



[Submitted Electronically]

May 24, 2020

**RE: Please Support H.R. 2455, *The Resetting the IMPACT Act (TRIA) of 2021***

Dear Members of Congress:

On behalf of the Coalition to Preserve Rehabilitation (CPR), we write to express our support for legislation recently introduced by Reps. Terri Sewell (D-AL) and Vern Buchanan (R-FL), *The Resetting the IMPACT Act (TRIA) of 2021*. **We urge you to cosponsor this bipartisan legislation, which will reset and recalibrate the timeline for implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.** This legislative reset will ensure that the development of a unified post-acute care (PAC) payment system will appropriately respond to the ongoing COVID-19 pandemic and evaluate newly generated data under the individual PAC payment systems.

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 inpatient rehabilitation facilities, skilled nursing 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.

The IMPACT Act of 2014 focused on the standardization and modernization of data collection in the four PAC settings – home health agencies, skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs) and long-term care hospitals (LTCHs). The bill also requires the Medicare Payment Advisory Commission (MedPAC) and the Centers for Medicare and Medicaid Services to each develop prototypes for a payment system that would unify all four settings of care into one model.

Notwithstanding our request for a delay in implementing the IMPACT Act, the Coalition continues to have significant concerns that a unified PAC prospective payment system may compromise access to rehabilitation care for Medicare beneficiaries in need of these services. Given the recent (and ongoing) experience of Medicare beneficiaries in gaining access to rehabilitation services under the Patient-Driven Groupings Model (PDGM) and the Patient-Driven Payment Model (PDP) 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 could 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 months or even years to come. Even when the public health emergency is lifted and the threat of infection is curbed by increasing vaccinations, 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 – the looming crisis known as “Long COVID” or post-acute sequelae of SARS-CoV-2 infection (PASC). Attempting to implement a wholly new payment system that unifies the payment systems of 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.

We strongly support TRIA's enactment into law, as any proposed model for unified PAC payment **must** consider both the dramatic impact of the COVID-19 pandemic on the PAC system as well as the significant changes recently incorporated into the SNF and home health payment systems. Notwithstanding our overall concerns about the models CMS and MedPAC will recommend in the future for unified PAC payment reform, we believe that enacting TRIA will ensure that CMS and MedPAC utilize the most appropriate, accurate, and current data available. We also urge Congress to pay particular attention to Medicare beneficiaries with the most complex disabilities and chronic conditions when considering policy changes in the PAC system, and to be wary of any policies that could result in additional barriers to accessing care.

For more information on H.R. 2455 or to cosponsor this bipartisan legislation, please contact Earl Flood ([earl.flood@mail.house.gov](mailto:earl.flood@mail.house.gov)) in Rep. Sewell's office or Don Green ([Don.Green@mail.house.gov](mailto:Don.Green@mail.house.gov)) in Rep. Buchanan's office.

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We greatly appreciate your consideration of this important bill, and we look forward to working with you to continue to protect access to rehabilitation for patients with disabilities, injuries, illnesses, and chronic conditions. If you have any questions, please contact Peter Thomas and Joe Nahra, CPR coordinators, at [Peter.Thomas@PowersLaw.com](mailto:Peter.Thomas@PowersLaw.com) and [Joseph.Nahra@PowersLaw.com](mailto:Joseph.Nahra@PowersLaw.com) or by calling 202-466-6550.

Sincerely,

## **The Undersigned Members of the Coalition to Preserve Rehabilitation**

ACCSES

American Academy of Physical Medicine & Rehabilitation

American Congress of Rehabilitation Medicine

American Dance Therapy Association

American Music Therapy Association

American Occupational Therapy Association

American Physical Therapy Association

American Speech-Language-Hearing Association

American Spinal Injury Association

American Therapeutic Recreation Association

Association of Academic Physiatrists

Association of Assistive Technology Act Programs

Association of Rehabilitation Nurses

***Brain Injury Association of America\****

***Center for Medicare Advocacy\****

Child Neurology Foundation

***Christopher & Dana Reeve Foundation\****

Clinician Task Force

***Falling Forward Foundation\****

National Association for the Advancement of Orthotics & Prosthetics

National Association of Social Workers (NASW)

National Association of State Head Injury Administrators

***National Multiple Sclerosis Society\****

Rehabilitation Engineering and Assistive Technology Society of North America

Spina Bifida Association

Uniform Data System for Medical Rehabilitation

***United Spinal Association\****

***\* CPR Steering Committee Member***