



OATA Talking Points for HR 1846

Background:

1. Clarify that we are speaking about Physical Medicine and Rehabilitation, not physical therapy; and that the CPT codes for billing purposes are used by qualified health care providers including Athletic Trainers, Physical Therapists, Occupational Therapists, Physicians, and Chiropractors.
2. Each profession has their own evaluation and re-evaluation codes, and the Athletic Training codes were established by the American Medical Association in 2000.
3. The AMA has recognized the profession of Athletic Training as an allied health care profession since 1990.
4. AT's are state licensed or regulated in 44 states with licensure bills pending in the remaining six states. We are legally authorized to provide physical medicine and rehabilitation services. CMS should not circumvent the law.
5. Since 2005 when CMS limited who can provide therapy services, more than 1,200 AT's have lost their jobs or been demoted to unskilled aide positions. AT's are now unable to provide services to Medicare patients, after being permitted to do so by CMS for at least 5 seven years. And increasingly, commercial insurance companies are restricting reimbursement for athletic training and therapy services provided to private-pay patients.
6. Worse yet, the CMS rule has also affected high school student athletes' to AT's. This is because physicians and outpatient clinics/hospitals that commonly employ athletic trainers have difficulty billing for physical medicine and rehabilitation services during the morning clinic hours. When physicians and clinics cannot bill for services, despite the fact that AT's are qualified and capable, they are less likely to supply ATs to high schools on an outreach basis. This puts our student-athletes at risk and makes the schools more liable.

What will this bill do?

1. Improve Medicare beneficiaries' access to quality health care.
2. Restore the rights of physicians to choose how and to whom they delegate the delivery of physical medicine and rehabilitation services. Physicians, not Medicare bureaucrats, are the best qualified people to determine which health care professional should be handling the services.
3. Save Medicare money! By allowing the ATs and lymphedema therapists, who are state authorized and nationally certified to deliver physical medicine and rehabilitation services by providing therapy serviced incident to physicians' services.

How will this bill save Medicare money?

Therapy in physician offices costs up to **38% less** than in physical therapist-owned outpatient clinics. A 2005 Medicare Payment Advisory Commission (MedPAC) report noted that, based upon 2002 payment data, the most cost-effective place for Medicare beneficiaries to obtain therapy was in a physician's office. These services would come under the existing therapy cap and are services that are currently approved by Medicare. ***No new services are being requested. There is no factual or objective reason to believe that overall volume of patients or visits will increase by restoring the right-to-work for athletic trainers.***

Why legislation?

Prior to 2005, NATA repeatedly negotiated with CMS to explain how and why it overstepped its bounds when it made this rule. This rule is contrary to the congressionally approved 1997 Balanced Budget Act. Our only resort is to correct this harmful ruling through the passage of this bill.

Make the Ask-request for members of Congress: We would like you to co-sponsor this bill and push it towards speedy passage.

Closing questions:

1. What other information do you need to make a decision?
2. What is your timeframe to decide to co-sponsor?
3. When should I follow-up? (suggest 2 weeks)

NOTE: If they request more information, please make sure that they get that information – either from the NATA staff, lobbyist or you.

Educational Information:

1. Athletic Trainers hold a Bachelor's Degree from an accredited educational institution with standards set by CAATE (Committee on Accreditation of Athletic Training Education), and over 70 % of athletic trainers have Master's Degrees.
2. Coursework includes orthopedic clinical examination and diagnosis, therapeutic modalities, conditioning and rehabilitative exercise, and medical conditions and disabilities among others.
3. Athletic Training competencies provide the entry-level athletic trainer with the knowledge and skills to provide athletic training services to patients of different ages and genders in various lifestyle circumstances. (Taken from the Athletic Training Education Competencies, 4th edition).
4. Athletic Trainers are Nationally Certified by the Board of Certification (BOC), which is an independent credentialing agency.
5. Part of the curriculum includes clinical rotations in a variety of settings including rehab facilities.
6. National Continuing Education requirements are 75 hours over a period of 3 years; which in some states such as Ohio is more stringent than many providers of physical medicine and rehabilitation services including physical therapy. (If asked, the PT requirement in Ohio is 24 hours over a 2 year period, and the PTA who only holds an Associates Degree is required to get 12 hours/year. The OT and COTA are required to get 24 hours over 2 years and AT's are 50 every 2 years).

Outcomes:

1. An independent Federal Study funded by the United States Department of Labor in 2003 found: Athletic Trainers ranked in a job zone rating of 5-Occupations needing extensive preparation. The Specific Vocational Preparations rating showed Athletic Trainers ranking 8+ on a scale of 1-9. Physical Therapists were ranked exactly the same as Athletic Trainers, while other health care professionals such as Physical Therapy Assistants and Occupational Therapists were rated lower than Athletic Trainers.
2. A national study (1998) of over 5,000 participants conducted by BIO Analysis System for the National Athletic Trainers' Association yielded positive outcomes. "Analysis of the data shows a high level of patient satisfaction with care provided by [athletic trainers]. Furthermore, these positive outcomes are consistent across different settings, including sports medicine clinics, high schools, colleges and universities, and industrial settings."
3. An independent outcomes analysis (1999) performed by the Focus on Therapeutic Outcomes (FOTO, Inc) indicated that "certified athletic trainers provide the same levels of outcomes, value and patient satisfaction as physical therapists in a clinical setting."