

MEDICARE ADVANTAGE: On Friday, April 5, CMS released its contract year 2020 Medicare Advantage final rule. The final rule allows MA plans to offer additional telehealth benefits as part of the government funded basic benefits. MA plans will now have broader flexibility than is currently available in how they pay for coverage of telehealth benefits to meet the needs of their enrollees. *What this means for PTs:* Unfortunately, the statute and this final rule limit MA additional telehealth benefits to services furnished by “physicians” and “practitioners” as defined in the Social Security Act.

STARK LAW: Reps Jackie Speier (D–CA) and Dina Titus (D-NV) have introduced the *Promoting Integrity in Medicare Act of 2019*, H.R. 2143. This bill closes the in-office ancillary services (IOAS) exception under the physician self-referral prohibition, commonly known as the Stark Law. The *Promoting Integrity in Medicare Act* removes physical therapy, as well as advanced imaging, radiation oncology, and anatomic pathology from the IOAS exception. It has been referred to the House Energy & Commerce, and Ways & Means Committees.

CONGRESSIONAL BILL ROUND-UP. APTA is supporting number of bills introduced in Congress over the past month:

- *IDEA Full Funding Act* (HR 1878/S 866). Lead sponsors: Sen. Chris Van Hollen (D-MD) and Rep. Jared Huffman (D-CA). Would increase spending over the next decade to bring the federal share of funding for special education up to 40 percent, the amount committed when the law was first enacted in 1975.
- *Critical Access Hospital Relief Act of 2019* (HR 1041/S 586). Lead sponsors: Sen. John Thune (R-SD) and Rep. Adrian Smith (R-NE). Repeals the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare.
- *Lymphedema Treatment Act* (HR 1948/S 518). Lead sponsors: Sen Maria Cantwell (D-WA) and Rep. Jan Schakowsky (D-IL). Provides for the coverage of lymphedema compression treatment items under Medicare.
- *Home Health Payment Innovation Act of 2019* (S 433). Lead sponsor: by Sen Susan Collins (R-ME). Require Medicare to implement adjustments to reimbursement rates only after behavioral changes by home health agencies that affect Medicare spending actually occur instead of assuming changes might happen.
- *Community and Public Health Programs Extension Act* (S 192). Lead sponsor: Sen Lamar Alexander (R-TN). Provides extensions for community health centers, and the National Health Service Corps through 2024.
- *Improving Access to Medicare Coverage Act of 2019* (HR 1682/S 753). Lead sponsors: Sen Sherrod Brown (D-OH) and Rep. Joe Courtney (D-CT). Deems an individual receiving outpatient observation services in a hospital as an inpatient for purposes of satisfying the three-day inpatient hospital-stay requirement with respect to Medicare coverage of skilled nursing facility services.
- *PHIT Act of 2019* (HR 1679/S 680) Lead sponsors: Sen John Thune and Rep. Ron Kind (D-WI). Would allow a medical care tax deduction for up to \$1,000 (\$2,000 for a joint return or a head of household) of qualified sports and fitness expenses per year. The bill defines "qualified sports and fitness expenses" as amounts paid exclusively for the sole purpose of participating in a physical activity, including (1) fitness facility memberships, (2) physical exercise or activity programs, and (3) equipment for a physical exercise or activity program.
- *Concussion Awareness and Education Act of 2019* (HR 280) Lead sponsor: Rep. Joyce Beatty (D-OH). Provides for research and dissemination of information with respect to sports-related and other concussions. Establishes a Concussion Research Commission.
- *Geriatrics Workforce Improvement Act* (S 299) Lead sponsor: Sen Susan Collins (R-ME). Would reauthorize the Geriatric Workforce Enhancement Program (GWEP) for another five years, with authorized funding increased to \$45 million per year.
- *Protecting Access to Complex Rehab Manual Wheelchairs Act* (HR 2293) Lead sponsor: Reps Larson (D-CT). Will permanently exempt complex rehab manual wheelchairs from the Medicare Competitive Bidding Program and will also stop Medicare from applying competitive bidding payment rates to critical components (accessories) of complex rehab manual wheelchairs for 18 months.
- *Rural Hospital Regulatory Relief Act of 2019* (S 895) Would provide for a permanent extension of instructions issued by CMS to not enforce the supervision requirements for therapeutic services provided to outpatients in Critical Access Hospitals and small rural hospitals which is set to expire on December 31, 2019.