AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

April 15, 2021

The Honorable Terri Sewell
U.S. House of Representatives
2201 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Vern Buchanan
U.S. House of Representatives
2110 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Sewell and Buchanan:

On behalf of more than 650 freestanding inpatient rehabilitation hospitals and rehabilitation units of general hospitals, the American Medical Rehabilitation Providers Association (AMRPA) applauds your recent introduction of *The Resetting the IMPACT Act (TRIA) of 2021* (H.R. 2455). This legislation is a critical step in ensuring that any unified post-acute care (PAC) prototype is informed by the major changes that have occurred in each PAC payment system since the IMPACT Act's passage in 2014, as well as the significant ongoing ramifications of the COVID-19 public health emergency (PHE). This bill would provide much-needed relief to all PAC providers as they collectively navigate the pandemic's impact while continuing to adapt to a number of significant regulatory changes implemented by the prior and current Administrations.

Even before the COVID-19 PHE, AMRPA had concerns about the IMPACT Act's timeline, including that the data collected did not fully account for major payment system changes to inpatient rehabilitation hospitals, long-term care hospitals, skilled nursing facilities, and home health agencies since passage of the IMPACT Act. Further, numerous standardized patient assessment data elements (SPADEs) - critical to the development of the IMPACT Act mandated prototype - have yet to be implemented in each of the four PAC settings' Quality Reporting Programs as required by the law. Some of these SPADES include social determinants of health, which are essential factors of any prototype and particularly important given the disproportionate impact of the pandemic on individuals in more challenging circumstances.

It has been more than a year since the COVID-19 PHE caused widespread changes in the health care system, and AMRPA's concerns with the original IMPACT Act timeline have only become more acute due to this situation. Inpatient rehabilitation hospitals have been on the frontlines of their communities' COVID-19 response and provided much-needed hospital-level care to patients that helped to alleviate overcrowded short-term acute hospitals. Inpatient rehabilitation hospitals have experienced increased costs due to staff shortages, personal protective equipment requirements, and essential environmental modification costs (e.g., the conversion of double rooms to single occupancy, installation of infection control barriers and the like). Using any affected financial or operational data to model a payment prototype while the disruptive impact of the PHE is in effect would raise serious concerns for all PAC providers.

AMRPA therefore strongly supports H.R. 2455 as a necessary first step in ensuring that any PAC payment prototype is developed using data that accurately reflects the operations of each PAC provider. We also believe the delay will allow policymakers, providers, and other stakeholders to

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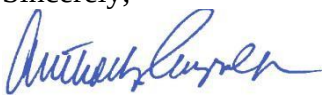
come together to determine whether other approaches to PAC payment modernization make more sense in light of the permanent changes to care delivery and PAC regulations attributable to the PHE.

AMRPA stands ready to help advance adoption of this legislation and looks forward to encouraging other Congressional Members and stakeholders to do the same. We believe this legislation is a commonsense step that is in the best interest of patients, providers, and the Medicare program, and look forward to continued engagement with your offices on the issue.

Sincerely,



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