

April 12, 2021

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

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

Dear Representatives Sewell and Buchanan:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including 2,750 post-acute care (PAC) providers, the American Hospital Association (AHA) writes in support of The Resetting the Impact Act (TRIA) of 2021. By taking into account unforeseen changes since its passage in 2014, this important legislation will reset the Improving Medicare Post-Acute Care Transformation (IMPACT) Act to reflect 2021 considerations. Specifically, this reset will allow policymakers to first complete the in-process collection of patient assessment data required to develop a unified payment model for PAC, as well as focus this effort on data that reflect current standard operations of the PAC field. The IMPACT Act was enacted in 2014 to modernize and standardize data collection and payments for the four PAC settings – home health (HH) agencies, skilled nursing facilities (SNF), inpatient rehabilitation facilities and long-term care hospitals (LTCH). To build a model that satisfies this mandate, policymakers require standardized patient assessment data from all four PAC settings. In fact, an accurate and reliable model cannot be built without this essential ingredient.

Since the IMPACT Act's passage in 2014, most of PAC has undergone transformative reforms, including the complete overhaul of the HH, SNF and LTCH payment systems, which call into question the current relevance of patient assessment data collected prior to these reforms. Further, the current public health emergency continues to require extraordinary action by providers across the continuum of care, including PAC providers, which are not reflective of operations under the recently redesigned PAC payment systems. Instead, in hotspots across the nation, PAC providers on the front line of the COVID-19 fight are treating patients with and recovering from COVID-19, as well as those transferred from overwhelmed general acute-care hospitals. Services for these pandemic-affected patients have both highlighted PAC strengths and materially altered operations in ways that affect the scope and cost of PAC care – shifts that should be exempted from the new payment model. For example, during the public health emergency, PAC providers treating current or high-acuity recovering COVID-19 patients have experienced greater costs per patient due to their need for isolation care, high-concentration oxygen, extra physician and respiratory therapist services, patient protective equipment, and other COVID-specific resources. Further, for some PAC providers, average acuity levels have



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Page 2 of 2

risen due to case-mix shifts in referring hospitals, which is affecting PAC patient mix during surges in the pandemic. Collectively, these pandemic-driven shifts affect the patient assessment data in ways that are unique to the public health emergency, and, if not excluded, would distort the payment accuracy of a unified PAC payment model.

Given these concerns, TRIA aims to exclude from the new payment system prototype the data collected both prior to the recent PAC payment systems' reforms as well as during the COVID-19 pandemic. Without these exemptions, the prototype will not reflect the current typical resource needs of PAC patients, which will yield skewed results that prevent the accurate PAC payments needed in the long run to protect access to care. With this goal in mind, we urge the use of only the most precise information when building the unified PAC payment model, which will help yield a payment system that reflects the modern PAC landscape, thereby aligning patients' clinical needs with the clinically required amount of resources.

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