



# 2026

## Post-acute Care Advocacy Agenda



Post-acute care providers are a critical part of the care continuum, ensuring that patients continue to recover and improve following a hospital stay, illness or injury. Specifically, they provide specialized and skilled care to help patients regain strength and function; they also help facilitate timely discharge from acute-care hospitals, allowing them to maximize their capacity. However, post-acute providers face numerous challenges, including barriers to access to care, reimbursement cuts and unnecessary administrative burdens. The AHA will continue to engage with Congress and the administration to advance post-acute care providers' efforts to provide high-quality patient care.

### HOLD COMMERCIAL INSURERS ACCOUNTABLE

- ▶ **Ensure Medicare Advantage beneficiaries have access to post-acute care benefits through prior authorization oversight.** Medicare Advantage plans regularly inappropriately deny access to post-acute care through excessive use of prior authorization and coverage criteria that are inconsistent with Medicare criteria. The AHA supports changes that would ensure more robust oversight of prior authorization and ensure Medicare Advantage beneficiaries receive the same access to post-acute care as traditional Medicare beneficiaries.
- ▶ **Bolster patient access to post-acute care by establishing appropriate network adequacy requirements.** Medicare Advantage plans are not required to include long-term care hospitals (LTCH), inpatient rehabilitation facilities and home health agencies in their provider networks, even though post-acute care is a covered service under Medicare. This is a glaring omission given that these beneficiaries are entitled to these services under the same conditions as traditional Medicare beneficiaries. The AHA supports adding a requirement that plans include in their networks all covered Medicare services, including post-acute care providers, where these providers are available in the service area.
- ▶ **Increase oversight of commercial health plans.** The AHA supports policies that shine a light on insurer practices through increased data collection, reporting and transparency on patient access metrics — such as appeals, denials and grievances — and reporting on using algorithms and artificial intelligence in utilization management programs.

## ENSURE FAIR MEDICARE REIMBURSEMENT AND PROTECT PATIENT ACCESS TO CARE

- ▶ **Improve annual rulemaking processes and ensure access under Medicare's prospective payment systems.** Costs for hospitals and other providers have dramatically increased as a result of higher labor, drug, supply and other costs. However, annual Medicare payment updates have not kept up with medical inflation. The AHA supports policies that would improve the process for updates to Medicare payment rates and ensure Medicare beneficiaries can access post-acute care providers.
- ▶ **Provide stability under the LTCH prospective payment system.** Under the current payment system, many patients do not qualify for full reimbursement for care provided by LTCHs. This has resulted in reduced access to care. The AHA supports legislative and regulatory reforms that would expand criteria and ensure adequate reimbursement for the high-acuity nature of patients in need of LTCH care.
- ▶ **Obtain relief from reductions in reimbursement for home health agencies.** Home health agencies partner closely with hospitals to ensure safe and timely discharge, and nearly 1 in 5 Medicare patients are discharged to home health after hospitalization. Utilization of home health saves money and keeps patients healthy by providing needed services in the home. However, these providers have faced several years of Medicare payment reductions. The AHA supports reversal of these cuts as well as assurance that future updates will represent the value of home health agencies and the benefits they provide to beneficiaries.

## REDUCE ADMINISTRATIVE BURDEN

- ▶ **Halt the burdensome and unnecessary inpatient rehabilitation facility review choice demonstration.** Inpatient rehabilitation facilities are vital to the recovery of many seriously injured or ill Medicare beneficiaries. However, providers in select states currently undergo 100% claim review for all Medicare beneficiaries under the Inpatient Rehabilitation Facility Review Choice Demonstration. This additional level of administrative burden is misplaced and unnecessary for providers who have continued to demonstrate a high rate of compliance with Medicare rules and provide a critical service to beneficiaries.
- ▶ **Enact regulatory and administrative relief from burdensome policies that take caregivers away from providing patient care and increase costs for patients and the health care system.** These include the collection of unnecessary data elements that are irrelevant to individual post-acute settings and result in lengthy and time-consuming patient assessments.
- ▶ **Ensure effective and fair oversight mechanisms for long-term care providers that both strengthen patient safety and protect access to care.** The Centers for Medicare & Medicaid Services has overly relied upon the Special Focus Facility (SFF) program as an oversight mechanism. Yet, the SFF has not proven to be an effective tool for enhancing outcomes, only serving to exacerbate unfair penalties without incentives for improvement. The AHA supports analyzing the survey processes under the SFF program to streamline protocols and invest in evidence-based efforts to improve patient outcomes in long-term care.

- ▶ **Discontinue quality measures that either fail to provide meaningful, credible information to advance patient quality or safety or have administrative burdens that outweigh their value to improving care.** Certain measures are poor indicators of differences in quality performance; further, data that is publicly reported is often time-lagged, contains inaccuracies or fails to account for unique circumstances for certain post-acute care facilities where measures may be irrelevant. Because of these disadvantages, the administration should not hasten the creation of post-acute care Star Ratings programs.
- ▶ **Repeal unnecessary and Duplicative Conditions of Participation (CoPs).** Many CoPs involve redundant and unnecessary documentation and paperwork that do little to improve patient outcomes, or impose requirements on staff qualifications that limit clinically appropriate access to care. The AHA supports repealing COPs that increase hospital inefficiency and reduce the time providers can spend caring for their patients.
- ▶ **Reduce unnecessary survey activity.** The onsite survey and audit processes are extremely cumbersome and can vary arbitrarily based on individual surveyor practices. The AHA supports improving these processes by adopting concurrent validation surveys, conducting low-risk complaint surveys virtually and allowing for same-day advance notice of survey activity.

## BOLSTER WORKFORCE

- ▶ **Enact policies that ensure practitioners can be utilized to their full potential.** Policies that will help achieve this include allowing non-physicians to practice at the top of their licenses, allowing non-physician licensed practitioners to provide and be paid for certain clinical services under general supervision rather than direct supervision, and removing unnecessary practice restrictions as clinically appropriate.
- ▶ **Remove administrative burdens that limit provider availability.** The AHA supports licensure reciprocity to allow practitioners to work across state lines, streamlined credentialing and licensing processes across payers and regulators, and reducing administrative burdens that take clinicians away from the bedside and contribute to burnout — such as excessive and unnecessary prior authorization use and inappropriate coverage denials.
- ▶ **Bolster the workforce through robust training and retention policies.** The AHA supports addressing physician shortages by increasing the number of residency slots eligible for Medicare funding and rejecting cuts to Medicare graduate medical education; addressing nursing shortages by reauthorizing nursing workforce development programs and investing in nursing schools, nurse faculty salaries and hospital training time; adopting policies to expand loan repayment and other incentive-based programs, including through continued funding of the National Health Service Corps and National Nurse Corps; and ensuring the Department of Education includes critical staff in the definition of “professional student” eligible for higher federal loan amounts.
- ▶ **Ensure the H-1B visa program can help hospitals and health systems address workforce shortages.** The AHA will continue advocating for an exemption for health care workers from the \$100,000 H-1B visa filing fee and ensuring that any changes to the H-1B lottery selection process prioritize health care workers.