

## ATRA RECREATIONAL THERAPY

### TALKING POINTS

#### **COSPONSOR THE “ACCESS TO REHABILITATION THERAPY ACT OF 2014”**

*NOTE: This is ONLY for use by ATRA members.  
**Do NOT** distribute to Congressional staff.*

#### **Background:**

The American Therapeutic Recreation Association (ATRA) is actively engaged in advocacy for the profession through our Federal Public Policy Committee. As part of that effort, every two years, ATRA hosts the ATRA Mid-Year Forum on Public Policy in order to keep the association and profession on the minds of our elected officials, promote interactions between ATRA members and their elected officials, and to deliver a message on issues that are important to the profession.

The effort began over 2 decades ago and has included the ATRA Medicare Project and other similar initiatives. Prior to 2010, CMS regulations for Inpatient Rehabilitation Facilities (IRFs) explicitly stated that physical therapy, occupational therapy, speech therapy and/or orthotics and prosthetics were counted toward the “intensity of therapy” requirement on an as-needed basis. CMS referred to this requirement as the “Three Hour Rule.” CMS regulations also stated that “other therapeutic modalities” that were determined by the physician and the rehabilitation team to be needed by the patient “on a priority basis” would qualify toward satisfaction of the rule (HCFA Ruling 85-2).

This year the message is a request to have your Congressional Representative to co-sponsor, with Congressman Glenn (GT) Thompson, (R-PA), the “**Access to Inpatient Rehabilitation Therapy Act of 2014**”.

The “**Access to Inpatient Rehabilitation Therapy Act of 2014**” **will restore reliance on the professional judgment of the treating physician and rehabilitation team when determining whether Medicare patients meet the intensity of therapy requirement of an IRF, in order for those patients to gain access to the appropriate mix of therapeutic rehabilitation services, including recreational therapy.**

#### **Recreational Therapy**

- Recreational therapy is recognized as a critical health service that:
  - Addresses the functional capacity of people with injuries, chronic illnesses and disabilities;
  - Is provided by a qualified recreational therapist and is prescribed and supervised by a physician as part of a treatment plan; and
  - Has been demonstrated by evidence-based research to improve the physical, cognitive, social, and emotional functioning of individuals who receive the service.

- Recreational therapists are health care providers trained and qualified to design interventions and modalities to achieve a specific medical and functional outcome.

### **The Problem**

- In 2010, CMS made a determination that RT could not be used as a modality under the “3 hour rule” in Inpatient Rehabilitation Facility settings (IRF). The decision removed the professional judgment of the physician and rehabilitation team to determine which therapeutic services can be used to count toward the intensity of therapy requirement. The ruling also has denied providers and consumers access to qualified modalities in the IRF setting.
- The Access to Inpatient Rehabilitation Therapy Act of 2014 seeks to restore flexibility and physician judgment when determining which therapeutic services are counted toward the intensity of therapy requirement (i.e., the Three Hour Rule), including recreational therapy and other appropriate therapeutic services.
- It is important to note that CMS has provided written documentation to Congress (but not providers) concluding that recreational therapy is a covered service in IRFs, IPFs and SNFs and its costs are included in the prospective payment systems in each setting.

### **The Solution**

- Ask your Representative to join Congressman Thompson to “co-sponsor” the Access to Inpatient Rehabilitation Therapy Act of 2014
- Ask your Senators to sponsor a Senate version of the Access to Inpatient Rehabilitation Therapy Act of 2014

*There is no Senate companion bill as of today.*

- The Access to Inpatient Rehabilitation Therapy Act of 2014 will not cost the Federal Government more than is currently spent for patients in these settings because the services are already covered in each setting and the costs for the services are already built into each prospective payment system.

Make sure you point out that you will remain in touch with the health staff member regarding their decision to support the Access to Inpatient Rehabilitation Therapy Act of 2014.