



**For Immediate Release:**      **AHCA Contact:** Katherine Lehman – 202- 898- 2816  
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## **AHCA, Alliance Leaders Express Concern Over Therapy Rule**

*- MPPR policy could limit rehab care for nation's seniors –*

**Washington, DC** – Expressing disappointment that the 2011 Medicare Physician Fee Schedule final rule, for Part B services, released today by the Centers for Medicare and Medicaid Services (CMS) contains significant cuts to outpatient therapy services, the Alliance for Quality Nursing Home Care and American Health Care Association (AHCA) warned the funding reductions could have several unintended consequences.

Specifically, Bruce Yarwood, President and CEO of AHCA, and Alan G. Rosenbloom, President of the Alliance, said the impact of the so-called "Multiple Procedure Payment Reduction (MPPR)" policy contained in the final rule hits Medicare beneficiaries hard in facility-based settings, such as skilled nursing facilities (SNFs), where seniors require the coordinated intervention of the comprehensive therapies needed to recover and return home to independent, productive lives.

“The funding cuts announced today blur the lines of each of the therapy disciplines – physical therapy, occupational therapy and speech language pathology – and undermine the adequacy of payment for those vitally important services,” said Yarwood and Rosenbloom. “Each therapy discipline is separate and exists as a distinct service under Medicare law, and these cuts risk negatively affecting access to therapy that Medicare guarantees.”

Therapy services play a crucial role in nursing facilities, from training patients to regain speech and motor function to working with them to master key daily activities, such as bathing and dressing. Allowing patients to achieve greater levels of functional independence, therapy services enable patients to return to their homes more quickly, and in better health. Yarwood and Rosenbloom suggested that any changes in payment or coverage for therapy services should be evaluated within the broader context of comparative effectiveness, payment, and delivery system reforms.