



# Building Strategic Coalitions in Rehab

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# AAP Advocacy Agenda

## Protect Federal Funding for Research in the Field

- National Institutes of Health
- Department of Defense
- Veterans Affairs
- The Administration for Community Living

## Increase Workforce for Physical Medicine & Rehabilitation

- Graduate Medical Education
- Student Loan Reforms
- Federal Workforce Programs
- Value of Academic Physiatrists

## Protecting Patient Access to Services

- Payment Reform
- Access to DME
- Medicare & Medicare Advantage Rules
- Agency Rules Impacting Disability Community



# What is a Coalition?

- A coalition is a group of like-minded organizations or individuals who unite to create policy change.
- Coalitions are a great way to build or enhance your advocacy network and connect with similar organizations to advance a policy goal.
- Coalitions can be permanent or temporary.
- Could be loose associations or formal organizations.
- Could be free to join or require a membership fee.

# Coalition Building

## Steps to building a coalition:

- Identify the issue(s)
  - It is important to have a clear understanding of the main issue area the coalition is advocating for before joining.
  - Coalitions tend to be more effective when they focus on a specific issue so that all organizations involved have a clear idea of what the policy goal is and what they are advocating for.
- Mind other organizations or coalitions
  - Know the other members of the coalition to ensure they are reputable and have shared goals and objectives
- What is your level of commitment
  - Some organizations will take on leadership roles within the coalition while other organizations will be less engaged.
- Set coalition goals and guidelines
  - Get together with the other organizations as a group to decide what you would like to accomplish over a specified period of time.
- Advocate!!

# Political Action Committees

- PACs are organized for the purpose of raising and spending money to elect and defeat candidates running for offices.
- Campaign finance laws regulate how money is raised, distributed, and used in elections.
- Federal laws regulate the use of money in federal elections while the states implement and enforce their own campaign finance laws for state-level candidates.
- There are two types of political action committees: connected and non-connected:
  - Connected or Association: associated with a “connected organization” which actively sets up, administers and raises money. May only solicit campaign finance funds from a particular group of individuals who have a certain relationship with the connected organization.
  - Non-Connected: typically groups with an organized mission or single-issue cause. Rely on donations from the general public, members, or other PACs to fund their activities.

# AAP Member Coalitions

## **The Disability and Rehabilitation Research Coalition (DRRC)**

- Coalition of national non-profit organizations committed to improving the science of medical rehabilitation, disability, and independent living.

## **The Ad Hoc Group for Medical Research**

- Founded in 1982, is a coalition of patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry, dedicated to enhancing the federal investment in biomedical, behavioral, social, and population-based research supported by NIH.



# AAP Affiliated Coalitions

## The National Coalition for Assistive and Rehab Technology (NCART)

- Non-profit organization of suppliers and manufacturers of Complex Rehab Technology (CRT) products and services used by individuals with disabilities and chronic medical conditions.

## Association of American Medical Colleges (AAMC)

- Founded in 1876 and based in Washington, D.C., the AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations.





# Building Strategic Coalitions and Jointly Advancing Policy in the Medical Rehabilitation Field

Kate Beller, JD  
President

American Medical Rehabilitation Providers Association

# The Association Perspective: Building Coalitions While Navigating Politics, Policies, and Personalities

**The Ideal:**



**The Common Outcome:**



# Quick Background: My Experience & Passion for Collective Advocacy



- Healthcare Attorney & Lobbyist by Background
- Career Began in Washington, DC Right as the Affordable Care Act Shifted the Healthcare Landscape (Great Lesson in Flexibility, Fast Learning, and Short Shelf-Life of a Health Law-Focused Degree)
- Early Career Generally Focused on Singular Client/Singular Issue Advocacy
- Interest in AMRPA Sparked by Opportunities to Work with Peer Organizations and Policymakers Across the Medical Rehabilitation Field and Identify Shared Advocacy Efforts
  - Collaborative Skills Also Honed by Being a Parent to 6.5 and 8 Year-Old Sons

# Quick Background:

## How AMRPA Creates, Builds & Bolsters Strategic Relationships



- **Who We Are:** The only national voluntary trade association representing 800+ inpatient rehabilitation providers, as well as state associations and other important representatives of the field
- **Mission Statement:** Advancing the field of medical rehabilitation through advocacy, education, and the promotion of access to care.
- **Our Core Issues:** Inpatient rehabilitation coverage & access policies; prior authorization reform; payment adequacy for IRFs and providers within IRFs; IRF oversight programs and rehabilitation research.

# Identifying Strategic Partners through Formal & Informal Coalition Work



Advocates for improving the federal science of disability, independent living, and rehabilitation.



Advocates for policies to enhance and expand access to rehabilitation services.



Advocates on all facets of federal public policy impacting children and adults with disabilities.



Advocates for expanded access to assistive technology and devices for people with disabilities.

**AMRPA Also Leverages Informal – But Effective – Partnerships with Other Stakeholders on Issues Such as Physician Payment Relief, Therapy Issues, and Post-Acute Care-Wide Concerns (e.g., Prior Authorization)**

# How AMRPA Creates, Builds & Bolsters Strategic Relationships



## Joint Advocacy Letters to CMS and Congress

Re: Nomination of Alberto Esquenazi, M.D.

Dear Mr. Dodaro:

The Association of Academic Physiatrists (AAP) strongly endorses the nomination of Alberto Esquenazi, MD, Chief Medical Officer of Moss Rehab, and Senior Vice-President for Rehabilitation and Post-Acute Care Services at Jefferson Health, to serve as a commissioner on the Medicare Payment Advisory Commission (MedPAC).

## Supporting Ally Nominations



## Congressional Advocacy with Peer Organizations & State Groups

Sincerely,

### The undersigned organizations of the DRRC

American Academy of Physical Medicine & Rehabilitation  
*American Association on Health & Disability \**  
American Medical Rehabilitation Providers Association  
American Music Therapy Association  
*American Occupational Therapy Association \**  
*American Physical Therapy Association \**  
American Spinal Injury Association (ASIA)  
American Therapeutic Recreation Association  
*Association of Academic Physiatrists (AAP) \**  
Association of University Centers on Disabilities

### *Brain Injury Association of America \**

Clinician Task Force  
National Association for the Advancement Orthotics & Prosthetics  
*National Association of Rehabilitation Research and Training Centers (NARRTC) \**  
Paralyzed Veterans of America  
Rehabilitation Engineering and Assistive Technology Society of North American (RESNA)  
Spina Bifida Association  
United Spinal Association  
VisionServe Alliance

## Strategic Coalition Participation and Sign-Ons

# Snapshots of Successful Joint Advocacy & Partnerships

- Physician & Provider-Led Effort to Push Back on “Unified” PAC Payment System & Similar Models
- Ongoing National PAC Efforts to Track Medicare Advantage Coverage Issues & Relay Concerns to Policymakers
- Broad Coalition Efforts to Secure Physician Payment Relief Across Numerous Congressional Sessions
- DRRC-Led to Achieve a Health Disparity Population Designation for Persons with Disabilities
- Collective Opposition to Prior CMS Proposal to Revise Qualification Standards for Rehabilitation Physicians





# Building Strategic Coalitions in Rehabilitation

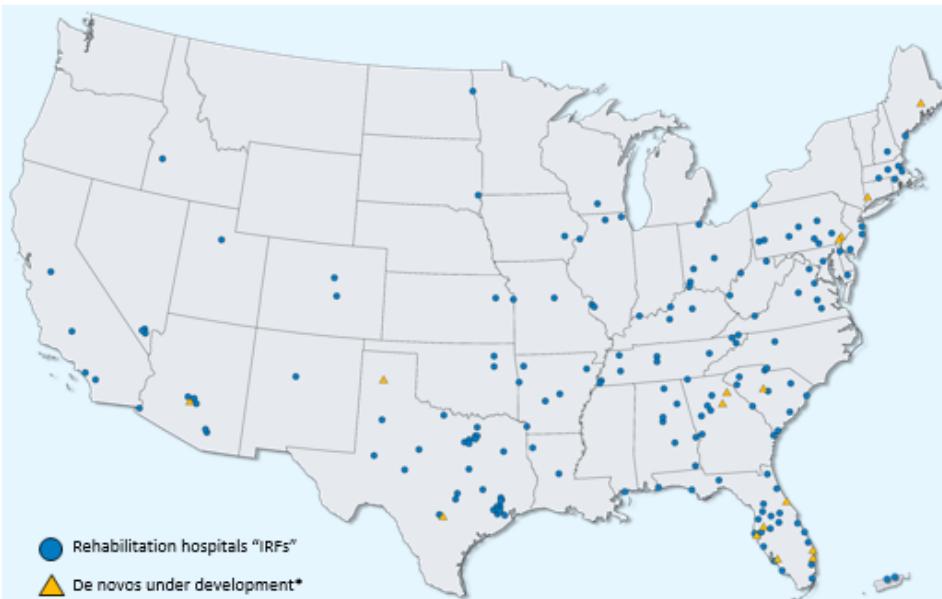
Lisa Charbonneau, DO, MS  
Chief Medical Officer  
Encompass Health

# My career path from residency to private practice to administration





## Encompass Health | Largest owner and operator of rehabilitation hospitals



Company profile as of  
12/31/24

**166**

Rehabilitation hospitals  
"IRFs"

65 are joint ventures

**17**

IRFs under  
development\*\*

**38**

States and  
Puerto Rico

Key statistics  
trailing four quarters

**~248,500**  
patient discharges

**~\$5.4** Billion in  
revenue

**~40,200**  
employees



2025 Fortune World's Most Admired Companies™  
2025 Forbes Most Trusted Companies in America  
2024 Becker's Top Places to Work in Healthcare

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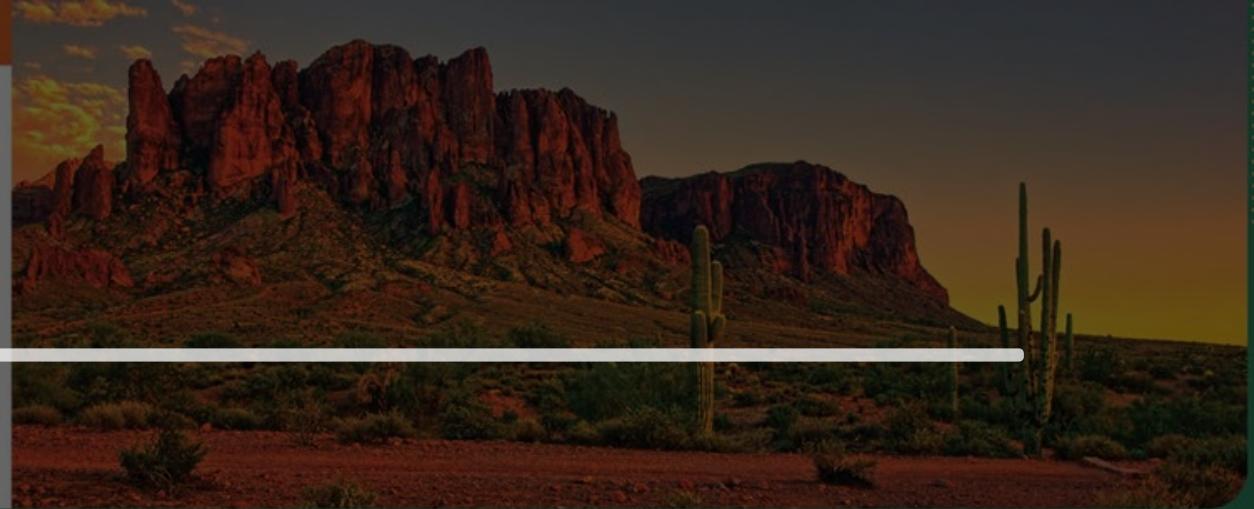
# Encompass Health Advocacy

- Washington, DC presence
- Network of informed hospital operators
- Collaboration with CMS and Medicare contractors
- Member of AMRPA, FAH, AHA
- State hospital associations
- TEPS, NQF, Batelle committees focused on quality metrics

# Summary

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*The future of physiatry happens here.*



- Encompass Health is committed to providing the best rehabilitation services to our patients.
- We advocate for access to IRF care for all patients, especially Medicare beneficiaries.
- We have strategic alliances with our trade associations and the Academy of PM&R, but we provide our own voice to lawmakers and others.
- The field of inpatient rehabilitation is growing due to the aging Baby Boomer population and we have an aggressive growth plan over the next few years due to the presence of underserved areas in the country.

# Questions & Discussion

