



November 29, 2019

The Honorable Danny Davis  
US House of Representatives  
2159 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brad Wenstrup  
US House of Representatives  
2419 Rayburn House Office Building  
Washington, DC 20515

The Honorable Terri Sewell  
US House of Representatives  
2201 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jodey Arrington  
US House of Representatives  
1029 Longworth House Office Building  
Washington, DC 20515

Dear Rural and Underserved Communities Health Task Force Co-Chairs:

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), the national trade association representing more than 650 freestanding inpatient rehabilitation hospitals and units (IRFs), we write in response to the Rural and Underserved Communities Health Task Force Request for Information (RFI) on issues specific to post-acute care (PAC) services in rural and other underserved settings (RFI question 8).

The predominant concern regarding the delivery of health care in rural areas is the lack of access to care, and particularly PAC. AMRPA believes that policy reforms related to telehealth expansion can help alleviate some of these access concerns and deliver improved utilization of clinically necessary rehabilitation services for rural patients. To that end, AMRPA has supported recent efforts in Congress – particularly [H.R. 4932, the CONNECT for Health Act of 2019](#) – that would take steps such as expanding telehealth and remote patient monitoring. Of note, the bill would allow the Department of Health and Human Services to issue waivers to allow therapists and other specified PAC providers with new authority to provide telehealth services, which would help ensure patients are able to remain engaged with their provider despite geographic barriers. We encourage this Task Force to identify other legislative opportunities to incentivize a greater number of specialties, including rehabilitation physicians and therapists, to utilize telehealth services.

AMRPA also recognizes that PAC providers (including those in rural and underserved communities) face unique challenges and burdens, with Medicare Advantage (MA) and the prior authorization (PA) policies utilized by MA plans being of particular concern. PA policies place undue financial and administrative burdens on rural providers, where resources are already limited. PA policies often force providers to shift (already scarce) time and resources toward completing PA requests and fighting inappropriate denials, when such resources could otherwise be devoted to patient services. To address these issues, AMRPA strongly supports [H.R. 3107, the Improving Seniors' Access to Care Act](#), and encourages Task Force members to support the advancement of this legislation in the 116<sup>th</sup> Congress. AMRPA additionally encourages

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Congress to develop policies that go further in addressing the utilization management policies employed in MA (such as the use of proprietary guidelines that run afoul of Medicare coverage criteria), as we believe such reforms would significantly improve patient outcomes in rural and underserved areas.

AMRPA appreciates the opportunity to participate in the task force's efforts to ensure all patients, regardless of geographic location, have access to high-quality post-acute care. AMRPA welcomes the opportunity to provide technical assistance and further recommendations related to PAC and IRF access. If you have any questions, please do not hesitate to contact Kate Beller, AMRPA Executive Vice President for Policy Development and Government Relations (202-207-1132, [kbeller@amrpa.org](mailto:kbeller@amrpa.org)) and Martha Kendrick at (202) 887-4215 or [mkendrick@akingump.com](mailto:mkendrick@akingump.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard Kathrins", with a stylized flourish at the end.

Richard Kathrins, PhD  
Chair, Board of Directors  
President & CEO, Bacharach Institute for Rehabilitation

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