

Medicare Gap Editorial

Would you rather be able to walk or talk?

It's hard to believe, but survivors of strokes often have to make the unbelievable choice between regaining their ability to walk or talk. Why? Insurance coverage caps on outpatient therapy services. Most insurance companies, even Medicare, set a limit on the amount of therapy for which they will pay after a patient leaves the hospital. And that limit is very low.

Often, physical therapy (which would help a stroke patient relearn how to walk) and speech-language therapy (which would help a patient regain the ability to speak and eat) are grouped together under the same coverage cap. For example, the current Medicare coverage limits for physical therapy and speech-language therapy is \$1,810 per year. That's only about 18 sessions to relearn how to walk and talk. Most stroke patients need more than this after they leave the hospital. Another \$1,810 is allowed for occupational therapy, but that can be exhausted quickly. While there are exceptions to these caps, the exceptions process represents a short-term means to help ensure needed care to these Medicare beneficiaries. The federal government should find a more rational and equitable means to determine appropriate utilization rather than the arbitrary financial limits currently in law.

Years ago, people were treated fully, not partially. They were treated until they were better or until they regained as much of their abilities as possible. Today our medical services are more advanced, but the patient's ability to benefit from such services often is not. This needs to change.

At the end of 2007, Medicare cuts and therapy caps were looming. Congress and the President were unable to reach an agreement, so a temporary act was passed maintaining the status quo until June 30, 2008. Medicare legislation is expected to be taken up by Congress, specifically the Senate Finance Committee in June. Another temporary extension is anticipated, rather than a permanent solution.

Now is the time to tell Congress and the President:

- Americans do not want to choose between walking and talking. We want to be able to have access to medical care so we can regain our abilities and be fully functioning members of society. We do not want therapy caps for medically necessary treatments. Caps jeopardize our access to needed therapy. Elderly patients who have suffered a stroke or hip fracture are most likely to need care above the cap. These patients may not get the therapy they need and some may be forced to be readmitted for inpatient care once they reach the outpatient caps.

- Americans do not want a 10% cut in the Medicare fee schedule for physicians, speech-language pathologists and other practitioners. Cuts would cause healthcare providers to limit the number of Medicare patients they serve. A recent AMA survey of nearly 9,000 doctors shows that 60% would limit the number of new Medicare patients they accept, 50% would reduce their staff, and 14% would stop treating Medicare patients entirely. If the elderly cannot find someone to provide their care, the integrity of the Medicare program is in jeopardy. Instead, a fair increase to reflect growing medical practice costs should be considered.

You can get contact information for legislators by visiting:

www.house.gov

www.senate.gov

www.whitehouse.gov

Many organizations are fighting on behalf of patient access to medical care. These include the: NJ Speech-Language Hearing Association (NJSHA), American Speech-Language Hearing Association (ASHA), American Health Care Association, American Heart Association, American Stroke Association, American Physical Therapy Association and American Occupational Therapy Association. Please join us by contacting your elected officials.

Respectfully,

Robin M. Kanis, M.S., CCC-SLP
Speech-Language Pathologist
President, NJSHA