April 27, 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 the American Health Care Association (AHCA), American Medical Rehabilitation Providers Association (AMRPA), LeadingAge, National Association for Home Care & Hospice (NAHC), and National Association of Long Term Hospitals (NALTH), we commend you for your leadership in introducing H.R. 2455, *The Resetting the IMPACT Act (TRIA) of 2021*. As the representatives of every major post-acute care (PAC) setting, we are unified in support of the bill's passage and stand ready to help its advancement.

This legislation would make critical amendments to the unified post-acute care payment prototype mandated under the *Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014*, by amending the prototype's development to take into account both the significant payment rule changes implemented in each setting since 2014, and critically, the long-term policy implications of the COVID-19 public health emergency (PHE). As our groups collaborate with Congressional health leaders to determine the best path forward for post-acute care reform in the PHE aftermath, your effort to reset the IMPACT Act implementation timeframe is a commonsense, yet critical, first step.

Our groups have worked together extensively in the context of the IMPACT Act's implementation over the past seven years. While we support many of the goals of the Act — such as the standardization of key patient assessment elements like social determinants of health — we also jointly share a number of concerns that predated the PHE. One of our primary concerns relate to the fact that each of our PAC settings have undergone significant payment system reforms in the past few years, and these changes have not been fully reflected in the Centers for Medicare & Medicaid Services' (CMS) prototype work-to-date.[1] To help address this issue, we have urged collection and incorporation of more current data to ensure payment adequacy for all providers.

[1] Due to the COVID-19 public health emergency, CMS and the Research Triangle Institute, Inc. (RTI) had to postpone the technical expert panels (TEPs) scheduled in 2020. The last TEP was held in November 2019.

Our concerns about the accuracy of the data being used to build the prototype are now amplified by the COVID-19 PHE. As you aware, all PAC providers have played instrumental roles in the healthcare system over the past year as short-term acute care hospitals faced capacity issues and communities faced COVID-19 surges in different waves. Through our collective COVID-19 responses, our members have and continue to face unprecedented care delivery, payment, and operational challenges. For example, many providers across the PAC continuum have seen case-mix shifts and increases in patient acuity level, and have borne the financial impact of providing new types of infection control and patient safety measures specific to the PHE. Many of these enhanced infection control measures and associated costs are becoming permanent standards of care and must be accounted for in PAC payment model design moving forward. In addition, every PAC sector has been granted numerous waivers from CMS in recognition of the special demands of the PHE on PAC providers. These factors would significantly complicate the use of data from this period in any sort of unified PAC payment analysis and modeling effort. We therefore applaud *TRIA of 2021*'s provisions that would exempt *any* data from the PHE from being captured in the unified PAC payment prototype.

With the aging population and continually-evolving needs of numerous beneficiaries recovering from COVID-19, often referred to as "long haulers," timely and effective patient access to the most appropriate PAC services will be especially critical in the coming years. It is therefore imperative that any unified PAC prototype – whether ultimately implemented on its own or used to inform other types of PAC reform – reflect the most current resource utilization and clinical needs of PAC patients. We therefore believe that any post-acute care reform must be informed by the critical lessons learned from the PHE, and, just as importantly, assessed at a time when the major stakeholders have the capacity and bandwidth to engage in its potential development. *TRIA of 2021* aligns precisely with this goal and is a vital step in ensuring that any unified PAC prototype be informed by both timely data and sufficient stakeholder input.

In closing, our associations collectively view this legislation as being a critical safeguard for patients, providers, and the Medicare program at large. We look forward to working with your offices to advance this legislation in the 117th Congress.

Sincerely,

American Health Care Association (AHCA)
American Medical Rehabilitation Providers Association (AMRPA)
LeadingAge + VNAA
National Association for Home Care & Hospice (NAHC)
National Association of Long Term Hospitals (NALTH)