

MEMORANDUM

To: Coalition to Preserve Rehabilitation Members

From: Peter Thomas and Joe Nahra, Coordinators of CPR

Date: February 24, 2022

Re: Coalition to Preserve Rehabilitation Year in Review 2021

Executive Summary

We write to provide you with an update on the activities of the Coalition to Preserve Rehabilitation (CPR) in 2021. As we enter 2022, we want to provide a summary of advocacy efforts made on behalf of CPR and its member organizations over the past twelve months.

CPR's strength as a representative coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure and enhance access to rehabilitative services in all settings is evident through its active and productive portfolio of advocacy efforts. This past year was no exception, as CPR engaged with policymakers and federal agencies to advance its targeted agenda. This memorandum summarizes CPR's work across a number of key priorities in 2021.

Further information on CPR's activities, including our advocacy archives, can be found on the CPR website at www.preserverehab.org. We encourage CPR members to review this memo and consider any suggestions for continued or new policy priorities for the Coalition's 2022 efforts to discuss at the upcoming CPR Annual Meeting, to be held on Friday, February 25 from 1-3pm ET. For more information or to RSVP for the meeting, please contact Joseph.Nahra@PowersLaw.com or Emily.Goodwin@PowersLaw.com.

2021 Advocacy Highlights

In 2021, CPR engaged with Congress, the Biden Administration, and external stakeholders on a variety of key priority issues for the Coalition. These efforts addressed CPR's stated priorities, which can be found [here](#), as well as additional advocacy efforts to advance our shared goal of increased access to rehabilitation care for people with disabilities, injuries, illnesses, and chronic conditions. Key advocacy efforts focused on both regulatory and legislative goals, including coalition efforts with external stakeholders, which are summarized below. CPR also continued to support our full slate of 2021 policy priorities whenever possible, including through regulatory comments, support for legislative initiatives, and engagement with the rehabilitation community and policymakers in both Congress and the Administration.

1. Inpatient Rehabilitation Facility Review Choice Demonstration

In February, CPR led a [sign-on letter](#) strongly opposing a proposed Review Choice Demonstration for Inpatient Rehabilitation Facility (IRF) services. The demonstration would subject facilities in certain jurisdictions to 100% pre-claim or post-payment review for all Medicare claims. CPR contended that the proposal would create a gatekeeper effect on IRF admissions, decreasing access to care; dramatically increase provider burden; disrupt courses of IRF treatment; and divert Medicare beneficiaries away from the most appropriate setting for their care. In October, CPR led a [second letter](#) in response to another information collection period, reiterating and expanding on these concerns. In particular, the October letter urged a complete withdrawal of the proposal, which would have a disparate impact on beneficiaries with certain complex conditions, such as traumatic brain injury, stroke, spinal cord injury, and debility.

It remains unclear when and how the Centers for Medicare and Medicaid Services (CMS) will implement this demonstration, and the Coalition will closely monitor future developments to protect robust access to IRF care for patients with significant, complex medical rehabilitation needs.

2. Unified Post-Acute Care Payment Model and Timeline for Implementation of the IMPACT Act of 2014

CPR remained engaged in monitoring and providing feedback on ongoing efforts to develop a unified post-acute care (UPAC) payment model, as CMS and the Medicare Payment Advisory Commission have been directed under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. The CPR coordinators, as well as several CPR members in their organizational capacity, participated in several Technical Expert Panels held by CMS to inform the development of a UPAC prototype.

In July, the Coalition submitted a formal [comment letter](#) to RTI, the contractor in charge of the UPAC prototype development, identifying significant concerns with the ability of a UPAC model to unify disparate settings of care and varied patient populations currently served in the four-sector PAC model. The letter also noted the need for significant revisions to a draft version of the prototype, which would not have sufficiently protected access to care for high-needs patients, especially those with cognitive impairment. In September, the CPR Steering Committee joined a [PAC stakeholder letter](#) identifying additional concerns and seeking disclaimer language noting the conceptual focus of the prototype and stating it would be inappropriate to adopt the prototype as a real-world payment option. CMS and MedPAC are expected to issue the prototypes sometime in 2022, and the Coalition will closely monitor any models for their impact on patients with disabilities, injuries, illnesses, and chronic conditions.

Additionally, CPR supported efforts to enact legislation that would revise the timeline for delivery of the final prototypes and address the need for updated data reflecting both COVID-19 and the various revisions to the current PAC payment systems. In May, the Coalition submitted a [letter to Congress](#) supporting *The Resetting the IMPACT Act (TRIA) of 2021*, pending legislation led by Reps. Terri Sewell (D-AL) and Vern Buchanan (R-FL).

3. Skilled Nursing Facility Prospective Payment System

In June, the Coalition submitted [comments](#) on the proposed Skilled Nursing Facility Prospective Payment System (SNF PPS) rule for 2022. These comments focused on the reported impact of the Patient-Driven Payment Model on access to care in the SNF benefit, particularly regarding increases in the provision of group therapy vs. individualized therapy and decreases in therapy staff. The letter called for more publicly reported data on therapy utilization under PDPM, including more granular patient outcomes data and other information.

4. Home Health Prospective Payment System

In August, CPR submitted [comments](#) on the proposed Home Health PPS rule for 2022. Similar to our comments on the SNF proposed rule, the letter aired concerns with decreased access to therapy under the Patient-Driven Groupings Model (PDGM), including reports of reduced hours and staffing at home health agencies, decreases in therapy minutes provided, earlier discharges, and patient rejections due to revised categorizations under the new payment model. We expect to continue our advocacy to protect patient access to care in both the SNF and Home Health payment systems in 2022.

5. HHS “SUNSET” Proposal for Existing Regulations

In December, CPR submitted a [letter](#) supporting the proposed repeal of the Securing Updated and Necessary Statutory Evaluations Timely (SUNSET) rule, which would have set an automatic expiration date for nearly all regulations issued by the Department of Health and Human Services (HHS) unless affirmatively reviewed and approved for extension. CPR had strongly opposed the rule when originally proposed, and many of the concerns the coalition aired in 2020 were reflected in the proposal to withdraw the rule.

We invite all CPR members to join us (virtually) for our 2022 Annual Meeting, where we will discuss our 2021 accomplishments and our policy priorities for the coming year. The 2022 CPR Annual Meeting will be held on February 25 from 1-3pm ET. All current CPR members should have received a calendar invite with the dial-in information. If you have any questions regarding the meeting, please contact Joseph.Nahra@PowersLaw.com or Emily.Goodwin@PowersLaw.com.