



[Submitted Electronically]

July 15, 2020

RE: Reconsider the IMPACT Act to Respond to COVID-19 and Existing PAC Payment Reforms

Dear Members of Congress:

The undersigned members of the Coalition to Preserve Rehabilitation (“CPR”) urge you to support a “reset” of the timeline for implementing—or a complete rethinking—of a unified post-acute care (“PAC”) payment system under the Improving Medicare Post-Acute Care Transformation Act of 2014 (“IMPACT Act”) in the next COVID-19 legislative package. The current public health emergency has upended health care nationwide. Between the impact of COVID-19 and the significant payment reforms recently implemented in the PAC prospective payment systems, the original timeline of the IMPACT Act no longer reflects the needs of the Medicare program or beneficiaries receiving PAC services. A legislative reset—or complete rethinking of the concept of unified PAC payment—would allow for sufficient reevaluation of the current PAC system, generation of data under new individual payment systems, and revision of the original requirements to respond to the ongoing pandemic.

CPR is a coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain their maximum level of health and independent function. Individuals with stroke, brain injury, multiple sclerosis, spinal cord injury, amputation, and other serious disabilities and chronic conditions often receive critically important rehabilitation care from skilled nursing facilities, inpatient rehabilitation facilities, long-term care hospitals, and home health agencies. These PAC providers serve a vital role in improving health and functional status, preventing deterioration of function, and enhancing quality of life.

A unified PAC prospective payment system would have major implications for Medicare beneficiaries in need of rehabilitation services. Given the recent (and ongoing) experience with serious restrictions in therapy access due to the implementation of the Patient-Driven Groupings Model (“PDGM”) and Patient-Driven Payment Model (“PDPM”) in the Medicare home health and skilled nursing facility payment systems, respectively, we continue to have significant concerns that any unified payment system for PAC would have negative implications on therapy access for beneficiaries, especially those with complex conditions or disabilities. We are also concerned that attempting to standardize all PAC payments regardless of setting would limit or erase the existing and necessary differences in some of the treatment provided to differing patient

populations served in the various PAC settings. Revisions and limitations to home health benefits are especially inappropriate, given the IMPACT Act's focus on post-acute care; coverage of home health services is not limited to beneficiaries who were first hospitalized and so is not exclusively a PAC benefit.

In addition, the IMPACT Act, of course, could not anticipate and did not consider the widespread effects of the COVID-19 pandemic. Post-acute care providers are dealing with the same public health crisis as the rest of the health care system and are likely to continue to see their operations significantly impacted by COVID-19 for years to come. Even if and when the public health emergency is lifted and the threat of infection is curbed by a vaccine, many patients will face complex and ongoing rehabilitation needs as a result of the virus which will require treatment in a variety of PAC settings. Attempting to implement a wholly new payment system that unifies diverse settings of care without evaluating the rapidly changing needs of PAC beneficiaries and providers as a result of this pandemic could undermine the existing PAC system and, most importantly, negatively impact beneficiaries' ability to access the care they need in the most appropriate setting for their condition.

Congress and the Administration must ensure that any proposed unified PAC prospective payment system does not restrict access to rehabilitation services essential to individuals living with disabilities, chronic conditions, and serious injuries. For these reasons, we hope you will support provisions to reset and revise the requirements of the IMPACT Act in the next COVID-19 response package to ensure that movement toward a unified payment system will not underserve beneficiaries with some of the most serious and complex injuries, disabilities, and chronic conditions. Specifically, the timeline for implementation of the IMPACT Act, including the mandated recommendations on a unified payment model by the Department of Health and Human Services and the Medicare Payment Advisory Commission (MedPAC), should be extended. In addition to resetting the timeframe for IMPACT Act implementation, we believe recent, fundamental changes in post-acute care dictate reconsideration of the concept of a unified PAC payment system altogether. To appropriately address these changes, we urge Congress to require additional evaluation of the impact of the current pandemic and new payment models in PAC settings before the unified payment reports are released.

Thank you for your consideration of our requests. For more information, please contact Peter Thomas and Joe Nahra, CPR Coordinators, at Peter.Thomas@PowersLaw.com and Joseph.Nahra@PowersLaw.com or 202-466-6550.

Sincerely,

Coalition to Preserve Rehabilitation Members

ACCSES

American Academy of Physical Medicine and Rehabilitation

American Congress of Rehabilitation Medicine

American Medical Rehabilitation Providers Association

American Music Therapy Association
American Spinal Injury Association
American Therapeutic Recreation Association
Amputee Coalition
Association of Academic Physiatrists
Association of Rehabilitation Nurses
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