

## ***ACTION ALERT!***

### **HB81 Cost Sharing for Physical Rehabilitation**

**Sponsor: Rep. Eliseo Alcon**

**Wednesday 2/14 or Thursday 2/15 on House Floor.**

**HB81:** Ensures that copays for occupational therapy, physical therapy, and speech therapy rehabilitation services cannot exceed co-pays for standard physician/medical appointments.

Link to bill:

Please, contact your legislator (Link to find legislator:

[https://nmlegis.gov/Members/Find\\_My\\_Legislator](https://nmlegis.gov/Members/Find_My_Legislator)) and ask them to support HB81, which will be heard on the House Floor Thursday the 14th, (tomorrow), or Friday the 15th of this week.

#### **Phone Script:**

Hi, Representative \_\_\_\_\_. My name is \_\_\_\_\_. I am one of your constituents. [*Only say this if you are living in the district the Senator serves*] I am calling to ask for your support of House Bill 81 Physical Rehabilitation Cost Sharing Limits. This bill is important because  
[List reasons....]

- Keep your phone call short, and direct.
- When you e-mail, please feel free to utilize the talking points below. We are lobbying with NMAPTA (physical therapy association) and our speech therapy association to garner support for this bill. Janet Popp, has graciously shared their talking points page (attached) which may also provide some helpful rationale for supporting the bill.

#### **Reasons for Supporting/Talking Points:**

- Excessive copays discourage patients from accessing rehabilitative services; this inhibits consumers from getting well, gaining the skills they need to recover and may result in poorer health outcomes. (*Baum, et al., 2016; Luiza, et al., 2015; Wong, et al., 2001; AJMC, 2006*).

- The cumulative costs of weekly necessary rehabilitative therapy is much lower than the cost of re-admittance to a hospital, and associated long term healthcare costs. (*Veverka, J. 2019*)

- Without the changes in fair cost-sharing legislation, more consumers are likely to reduce the frequency of therapy or to forego it completely, and may lead to costlier medical interventions later.

- Independent research (Rogers, Bai, Lavin, & Anderson, 2016) in 2016 found that occupational therapy services significantly were the only Medicare spending category that reduced readmission rates for heart failure, pneumonia, and acute myocardial infarction.

*["2,791 hospitals for the heart failure analysis; 2,818 hospitals for the pneumonia analysis; and 1,595 hospitals for the acute myocardial infarction."]*

- New Mexico is a rural state, with 20% of the population living below Federal poverty level (US Census, 2017); high copays endanger our most vulnerable populations by making rehabilitation services less accessible.

- Provision of occupational therapy services supports a person to recover or regain skills while in their home setting instead of costly travel, and hospitalization.

- HB81 more equitably allocates costs for consumers, and is an important step toward protecting consumers from incurring rapidly rising healthcare costs, as therapy services are often classified as "specialty care."

## **References:**

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(<https://www.aota.org/Advocacy-Policy/State-Policy/Resource-Factsheets/Fair-Cost-Sharing-Limiting-Clients-Costs-and-Ensuring-Equal-Access.aspx>)
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