2016). Congress then attempted to override the President's veto. A vote to override the President's veto failed in the House. This bill is now dead.

This bill would have repealed key parts of Obamacare including:

- Restricted the federal government from operating healthcare exchanges
- Phased out funding for subsidies to help lower- and middle-income individuals afford insurance through the healthcare exchanges
- Eliminated tax penalties for individuals who do not purchase health insurance and employers with 50 or more employees who do not provide insurance plans
- Eliminated taxes on medical devices and the so-called "Cadillac tax" on the most expensive healthcare plans
- Phased out an expansion of Medicaid over a two-year period
- Ended federal funding for Planned Parenthood

Legislative Alert - H.R. 105: Quality Health Care Coalition Act of 2015
February 12, 2016

1/6/2015 — Introduced in House.

Exempt healthcare professionals, including individuals and entities, from federal and state antitrust laws in connection with negotiations with a health plan regarding contract terms under which the professionals provide healthcare items or services for which plan benefits are provided.

This act (1) applies only to healthcare professionals excluded from the National Labor Relations Act; and (2) does not apply to negotiations relating to Medicare or Medicaid programs, the Children's Health Insurance Program, medical and dental care for members of the uniformed services, veterans' medical care, the federal employees health benefits program or the Indian Health Care Improvement Act.

How does this bill impact hand therapists?

Therapists will be allowed to legally negotiate reimbursement rates as a group, whereas now, it is a violation of anti-trust laws.