

June 24, 2020

United States Senate  
Washington, DC 20510

Dear Senator:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including 3,000 post-acute care providers, the American Hospital Association (AHA) writes in support of resetting the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 in the next COVID-19 relief package. The IMPACT Act's implementation is behind schedule and does not take into account extensive payment reforms already underway in each post-acute care setting. Further, Congress could not anticipate the impact the COVID-19 pandemic would have on implementation of the IMPACT Act, which has placed a spotlight on the disparate services and clinical capacity found across the post-acute care continuum. The pandemic has made clear the need to refresh the IMPACT Act mandate.

The IMPACT Act was enacted, in part, to develop a unified payment model for the post-acute care field, recognizing that payment needed to be modernized for the four post-acute care settings – home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. However, the COVID-19 pandemic has highlighted the uneven patient care abilities across these settings, with regard to physician leadership and oversight, the contributions of other specialists and clinicians, infection control reliability, and most importantly, patient outcomes. These disparities raise the important question whether a single payment system can accurately and reliably pay for the full range of post-acute care patients and services.

Due to these concerns, the AHA requests that Congress pass a reset of the IMPACT Act to reflect new insights from the COVID-19 pandemic and the effect of recent transformative reforms to the existing post-acute care payment systems. This reset should include a report on the relative strengths and needed improvements for each post-acute setting, as they pertain to COVID-19 and future pandemics, as well as an evaluation of the accuracy and reliability of the IMPACT Act-mandated payment model relative to medically complex patients with the virus, and other high-acuity patients. In addition, the reset should require the new payment model incorporate the most recent data to reflect the transformative post-acute care payment reforms that were recently launched.

We appreciate your leadership on this important issue and look forward to working together to ensure passage of this legislation.

Sincerely,

/s/

Thomas P. Nickels  
Executive Vice President