July 13, 2021

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Fred Upton
2183 Rayburn House Office Building
Washington, DC 20515

Dear Congresswoman DeGette and Congressman Upton:

On behalf of the Association of Rehabilitation Nurses (ARN), representing more than 4,500 rehabilitation nurses and more than 13,000 certified rehabilitation registered nurses that work to enhance the quality of life for those affected by physical disability and/or chronic illness, thank you for the opportunity to comment on the Cures 2.0 discussion draft. ARN applauds the Cures 2.0 proposal to create a learning collaborative to understand the impacts of long COVID. As experts in rehabilitation and helping patients manage chronic conditions, regain function, and obtain optimal wellness, ARN is eager to participate in these discussions and connect long COVID patients to high quality, evidence-based rehabilitative care.

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.

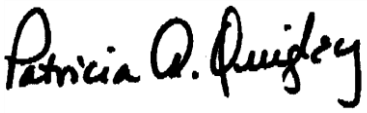
Rehabilitation nurses have been instrumental to the COVID-19 response and identifying the long-term impacts of COVID-19 infection. Throughout 2020, rehabilitation nurses remained resilient, compassionate, and exceptional when so much was asked of them. Within hospitals, some acute inpatient rehabilitation units were closed and reopened as COVID-19 units to meet surging acute care needs of suspected and actual COVID-19 units. While other inpatient acute care units remained open with segregated sections for COVID-19 positive patients in need of rehabilitation. Rehabilitation nurses floated to acute care units, essential to meet the stress and often insufficient nursing workforce nursing

needs among acute medical and critical care units. Rehabilitation hospitals readied and responded to overflow COVID-19 admissions, while continuing to provide specialty-based inpatient and outpatient rehabilitation; additionally, long term care's doors closed to prevent disease spread and protect the most at-risk vulnerable residents.

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 deficits that require rehabilitation to restore and maximize functional outcomes.[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 outpatient rehabilitation.[2] A learning collaborative on long COVID, as proposed in Cures 2.0, including representation from the nursing and rehabilitation communities will advance our understanding of long COVID and help identify best practices to connect patients to needed rehabilitative care. ARN is grateful for the inclusion of this provision in the Cures 2.0 discussion draft and urges the inclusion of rehabilitative nursing expertise when the learning collaborative is constituted.

ARN appreciates the opportunity to provide comments regarding the Cures 2.0 discussion draft. ARN is eager to contribute to the understanding 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,



Patricia A. Quigley, PhD, MPH, APRN, CRRN, FAAN, FAANP, FARN
President

[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