



American Therapeutic Recreation Association

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POSITION STATEMENT

Ensure Medicare Patients have Access to Recreational Therapy in Rehabilitation Hospitals

Cosponsor the “Access to Inpatient Rehabilitation Therapy Act of 2015”

BACKGROUND:

In order to qualify for coverage in an inpatient rehabilitation hospital or unit (“IRF”), a Medicare beneficiary with an injury, illness, disability or chronic condition must require a sufficient intensity of therapy services. Prior to 2010, CMS regulations for IRFs explicitly stated that physical therapy, occupational therapy, speech therapy and/or orthotics and prosthetics were counted toward the “intensity of therapy” requirement on an as-needed basis. CMS referred to this requirement as the “Three Hour Rule.” CMS regulations also stated that “other therapeutic modalities” that were determined by the physician and the rehabilitation team to be needed by the patient “on a priority basis” would qualify toward satisfaction of the rule (HCFA Ruling 85-2).

This language allowed *recreational therapy* and other therapeutic services to count toward satisfaction of the Three Hour Rule for patients who required therapies other than those explicitly listed in the regulation. The mix of therapies was determined by the professional judgment of the treating physician and the rehabilitation team. This flexibility and reliance on physician judgment was removed in 2010 by CMS regulations, resulting in restricted access to recreational therapy and other important services.

Congressman Glenn Thompson (R-PA) and Congressman G.K. Butterfield (D-NC) have introduced the Access to Inpatient Rehabilitation Therapy Act of 2015 (H.R. 1906), which seeks to restore flexibility and physician judgment when determining which therapeutic services are counted toward the intensity of therapy requirement (i.e., the Three Hour Rule), including recreational therapy and other appropriate therapeutic services. This change in the law will help facilitate access to the appropriate mix of services in the IRF setting and will benefit people with brain injuries, spinal cord injuries, strokes, amputations, individuals living with neurological disorders, and a wide range of other conditions.

REQUEST:

Please consider cosponsoring the Access to Inpatient Rehabilitation Therapy Act of 2015 upon introduction. The Act will restore reliance on the professional judgment of the treating physician and rehabilitation team when determining whether Medicare patients meet the intensity of therapy requirement of an IRF, in order for those patients to gain access to the appropriate mix of therapeutic rehabilitation services, including recreational therapy.

What is “Recreational Therapy?” Recreational therapists utilize a range of therapeutic modalities, community-based interventions, and rehabilitative techniques to assist patients in developing functional skills for daily living and community involvement. Recreational therapy services are prescribed by a physician as part of the patient’s rehabilitation plan. Recreational therapy services constitute active treatment to improve the physical, cognitive, social, and emotional functioning of individuals undergoing rehabilitation. The inclusion of recreational therapy in the intensity of therapy requirement will help ensure Medicare beneficiaries have access to these services when needed.