



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

July 31, 2020

The Honorable Dianne Feinstein  
United States Senate  
Via email

**SUBJECT: IMPACT Act**

Dear Senator Feinstein:

On behalf of our more than 400 member hospitals and health systems, including approximately 80 inpatient rehabilitation facilities (IRFs), 100 distinct-part skilled-nursing facilities, 16 long-term care hospitals, and numerous home health agencies, the California Hospital Association (CHA) is writing to express our support for “resetting” the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 in a future COVID-19 relief package.

CHA strongly supports the IMPACT Act, including its thoughtful approach to identify and collect critical information prior to the development and recommendation of wide-ranging payment reform. Since its enactment, CHA and its member acute and post-acute care providers have been involved in ongoing implementation, including active participation in technical expert panels and provider research and training activities. Based on our extensive experience in post-acute care and IMPACT Act activities, we have concluded that the timeline for IMPACT Act implementation must be extended. **For that reason, we ask that Congress include a “reset” of the IMPACT Act in the next COVID-19 relief package.**

Over the past several years, the IMPACT Act has led to the development and implementation of standardized patient assessment data elements as well as numerous new quality, outcome, and resource use measures. These measures were designed to support the collection of comparable data across various settings and over a period of time, and to provide necessary information for the design of a unified post-acute care payment system.

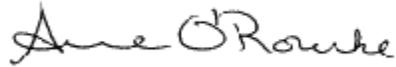
However, the COVID-19 public health emergency has severely disrupted health care delivery at all levels. The pandemic has impacted all aspects of care delivery, including patient care needs — at each level — as well as resource use and patient outcomes. Several new data elements scheduled for implementation in October 2020 have been delayed for at least a year. These factors underscore the need to allow additional time for data collection and analysis to inform future payment reform.

The pandemic has also highlighted differences among the levels of acute and post-acute care and has brought into sharp focus the need to develop systems that are able to care for patients with complex medical needs and functional limitations.

In summary, the pandemic has made clear the need to refresh the mandate of the IMPACT Act and to slow down the process of post-acute care payment reform. Such a “reset” will allow for the new payment model to incorporate the most recent and relevant data, and to reflect insights from the COVID-19 pandemic.

CHA appreciates the opportunity to provide this input. If you have any questions, please do not hesitate to contact Megan Howard, senior policy analyst, at [mhoward@calhospital.org](mailto:mhoward@calhospital.org) or (202) 488-3742, or Pat Blaisdell, vice president continuum of care, at [pblaisdell@calhospital.org](mailto:pblaisdell@calhospital.org) or (916) 552-7553.

Sincerely,

A handwritten signature in cursive script that reads "Anne O'Rourke".

Anne O'Rourke  
Senior Vice President, Federal Relations