July 14, 2014

The Honorable Dave Camp  
Chairman, Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Ron Wyden  
Chairman, Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Sander Levin  
Ranking Member, Committee on Ways and Means  
United Stated House of Representatives  
Washington, DC 20515

The Honorable Orrin Hatch  
Ranking Member, Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Camp, Chairman Wyden, Ranking Member Levin and Ranking Member Hatch:

We commend the leadership, staff and members of the Committees for the thoughtful and bipartisan approach you have taken and are taking to the reform of post-acute care. As one of the first products of that process, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act (H.R. 4994/S. 2553) stands out as a much-needed, substantive contribution to Medicare policy. With this letter, the National Coalition on Health Care (NCHC) lends its support to the recently introduced IMPACT Act.

High-quality post-acute care is vital to overall patient care; it can help return a patient to health and help align a patients’ care with his or her own priorities and preferences. But the enormous variation in Medicare’s spending on post-acute care across different locales has little discernible relationship with outcomes. In many cases, Medicare’s own payment policies and the structure of post-acute provider markets, not beneficiaries’ needs and preferences, may be driving what care is provided.

The IMPACT Act takes a fundamentally important step toward more rational delivery of post-acute care by requiring providers to submit patient assessment data in a standardized format; developing systems of measurement for clinical quality, outcomes and resource use that can be applied across all post-acute settings; and providing for public access to that data. With this information, payers, providers, consumers and family caregivers can work together to identify the best care setting for each individual, and policymakers can begin the challenging work of implementing broader reform to Medicare’s post-acute system.
NCHC supports preserving the central role which the multi-stakeholder Measures Application Partnership in quality measure selection. We are pleased that introduced legislation improves upon the original discussion draft in this respect, noting MAP’s ability to proceed with expedited reviews and limiting exceptions from the MAP process to circumstances when HHS would otherwise fail to meet the timelines established in the legislation.

The IMPACT Act of 2014 takes critically important steps to improve and promote value in post-acute care. NCHC looks forward to continuing to work with you and your staffs in future efforts to reform post-acute care.

Yours truly,

John Rother
President and CEO