December 12, 2005

The Honorable William Frist, MD
Majority Leader, United States Senate
509 Hart Senate Office Building
Washington DC 20510

The Honorable Dennis Hastert
235 Cannon House Office Building
Speaker, US House of Representatives
Washington DC 20515

The Honorable Charles E. Grassley
Chairman, Senate Finance Committee
135 Hart Senate Office Building
Washington, DC 20510

The Honorable William Thomas
Chairman, House Committee on Ways
and Means
2208 Rayburn
Washington DC 20515

The Honorable Joe Barton
Chairman, House Energy and Commerce
2109 Rayburn House Office Building
Washington DC 20515

The Honorable Judd Gregg
Chairman, Senate Budget Committee
393 Russell Senate Office Building
Washington DC 20510

The Honorable Jim Nussle
Chairman, House Budget Committee
303 Cannon House Office Building
Washington, DC 20515

Re: Inclusion of a one-year moratorium of the therapy cap in the House-Senate Conference

Dear Distinguished Leaders and Chairmen:

On behalf of the undersigned organizations representing rehabilitation providers, physicians, patients and advocacy groups, we are writing to strongly support the adoption of Section 6108 – Extension of the Moratorium on Therapy Caps. This section authorizes a one-year moratorium on the Medicare therapy caps for calendar year 2006. This provision was included in the Deficit Reduction Omnibus Reconciliation Act of 2005 as passed by the United States Senate on November 3, 2005, and we urge the conference committee to include this important provision in its final conference report. We also urge that if more long-term solutions for Medicare provisions are considered that an extension of the therapy caps for more than 1 year or alternatives to ensure beneficiaries continue to have access to medically necessary therapy services are part of the final conference agreement.

The therapy cap effects Medicare beneficiaries who need rehabilitation care the most. While the majority of beneficiaries will not exceed the annual limit on services, it would force a significant portion of seniors and persons with disabilities to pay for occupational therapy, physical therapy, and speech-language pathology services out-of-pocket, alter the course of their care by changing providers or facilities, or forego needed rehabilitation services when their coverage runs out. Beneficiaries who are recovering from a stroke, hip fracture, or who are coping with paralysis, Parkinson’s, Multiple Sclerosis, traumatic brain injury, arthritis, and other conditions that require extensive rehabilitation are most likely to be affected by this policy to limit rehabilitation benefits under Medicare. Unless Congress acts soon, Medicare
beneficiaries will again be in jeopardy of higher out-of-pocket costs and reduced access to necessary rehabilitation services.

The undersigned organizations represent a diverse and broad spectrum of organizations representing seniors and people with disabilities, as well as providers who furnish care to them. Our members are concerned about this reduction in their current benefits under Medicare by the placing an arbitrary cap on rehabilitation services. Our organizations will continue to advocate strengthening the Medicare program to ensure appropriate access to rehabilitation services under Medicare.

We appreciate your consideration of provisions to address the therapy cap issue and your efforts to ensure appropriate access to rehabilitation services for seniors and persons with disabilities as you debate the final agreement on the Deficit Reduction Omnibus Reconciliation Act. Please feel free to contact Justin Moore at justinmoore@apta.org or 703/706-3162 if you have any questions or need additional information.

Sincerely,

American Academy of Physical Medicine and Rehabilitation
American Association of People with Disabilities
Arthritis Foundation
American Health Care Association
American Heart Association, and its division the American Stroke Association
American Music Therapy Association
American Nurses Association
American Occupational Therapy Association
American Parkinson’s Disease Association
American Physical Therapy Association
American Psychological Association
American Speech Language and Hearing Association
American Therapeutic Recreation Association
Association of University Centers on Disabilities
American Medical Rehabilitation Providers Association
Alzheimer's Association
Brain Injury Association of America
Catholic Health Association
Christopher Reeve Paralysis Foundation
Easter Seals
Epilepsy Foundation
HealthSouth
National Association of Rehabilitation Providers and Agencies
National Association of Social Workers
National Association for the Support of Long Term Care (NASL)
National Rural Health Association (NRHA)
Parkinson’s Action Network
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)