



# FAL Briefing Memo

July 2024

## U.S. Congress

- **VA Office of Falls Prevention legislation:** On June 17, 2024, Sens. Angus King (I-ME) and Mike Rounds (R-SD) introduced the SAFE STEPS for Veterans Act. This APTA-endorsed legislation would establish an Office of Falls Prevention within the Veterans Administration (VA). The new office would be tasked with centralizing falls prevention efforts within the VA. To that end, the coordinator would serve as point-person on falls prevention panels throughout the government. The coordinator would also be tasked with developing veteran-specific research for falls prevention and issuing a report on falls prevention services throughout the Department. The legislation would also require an annual falls risk assessment for veterans receiving extended care services throughout the VA. A House companion bill is expected to be introduced soon.
- **Rural Healthcare and Workforce Development:** Before the Congressional August recess, APTA-supported legislation is expected to be introduced in the U.S. Senate to authorize the Health Resources Services Administration (HRSA) to implement a grant program that would support workforce development initiatives at federal community health centers. The bill would enable Community Health Centers (CHCs) to establish a “training to practice” model for select healthcare providers, including PTs, to support the training and education professionals and expanding their presence in CHCs and in rural areas. The forthcoming Senate bill will be a companion measure to H.R. 7307 - *the Health Care Workforce Innovation Act* – introduced in the House earlier this year by Rep. Marc Molinaro (R-NY).

## Federal Agencies

- **2025 Proposed Medicare Fee Schedule:** On July 11, 2024, the Centers for Medicare & Medicaid Services (CMS) released the proposed [CY 2025 Medicare Fee Schedule](#). While the proposed rule includes cuts to dozens of providers, the rule includes two major wins for physical therapy advocated for by APTA with both CMS and Congress.
  - Payment Changes:
    - Proposed CY 2025 Cut (average impact on payment rates): 2.93%
    - Proposed CY 2025 Cut to the Conversion Factor: 2.8% (2024: \$33.29, Proposed: \$32.36)

- PTA Supervision: CMS is proposing to change its regulatory requirements for both PTs and OTs who are enrolled as suppliers in Medicare as PTs and OTs in private practice (PTPPs and OTPPs, respectively) to allow for general supervision of physical therapist assistants (PTAs) and occupational therapist assistants (OTAs) to the extent permitted under state law. This proposal mirrors the EMPOWER Act led by APTA.
- Plan of Care Certification: CMS is proposing that a signed and dated order/referral from a physician/NPP combined with documentation of such order/referral in the patient’s medical record along with further evidence in the medical record that the therapy plan of treatment was transmitted/submitted to the ordering/referring physician or NPP is sufficient to demonstrate the physician or NPP’s certification of these required conditions. This proposal mirrors language from the REDUCE Act, one of APTA’s priority bills.
- Comment Solicitation: Seeking comments on the amount of time for changes to a plan of treatment and whether there should be a time limit on the referral for therapy (90-day limit from referral to initial eval) ([p. 367](#)).
- Telehealth: No provisional codes will move to permanent in the proposed rule. CMS is not proposing to revise the status of codes from provisional to permanent in this proposed rule because they intend to conduct a more comprehensive review. As a result, our codes were not granted permanent status on the Medicare Telehealth Services List.
- Coding Update: CMS agreed to propose updates to the direct PE inputs as recommended by the HCPAC for all 19 codes in the Physical Medicine and Rehabilitation code family. 16 of 19 codes received increases and 3 received decreases ([p. 179](#)). CMS notes that given the complexity of determining appropriate direct PE inputs across multiple billings of these therapy codes, and the need to factor in the MPPR, the Agency believes that this code family may benefit from additional review, specifically review focused on the subject of appropriate equipment minutes.
  - [Display Copy](#)
  - [Federal Register Publication](#) (for publication on 7/31)
  - [Fact Sheet](#)
  - [Press Release](#)

The comment deadline is 60 days following publication of the rule. This is estimated as September 9, 2024, based on the 60-day comment period.

- **2025 Proposed Home Health Rule:** On July 3, 2024, the Centers for Medicare & Medicaid Services (CMS) released the proposed [CY 2025 Home Health Prospective Payment Rule](#). In its proposed 2025 payment rule for home health, CMS continues with payment cuts resulting from the Patient-Driven Groupings Model — this time an estimated 1.7%, or a \$280 million decrease from 2024 levels. The largely expected

continuation of the cuts is only one facet of the proposed rule, which also includes changes to quality reporting, value-based purchasing, and market basket revisions.

The agency also responded directly to advocacy by APTA toward ensuring that therapy provided by home health agencies is appropriate and timely. CMS made its first concrete step toward this by proposing a major addition to the HHA Conditions of Participation, which, if finalized, would create more transparency and accountability in an HHA's ability to accept referrals and initiate services.

The proposed ruling includes two RFIs — requests for information to inform future rulemaking — that the physical therapy community will want to weigh in on. First, CMS is considering permanently allowing therapists to conduct the initial and comprehensive assessments for HHA orders that require both therapy and skilled nursing; the Agency wants to determine whether therapists are equipped to safely and appropriately initiate episodes of care for these “some therapy” orders. Currently, therapists are permitted to do so only when the order is solely for therapy services.

Second, the agency is exploring stakeholder concerns that HHAs are prioritizing their bottom line over individualized plans of care based on patient need. To this end, it seeks input on current practices within HHAs as it considers potential action in the future. These RFIs indicate an uptick in CMS scrutiny of HHAs' business practices and their impact on patient care, and it could be a harbinger of added protections that better enable PTs and PTAs to provide services without burdensome restrictions. Read more [HERE](#).

## Advocate Engagement Opportunities

- **APTA Regulatory, Legislative, and Payment Updates Webinar Series:** APTA's Health Policy and Payment team will provide overviews of the most significant federal regulatory and commercial payer policy changes throughout the year. Registration is free to APTA members, and CEUs are expected to be available closer to the live webinar dates.
  - **Upcoming:**
    - **Aug. 8:** [APTA Regulatory, Legislative, and Payment Updates, August 2024](#).
    - **Oct. 10:** [APTA Regulatory, Legislative, and Payment Updates, October 2024](#).
    - **Nov. 14:** [APTA Regulatory, Legislative, and Payment Updates, November 2024](#).

## APTA Articles of Interest

- [APTA-Backed Legislation Improves Veterans' Access to Falls Prevention Services | APTA](#)
- [Takeaways From the Proposed 2025 Medicare Physician Fee Schedule, Part 1 | APTA](#)
- [Takeaways From the Proposed 2025 Medicare Physician Fee Schedule, Part 2 | APTA](#)
- [APTA-Backed Legislation Improves Veterans' Access to Falls Prevention Services | APTA](#)
- [Search Now Open for the Next Public Member of the APTA Board | APTA](#)
- [Proposed 2025 Home Health Rule: Cuts Continue at 1.7%; CMS Responds to Calls for Accountability for Timely Care | APTA](#)
- [Magazine | The Future of Value-Based Pay for Physical Therapy | APTA](#)
- [Magazine | Improving Access to Physical Therapy in Rural Areas | APTA](#)
- [APTA-Backed Bill Presses for Reforms on Prior Authorization Under MA | APTA](#)