



PPAC Briefing Memo

Please share with your Component's Leadership & Members

August 2022

Federal Agencies

CMS: The Centers for Medicare & Medicaid Services (CMS) has opened a [Medicare national coverage analysis \(NCA\) for power seat elevations systems](#). The purpose of this National Coverage Analysis is to determine if the use of power seat elevation systems in association with Group 3 power wheelchairs for the purpose of performing non-level transfers, is a medical function that would, in conjunction with other factors and considerations, allow a benefit category and coverage determination for these systems. Comments can be submitted to CMS on the matter during a comment period ending Sept. 14, 2022.

The decision by CMS to open the NCA is due to the efforts of the Independence Through Enhancement of Medicare and Medicaid Coalition (ITEM Coalition) which APTA is a long-time member. The ITEM Coalition has launched a website portal, www.rise4access.org, which is serving as a “one-stop shop” for individuals to be guided through the comment process, including background information and materials, instructions on how to submit comments, suggested talking points and sample comments, a public petition, and more. Please feel free to share the above link with your component members.

HHS: APTA submitted comments to the Office of the Assistant Secretary for Health’s in response to its request for information on the HHS Initiative to Strengthen Primary Health Care. The RFI sought to collect feedback on innovations, models, solutions to barriers, and possible HHS actions that may strengthen primary health care to promote health equity, reduce health disparities, improve health care access, and improve health outcomes. APTA submitted comments detailing the various ways PTs can serve as primary care providers as well as alleviate the burden on other primary care providers. APTA also discussed barriers to care like burdensome plan of care signature requirements that slow down both physicians and physical therapists. Finally, APTA provided information on existing models that utilize PTs as primary care providers, including in the military, Kaiser Permanente clinics, and other countries. Finally, APTA encouraged HHS to support new models of care delivery, like the one APTA has been working to pitch to the Center for Medicare and Medicaid Innovation.

U.S. Congress

LYMPHEDEMA: On July 13, 2022, the APTA-supported [Lymphedema Treatment Act](#) (H.R. 3630/S.1315) passed out of the House Energy & Commerce Committee. The legislation would require Medicare to cover compression treatment items for beneficiaries with lymphedema. H.R. 3630 was introduced in the House by Rep. Janice Schakowsky (D-IL) and has 356 cosponsors; the senate companion bill was introduced Sen. Maria Cantwell (D-WA) and has 73 Senate cosponsors.

PRIOR AUTH: On July 27, 2022, the [Improving Seniors' Timely Access to Care Act of 2022](#) (H.R. 8487, formerly H.R. 3173/S. 3018) passed out of the House Ways & Means Committee. The legislation is aimed at reducing administrative burdens on providers to increase access to care,

specifically by scaling back the use of prior approval in Medicare Advantage (MA) plans. While it doesn't eliminate prior authorization entirely, the bill would require MA plans to make regular reports to CMS on use of prior authorization, rates of denials, and average time for approval. The legislation would also direct the U.S. Department of Health and Human Services to establish a process for "real-time decisions" for services that are routinely approved, and mandate that MA plans engage in more consultation with stakeholders and professional organizations around approval guidelines that are evidence-based.

TELEHEALTH: On July 28, 2022, the U.S. House of Representatives passed the [Advancing Telehealth Beyond COVID-19 Act](#) (H.R. 4040) sponsored by Rep. Liz Cheney (R-WY), legislation that would extend the current Public Health Emergency (PHE) waiver that allows for the use of telehealth under Medicare until Dec. 31, 2024, regardless of the status of the PHE. Currently the use of telehealth will end for therapists 151 days after the PHE is declared over. Consideration by the senate will likely not occur until after the midterm elections.

HOME HEALTH: The [Preserving Access to Home Health Act](#) (H.R. 8581/S. 4605), led by Senators Debbie Stabenow (D-MI) and Susan Collins (R-ME), and Rep. Terri Sewell (D-AR) and Rep. Vern Buchanan (R-FL) has been introduced in both chambers of Congress. The legislation would freeze the current home health payment rate in place, with the exception of annual market basket updates, through 2025. [As previously reported](#), CMS is proposing to implement a 7.63% cut to home health payment in 2023 to address what it describes as the gaps between "assumed behavior changes and actual behavior changes" related to the Patient-Driven Groupings Model payment system implemented in 2020. APTA submitted comments to CMS on the proposed rule earlier this month.

APTA Articles of Interest

[Perspective | Advocacy in Action: Fee Schedule Comment Letters From APTA Members, Part 1 | APTA](#)

[News | HHS Secretary to APTA: No Time for Complacency at this Moment in Health Care | APTA](#)

[Roundup | Commercial Payer Update, August 2022 | APTA](#)