

2022 Policy Priorities

1. Long-Term Impact of COVID-19

- a. Build Awareness among Policymakers of Need for Post-COVID Rehabilitation
- b. Maintain and Increase Access to Rehabilitation for Post-COVID Patients

2. Expansion of Telehealth and Telerehabilitation

- a. Preserve Expansion of Telehealth and Telerehabilitation to Increase Access to Care for People with Impairments
- b. Ensure Patients Have Access to In-Person Services when Such Services are Medically Necessary or Preferred by the Patient
- c. Ensure Health Equity through Safeguards that Prioritize In-Person Care and Treat Telehealth and Telerehabilitation as a Supplemental Option

3. Medicare Post-Acute Care Reforms

- a. Highlight Restrictions in Access to Rehabilitation Therapy Services in All Settings of Care
- b. Call for Timely Release of Data on Rehabilitation Access and Utilization
- c. Oppose Review Choice Demonstration for Inpatient Rehabilitation Facilities
- d. Increase Flexibility with the Three-Hour Rule for IRFs (*Access to Inpatient Rehabilitation Therapy Act*)
- e. Ensure Unified Post-Acute Payment Reform Addresses Needs of All Patients
- f. "Reset" Timeline for IMPACT Act Implementation
- g. Refine Documentation of IRF Medical Necessity
- h. Monitor Developments with Post-Acute Care Value-Based Purchasing Efforts to Ensure Patient Access is Protected

4. Integrity of Essential Health Benefits (EHB) Package

- a. Strengthen EHB and Insurance Protections through ACA Legislation
- b. Monitor and Respond to HHS on Future Regulation of Rehabilitative Services and Devices
- c. Respond to Medicare Advantage Call Letter and ACA Plan Regulations [Notice of Benefit and Payment Parameters; Non-discrimination provisions (Sec. 1557)]
- d. Advocate for Rollback of Short-Term, Limited-Duration and Other Inadequate Coverage Options

5. Access to Rehabilitation in Medicare Advantage, Medicaid, other Federal Programs, and Private Insurance

- a. Limit Overuse and Misuse of Prior Authorization and Proprietary Guidelines
- b. Ensure Network Adequacy Requirements Are Met
- c. Ensure Robust Access to Medically Appropriate Rehabilitation for Complex Conditions

6. Responses to Future Regulations

a. Respond as Appropriate to IRF PPS, SNF PPS, Home Health PPS, Physician Fee Schedule Proposed Rules