RECOVER Act Meeting Notes

- Italicized text in purple boxes is written to be read aloud verbatim if you need it. Everything else is background so you can answer questions.
- If you have a personal story from your work or a clinical rotation — a patient who benefited from OT, or one who could not access services — weave it in. Personal stories are the most memorable part of any Hill visit.
- Even if an office cannot co-sponsor, pay attention to whether the staffer seems compelled by the issue. That intel helps AOTA plan next steps as we look to reintroduce a bill similar to this next year. Please share your read on each office in the Hill Day app.

Transitioning into the RECOVER Act

> ***"One issue I want to raise today is the RECOVER Act, HR 8386. It fixes a longstanding Medicare payment cut that is making it harder for occupational therapy providers to serve seniors."***

The Key Issue

Frame the two cuts – the past one (2013) and the recent one being experienced by all health care providers. You can keep it simple as the one pager has more details

> ***"Several different policies have cut Medicare payments for occupational therapy services for more than a decade. Recent cuts to the Medicare Physician Fee Schedule hit occupational therapy particularly hard. Since 2019, payment per occupational therapy claim has dropped 12% before inflation.***
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> ***"A different cut to OT services is why we are here. It is called the Multiple Procedure Payment Reduction, or MPPR. When a Medicare patient needs more than 15 mins of any type of therapy in a day, Medicare pays less for each additional therapy service. The MPPR reduces overall therapy payment by about 16 percent. It was never based on evidence about what therapy services actually cost to deliver."***

Why this matters to Medicare beneficiaries

You already told them what OT is. Now connect it to what's at stake with these cuts — the Medicare beneficiaries who depend on us. Use personal stories or these talking points.

> ***"Occupational therapy is often the reason a Medicare beneficiary can stay in their home instead of moving to a nursing facility. We help people recover after a stroke or hip replacement, get back to dressing and bathing themselves, prevent falls that could lead to an ER visit, and to manage like arthritis or dementia so they can keep living as independently as possible."***
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> ***"Medicare cuts to therapy payments cause providers to close their doors. Seniors then lose access to the services that keep them healthy, independent, and out of more expensive care."***

How the RECOVER Act helps

> ***"The RECOVER Act is straightforward legislation that would repeal the MPPR. It removes a payment reduction for therapy services that was never justified by evidence, has been in place for more than a decade, and has made recent cuts even more unsustainable."***

The ask and close

In the House, the ask is co-sponsorship of HR 8386. In the Senate, no companion bill has been introduced yet — so we are looking for support prior to bill introduction.

> **House Offices:** ***"I am asking [Representative NAME] to co-sponsor the RECOVER Act, HR 8386. I will leave you with this one-pager that has more detail, and I am happy to connect you with AOTA's federal affairs team for any technical questions. Would [Representative NAME] be willing to co-sponsor?"***
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> **Senate Offices:** ***"I am asking [Senator NAME] to support a repeal of the therapy MPPR. We are still looking for Senate champions to introduce legislation, or to commit to co-sponsoring the bill when it has been introduced in the Senate.***

For *your* information if they ask:

What will this cost? We don't have an official cost estimate, but we recognize that it is not a cheap fix. AOTA is looking at different ways to fix the MPPR that will also bring the price tag down. If you are interested in what that might look like, I can have our federal affairs team follow up with you.

Is this a bipartisan bill? The current House co-sponsors are all Democrats, but AOTA and APTA have been working closely with Republican offices on this issue. This is a fix that should have broad support — it corrects an unfair payment cut and is not a partisan issue.

Tell me more about the MPPR: (some details are also on the leave behind) Medicare automatically reduces payments for all therapy services, except one, whenever multiple therapy services are provided on the same day. They do this by reducing one portion of each service, called the practice expense, by 50%.

Why can't CMS fix this on its own? Because Congress wrote the MPPR into federal law and made it permanent in 2013.

What if the Member cannot co-sponsor right now? That is completely understandable. Even without co-sponsorship, if this issue resonates with the Member, we would love to keep the conversation going. AOTA is happy to be a resource anytime — and we hope your office will keep the RECOVER Act as Congress looks at Medicare payment policies.