September 7, 2021

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1751-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Brooks-LaSure:

The Association of Rehabilitation Nurses (ARN), representing more than 4,500 rehabilitation nurses and more than 14,000 certified rehabilitation registered nurses that work to enhance the quality of life for those affected by physical disability and/or chronic illness, appreciates the opportunity to comment on the CY 2022 Payment Policies under the Physician Fee Schedule. As experts in rehabilitation and helping patients manage chronic conditions, regain function, and obtain optimal wellness, ARN applauds the proposal to cover pulmonary rehabilitative care for patients with long COVID and provides the following comments to guide the implementation of this policy.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient and caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses are irreplaceable members of the care team that helps patients regain function and achieve optimal wellness. Rehabilitation nurses practice in all settings, wherever rehabilitation services are provided, including in freestanding rehabilitation facilities, hospitals, long-term subacute care facilities and skilled nursing facilities, long-term acute care facilities, comprehensive outpatient rehabilitation facilities, home health, and private practices. Rehabilitation nurses practice alongside physiatrists, occupational therapists, physical therapists and others optimize patient health.

Rehabilitation nurses have been essential to the COVID-19 response and in identifying the long-term impacts of COVID-19 infection. Through these experiences, rehabilitation nurses witnessed the devastating impacts of long COVID and the vital role that rehabilitation nursing services play in helping patients recover from this poorly understood condition. Emerging evidence suggests that patients who suffer severe COVID-19 disease will experience functional, cognitive and mental/behavioral health

deficits that require rehabilitation to restore and maximize functional outcomes and independence.[1] These unique challenges call for specific design procedures for inpatient rehabilitation units for post-acute COVID-19 patient rehabilitation; staffing issues for physiotherapy, occupational therapy, and speech-language therapy; and access issues to outpatient rehabilitation.[2]

Based on these experiences, ARN supports the proposal to make long COVID a qualifying condition for pulmonary rehabilitation services. In the experience of ARN's members, individuals with cardiac complications and chronic obstructive pulmonary disease (COPD) are most likely to require pulmonary rehabilitation post-COVID infection and are also most likely to be readmitted for long COVID pulmonary complications. While the majority of individuals that receive pulmonary rehabilitation services for post-COVID symptomology are being transferred directly from inpatient hospitalizations, ARN members estimate that approximately 25% of these patients will require additional inpatient pulmonary rehabilitative services after discharge for the same symptomology. Compared to other pulmonary rehabilitation patients, indivduals with long COVID pulmonary complications require assistance with energy conservation techniques, given the tendency for patients to have significant repiratory pathology and diminished lung capacity following acute COVID-19 infection. While triaging of long COVID patients differs by rehabilitation center, for the most part long COVID patients have been integrated into existing inpatient rehabilitation units along with patients receiving care for non-COVID-related conditions. This has required rehabilitation units to take additional infection precautions and avoid aerosolizing pulmonary rehabilitation exercises to minimize the chance of infection among non-COVID patients. ARN believes that the proposed definition of long COVID to include the persistence of symptomology for at least four weeks post discharge is appropriate. This timeline matches a long COVID patient's typical trajectory of receiving approximately two weeks of inpatient rehabilitative care following hospitalization, followed by one to two weeks to attempt management of symptoms on an outpatient basis prior to requiring additional rehabilitative services.

ARN supports that long COVID should be a specific qualifying condition for pulmonary rehabilitation services, which is necessary to provide much-needed clarity on access and reimbursement for these services. While ARN members have had success obtaining reimbursement for pulmonary rehabilitation services under fee-for-service Medicare, patients continue to struggle to get coverage for pulmonary rehabilitation services under Medicare Advantage plans. Specifying that long COVID is a qualifying condition for pulmonary rehabilitation services will improve access to care and prevent denials for services that can prevent hospitalization of long COVID patients. As hospitals across the country buckle under the weight of the Delta variant, it is vital that long COVID patients be matched to the most appropriate level of care to avoid hospitalization. Coverage of pulmonary rehabilitation services for long COVID patients will prevent rehospitalization and overburdening hospitals and emergency rooms as they care for patients with active, acute COVID-19 infections.

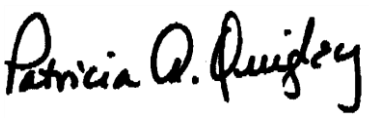
ARN appreciates the opportunity to provide comments regarding the CY 2022 Physician Fee Schedule and the long COVID pulmonary rehabilitation proposal. ARN is eager to contribute to the understanding

[1] Wade, D. T. (2020). Rehabilitation after COVID-19: an evidence-based approach. Clinical Medical Journal, 20(4), 359-365. https://doi.org/10.7861/clinmed.2020-0353; World Physiotherapy (May 2020). World Physiotherapy response to COVID-19: Briefing paper 2. https://world.physio/sites/default/files/2020-07/COVID19-Briefing-Paper-2-Rehabilitation.pdf.

[2] Sheehy, L. M. (2020). Considerations for postacute rehabilitation for survivors of COVID-19. JMIR Public Health and Surveillance, 6(2), e19462. https://doi.org/10.2196/19462.

of long COVID and connect patients to needed rehabilitative care. If you have any questions, please contact me or ARN's Health Policy Associate, Jeremy Scott (jscott@dc-crd.com). Thank you for your consideration of our comments.

Sincerely,



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President