



## **CPR 2025 Policy Priorities**

### **1. Medicare Post-Acute Care Reforms**

- a. Ensure that any MedPAC payment reform recommendations address the needs of all patients.
- b. Highlight restrictions in access to rehabilitation therapy services in all settings of care.
- c. Call for timely release of data on rehabilitation access and utilization.
- d. Actively work to seek relief from the Review Choice Demonstration (RCD) for inpatient rehabilitation hospitals and units in Alabama, Pennsylvania, Texas, and California.
  - i. Educate state-based patient advocates on RCD implementation.
  - ii. Call for greater transparency in the RCD process generally.
- e. Engage with Congress to reintroduce and build support for the *Access to Inpatient Rehabilitation Therapy Act* (IRF Three-Hour Rule)
- f. Monitor developments and prepare to oppose site-neutral and other policies that would restrict access to IRF and other rehabilitation settings in reconciliation debate.
- g. Enhance patient engagement and education of settings of post-acute care discharge planning requirements, including ensuring that IRFs and all other rehab settings are listed as potential MA referral settings.

### **2. Preserve and Protect Access to Medical Rehabilitation**

- a. Defend Medicaid and other important programs to ensure appropriate access to health care services for people with disabilities and chronic conditions.
- b. Advocate for equitable access to benefits in Medicare Advantage and traditional Medicare.
- c. Continue working with Congress and the Administration to ensure Prior Authorization, and other utilization management techniques, are utilized properly.
  - i. Engage with Congress to reintroduce and pass the *Seniors' Timely Access to Care Act*
- d. Ensure network adequacy requirements are strong to enable appropriate access to a variety of rehabilitation settings, including inpatient rehabilitation hospitals and units.
- e. Advocate that all health plans and programs provide access to medically appropriate rehabilitation for complex conditions, including for brain injury, stroke, spinal cord injury and disorders (SCI/D), amputations, and other chronic illnesses and conditions.
- f. Continue to advocate for an exceptions process for outpatient rehabilitation therapy that exceeds therapy caps imposed by health plans and programs.
- g. Advocate for expanded research to better collect data to compare rehabilitation outcomes across populations, sites, and payers.
- h. Encourage patients and providers to utilize both the grievance and complaint processes in addition to the appeals process.
- i. Work to help ensure affordability of rehabilitation therapy services.

- j. Monitor developments in the artificial intelligence (AI) space and respond when needed to ensure qualified healthcare personnel are involved in decisions involving medically necessary rehabilitation services.

### **3. Expansion of Telehealth and Telerehabilitation**

- a. Preserve expansion of telehealth and telerehabilitation post-March 31, 2025, 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 individualized, evidence-based assessments and other safeguards that prioritize in-person care and treat telehealth and telerehabilitation as a supplemental option.
- d. Ensure appropriate reimbursement for telehealth services to maintain access to care.

### **4. Integrity of Essential Health Benefits (EHB) Package**

- a. Strengthen and/or defend EHB and insurance protections through ACA legislation.
- b. Monitor and respond to HHS on future regulation of rehabilitative services and devices.
- c. Respond to ACA Plan proposed regulations.
- d. Monitor and respond to proposed repeal of recent Short-Term, Limited-Duration Insurance rule, and defend against any actions to promote association health plans (AHPs), high-risk pools, and other forms of substandard insurance plans that do not include EHBs.
- e. Explore long-term care insurance affordability.

### **5. Affordable Care Act and Non-Discrimination Issues**

- a. Defend and ensure proper implementation and sufficient enforcement of new Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act Final Rules
- b. Defend and ensure proper implementation and sufficient enforcement of the updated DOJ title 2 regulations for state and local governments.

### **6. Responses to Future Regulations**

- a. Respond as appropriate to IRF PPS, SNF PPS, Home Health PPS, and Physician Fee Schedule proposed rules and rescissions of existing regulations.

### **7. Long-Term Impact of COVID-19**

- a. Continue building awareness among policymakers of need for post-COVID rehabilitation.
- b. Maintain and increase access to rehabilitation for Long COVID patients.
- c. Defend HHS Advisory Boards on Long-COVID to keep a focus on these issues.