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Terri A. Sewell and Vern Buchanan

Supporting Organizations: American Health Care Association, American Hospital Association, American Medical Rehabilitation Providers Association (AMRPA), Encompass Health, Ernest Health, Federation of American Hospitals, Kindred Healthcare, National Association of Long Term Hospitals (NALTH), Select Medical, Vibra Healthcare.

Dear Colleague:

Please join us in cosponsoring H.R. 2455, **The Resetting the IMPACT Act (TRIA) of 2021**. This important legislation will reset and recalibrate the Improving Medicare Post-Acute Care Transformation ("IMPACT") Act's implementation timeline so that the development of a unified post-acute care ("PAC") payment system incorporates and reflects the insights gained from COVID-19's impact on PAC providers and their patients.

America's PAC providers – rehabilitation hospitals, long-term care hospitals (LTCHs), nursing homes and skilled nursing facilities, and home healthcare agencies – provide critically important medical, rehabilitative, and skilled post-acute care and services to millions of Medicare beneficiaries each year. Recognizing that payments for PAC settings needed to be modernized, Congress enacted the IMPACT Act in 2014 to develop a unified payment model for PAC providers. The law required CMS to use at least two years' worth of patient and quality measure data to inform the development of a new payment system for PAC. This new system would combine Medicare's existing site-specific payment systems for PAC benefits into a single, comprehensive "unified" PAC payment system.

COVID-19 and other major recent post-acute care policy changes have significantly impacted PAC providers and their patients in ways that Congress could not have anticipated in 2014 when the IMPACT Act was enacted. The COVID-19 pandemic has placed a particularly unprecedented strain on our entire health care system, including PAC providers and their patients. Due to these transformative changes and new insights from the pandemic, the IMPACT Act's development mandate and timeline needs to be revisited and reset. The reset and recalibration in TRIA will ensure that any future changes to Medicare's PAC benefits and reimbursement structures will be based on post-COVID-19 data.

CMS' current approach to designing the model for the unified PAC payment system is to utilize patient and quality data collected from 2017 through 2019, before the COVID-19 pandemic and before CMS's implementation of new payment systems for nursing homes and home health agencies in 2020, the Patient Driven Payment Model ("PDPM") and Patient Driven Groupings Model ("PDGM"), respectively. Utilizing data derived from 2017 through 2019 to develop a workable unified PAC payment model would not accurately incorporate the realities of the current and future landscape for PAC providers and their patients that has resulted from the destabilizing impact of COVID-19 and these other major PAC payment policy changes.

Furthermore, the collection timeframe for several key parts of the IMPACT Act data have been materially rescheduled due to COVID-19, most notably patient data on social determinants of health ("SDOH"). SDOH data on factors including race, health literacy, social isolation, transportation, and other aspects of a patient's personal situation are highly relevant to the development of a unified PAC payment model to help inform the needs of the Medicare population. Without SDOH and other patient-level data that the IMPACT Act requires be used in the development of a unified PAC payment system, CMS's work on a unified post-acute payment model would move forward without any insights from these important data and informational sources.

TRIA would ensure that Congress receives current, relevant, and actionable data and information from a post-COVID-19 timeframe. This updated design approach is critical for a robust and well-informed debate over the future of Medicare PAC payment policies and the benefits and services received by beneficiaries through those policies. Without data that includes SDOH and qualitative assessments of

how post-acute care providers have been affected by COVID-19, Congress will be operating with outdated and incomplete information.

TRIA would alleviate these issues by resetting and recalibrating the IMPACT Act's implementation timeline by requiring CMS to base its analytical work to inform the development of a unified PAC payment system on post-COVID-19 pandemic data, evidence, and information.

If you have any questions, please contact Earl Flood (Earl.Flood@mail.house.gov) in Rep. Sewell's office or Don Green (Don.Green@mail.house.gov) in Rep. Buchanan's office.

Sincerely,

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