



FAL Briefing Memo

April 2022

Administration

- On April 5, 2022, Biden Administration issued a Presidential Memorandum directing the Secretary of Health and Human Services (HHS) to coordinate a new effort across the federal government to “develop and issue the first-ever interagency national research action plan on Long COVID.” The Memorandum also directs HHS to issue a report outlining services and supports across federal agencies to assist people experiencing Long COVID, individuals who are dealing with a COVID-related loss, and people who are experiencing mental health and substance use issues related to the pandemic.

Federal Agencies

- **OSHA:** On March 23, the Occupational Safety and Health Administration (OSHA) reopened the comment period for specific topics from its [interim final rule](#) establishing an Emergency Temporary Standard, “Occupational Exposure to COVID-19 in healthcare settings.” The temporary standard was developed to provide protection to health care employees in facilities who treat suspected or confirmed COVID-19 patients. The reopened comment areas do not include proposals to require a vaccine mandate of any type under the emergency temporary standard. However, OSHA will consider feedback from stakeholders on potentially relaxing certain infection control measures, removing existing scope exemptions for non-hospital ambulatory care settings, implementing COVID-19-specific infection control measures, and covering future strains of COVID-19 under the standard, among other topics. OSHA is holding an informal public hearing on April 27. APTA will provide comments on the interim final rule during the reopened comment period and encourages interested members to do the same. Comments are due to OSHA on April 22, 2022.
- **CMS:** On March 31, 2022, the Centers for Medicare & Medicaid Services (CMS) issued a [proposed rule](#) to update Medicare payment policies and rates under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP) for fiscal year (FY) 2023. CMS is proposing a 2% increase in payment (approximately \$170 million increase in total payments to IRFs from FY 2022), and the proposed rule also includes a request for information (RFI) on potential development of a cross-setting quality measure under the QRP, and an RFI on promoting health equity to reduce health care quality disparities, among other issues. APTA will provide comments on the proposed rule during the comment period and encourages interested members to do the same. Comments are due to CMS on May 31, 2022.
- **CMS:** On April 7, 2022 CMS announced it is returning to certain pre-COVID-19 policies in long-term care and other facilities. During the PHE, CMS used a combination of emergency waivers, regulations, and sub-regulatory guidance to offer health care providers the flexibility needed to respond to the pandemic. CMS is taking steps to phase out certain flexibilities that

are generally no longer needed to re-establish certain minimum standards while continuing to protect the health and safety of those residing in skilled nursing facilities/nursing facilities (SNFs/NFs). Similarly, some of the same waivers are also being terminated for inpatient hospices, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and end-stage renal disease (ESRD) facilities. The full list of terminated waivers is available [here](#).

- **CDC:** On April 7, APTA submitted comments to the Centers for Disease Control and Prevention (CDC) on the [Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids](#), which included significant updates to the 2016 version of the practice guideline, including updated clinical evidence and recommendations on the use of both nonpharmacological and pharmacological therapies for managing and treating acute, subacute, and chronic pain. APTA's comments supported (with minor modifications) the inclusion of two recommendations and accompanying draft language on the role and efficacy of physical therapy interventions in the treatment and management of pain, and prevention of opioid use disorder (OUD). APTA's letter also provided general comments on improvements to access and reducing barriers to physical therapy care, including payment reform for pain management, promoting direct access to physical therapy, and promoting access to telehealth for physical therapists and physical therapist assistants.
- **HHS:** On April 6, 2022, issued a revised “Frequently Asked Questions” on the Good Faith Estimate (GFE) requirement that providers and facilities must provide to uninsured or self-pay patients as required by the *No Surprises Act*. Most notably, the revised FAQ states that providers are required to provide a diagnosis code only where one is required for the calculation of the GFE. PTs had previously expressed concern with providing a diagnosis before an evaluation had been performed. The revised FAQ can be viewed [HERE](#).
- **NIH:** On April 7, 2022, APTA as part of the Disability Rehab Research Coalition (DRRC) Submitted comments to the National Institutes of Health (NIH) requesting NIH to consider designating people with disabilities as a “health disparity population” for purposes of federal research conducted at the National Institute on Minority Health and Health Disparities (NIMHD) and across the National Institutes of Health. The comments noted the lack of a health disparities population designation for people with disabilities fails to recognize the significant health disparities people with disabilities face on a daily basis. By revising this omission, research conducted through the NIMHD and NIH will better prioritize research into the causes of these disparities and how they interact and intersect with the disparities faced by other already recognized health disparity populations. Further, and perhaps most importantly, such action will help develop and inform critical policy solutions to reduce and eliminate health disparities and advance health equity for all populations.

U.S. Congress

- **WORKFORCE DIVERSITY:** On March 10, 2022, Senators Patty Murray (D-WA) and Richard Burr, (R-NC) unveiled a new legislative package known as the PREVENT Pandemics Act (S. 3799). [This sweeping bill](#) aims to modernize the country's pandemic response, to include increasing federal and state preparedness, improving epidemiologic data collection, accelerating research and development, and improving the medical supply chain. The legislation also focuses on supporting and improving the

health provider workforce and addressing health disparities. The PREVENT Pandemics includes language from the APTA's supported [Allied Workforce Diversity Act](#) (S. 1679), sponsored by senators Bob Casey (D-PA) and Lisa Murkowski (R-AK). The legislation was passed by the Senate Health, Labor, and Pensions Committee (HELP) Committee on March 15, 2022, and will next be considered by the full Senate.

- **SISP:** On March 24, 2022, U.S. Representatives Marie Newman (IL-03), Brian Fitzpatrick (PA-01) and Susan Wild (PA-07) introduced the *Growing, Recruiting, and Obtaining Workers in Specialized Instructional Support Personnel Services (GROW SISPS) Act* (H.R. 7219) as part of an effort to ensure students receive the individualized support they need to succeed in the classroom. The new bill will create a grant program at the Department of Education to increase partnerships between school districts and colleges to train and certify various Specialized Instruction Support Personnel programs (SISPs) to better serve rural and lower-income school districts. In school districts across the nation, Specialized Instructional Support Personnel, or SISPs, work with teachers, school support staff, parents, community members, and other education stakeholders to help students remove learning barriers. They include physical therapists and assistant that work with students with disabilities and provide crucial services to students to address students' needs in school.
- **LONG COVID:** On April 6, 2022, the *Targeting Resources for Equitable Access to Treatment for Long COVID (TREAT Long COVID) Act* was introduced in the U.S House by Reps. Ayanna Pressley (MA-07), Don Beyer (VA-08) and Lisa Blunt Rochester (D-DE), and in the Senate by Senators Tim Kaine (D-VA), Tammy Duckworth (D-IL) and Edward Markey (D-MA). The legislation aims to increase access to medical care and treatment for communities and individuals struggling with Long COVID. The TREAT Long COVID Act would expand treatment for Long COVID nationwide by authorizing the Department of Health and Human Services to award grants up to \$2,000,000 to health care providers, including community health centers; grant funding for the creation and expansion of multidisciplinary Long COVID clinics to address the physical and mental health needs of patients; prioritize funding for health providers that plan to engage medically underserved populations and populations disproportionately impacted by COVID-19; and ensure that treatment is not denied based on insurance coverage, date or method of diagnosis, or previous hospitalization.
- **PTAs:** On April 6, 2022, Rep. Bobby Rush (D-IL) sent a "Dear Colleague" to his House colleagues requesting their support and signature on a letter to the House Appropriations Committee on the current PTA/OTA direct supervision requirement under Medicare. Specifically, the letter requests that report language be added to the FY 2023 Congressional appropriations legislation that would require the Centers for Medicare and Medicaid Services (CMS) to change the current 'direct supervision' regulatory requirement of PTAs and OTAs to instead defer to the supervision requirements found in states' physical therapy licensure law.

Member Engagement & Events

- April 25-29, 2022: National Specialized Instructional Support Personnel (SISP) Awareness Week. The [National Alliance of Specialized Instructional Support Personnel](#) (NASISP), which APTA is a member, represents more than one million Specialized Instructional Support Personnel (SISP) nationwide. SISP professionals provide and support school-based prevention and intervention services to address barriers to educational success.