

114TH CONGRESS
1ST SESSION

H. R. 2292

To amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2015

Mr. OLSON (for himself, Mr. GENE GREEN of Texas, Mr. DOLD, and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preserving Rehabilita-
5 tion Innovation Centers Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) In the United States, there are an esti-
2 mated 1,181 inpatient rehabilitation facilities.
3 Among these facilities is a small group of inpatient
4 rehabilitation institutions that are contributing to
5 the future of rehabilitation care medicine, as well as
6 to patient recovery, scientific innovation, and quality
7 of life.

8 (2) This unique category of inpatient rehabilita-
9 tion institutions treats the most complex patient
10 conditions, such as traumatic brain injury, stroke,
11 spinal cord injury, childhood disease, burns, and
12 wartime injuries.

13 (3) These leading inpatient rehabilitation insti-
14 tutions are all not-for-profit or Government-owned
15 institutions and serve a high volume of Medicare or
16 Medicaid beneficiaries.

17 (4) These leading inpatient rehabilitation insti-
18 tutions have been recognized by the Federal Govern-
19 ment for their contributions to cutting-edge research
20 to develop solutions that enhance quality of care, im-
21 prove patient outcomes, and reduce health care
22 costs.

23 (5) These leading inpatient rehabilitation insti-
24 tutions help to improve the practice and standard of
25 rehabilitation medicine across the Nation in urban,

1 suburban, and rural communities by training physi-
2 cians, medical students, and other clinicians, and
3 providing care to patients from all 50 States.

4 (6) It is vital that these leading inpatient reha-
5 bilitation institutions are supported so they can con-
6 tinue to lead the Nation's efforts to—

7 (A) advance integrated, multidisciplinary
8 rehabilitation research;

9 (B) provide cutting-edge medical care to
10 the most complex rehabilitation patients;

11 (C) serve as education and training facili-
12 ties for the physicians, nurses, and other health
13 professionals who serve rehabilitation patients;

14 (D) ensure Medicare and Medicaid bene-
15 ficiaries receive state-of-the-art, high-quality re-
16 habilitation care by developing and dissemi-
17 nating best practices and advancing the quality
18 of care utilized by post-acute providers in all 50
19 States; and

20 (E) support other inpatient rehabilitation
21 institutions in rural areas to help ensure access
22 to quality post-acute care for patients living in
23 these communities.

1 **SEC. 3. INDIRECT COSTS PAYMENT FOR REHABILITATION**
2 **INNOVATION CENTERS.**

3 (a) IN GENERAL.—Section 1886(j) of the Social Se-
4 curity Act (42 U.S.C. 1395ww(j)) is amended—

5 (1) by redesignating paragraph (8) as para-
6 graph (9); and

7 (2) by inserting after paragraph (7) the fol-
8 lowing new paragraph:

9 “(8) INDIRECT COSTS PAYMENT FOR REHABILI-
10 TATION INNOVATION CENTERS.—

11 “(A) STUDY RELATING TO ADDITIONAL
12 PAYMENTS TO REHABILITATION INNOVATION
13 CENTERS TO ACCOUNT FOR HIGHER COSTS; AU-
14 THORITY TO INCREASE PAYMENTS.—

15 “(i) STUDY.—Not later than July 1,
16 2017, the Secretary shall conduct a study
17 to determine whether there should be an
18 increase in the prospective payment rate
19 that would otherwise be made to a rehabili-
20 tation innovation center under this sub-
21 section for purposes of covering the addi-
22 tional costs that are incurred by such cen-
23 ters in furnishing items and services to in-
24 dividuals under this title, conducting re-
25 search, and providing medical training,
26 and if the Secretary determines that such

1 an increase is recommended, the amount of
2 such increase that is needed to cover such
3 additional costs.

4 “(ii) AUTHORITY TO INCREASE PAY-
5 MENTS.—Insofar as the Secretary deter-
6 mines under clause (i) that there should be
7 an increase in the prospective payment
8 rate to rehabilitation innovation centers,
9 the Secretary may provide on a prospective
10 basis for an appropriate percentage in-
11 crease in such rate.

12 “(B) REHABILITATION INNOVATION CEN-
13 TER DEFINED.—

14 “(i) IN GENERAL.—Subject to clause
15 (iv), in this paragraph, the term ‘rehabili-
16 tation innovation center’ means a rehabili-
17 tation facility that, determined as of the
18 date of the enactment of this paragraph, is
19 described in clause (ii) or clause (iii).

20 “(ii) NOT-FOR-PROFIT.—A rehabilita-
21 tion facility described in this clause is a fa-
22 cility that—

23 “(I) is classified as a not-for-
24 profit entity under the Centers for

1 Medicare & Medicaid Services 2010
2 Provider of Services file;

3 “(II) holds at least one Federal
4 rehabilitation research and training
5 designation for research projects on
6 traumatic brain injury, spinal cord in-
7 jury, or stroke rehabilitation research
8 from the Rehabilitation Research and
9 Training Centers or the Rehabilitation
10 Engineering Research Center at the
11 National Institute on Disability and
12 Rehabilitation Research at the De-
13 partment of Education;

14 “(III) has a minimum Medicare
15 case mix index of 1.1144 according to
16 the IRF Rate Setting File for the
17 Correction Notice for the Inpatient
18 Rehabilitation Facility Prospective
19 Payment System for Federal Fiscal
20 Year 2012 (78 Fed. Reg. 59256); and

21 “(IV) has at least 300 Medicare
22 discharges per year or at least 200
23 Medicaid discharges per year.

1 “(iii) GOVERNMENT-OWNED.—A reha-
2 bilitation facility described in this clause is
3 a facility that—

4 “(I) is classified as a Govern-
5 ment-owned institution under the
6 Centers for Medicare & Medicaid
7 Services 2010 Provider of Services
8 file;

9 “(II) holds at least one Federal
10 rehabilitation research and training
11 designation for research projects on
12 traumatic brain injury, spinal cord in-
13 jury, or stroke rehabilitation research
14 from the Rehabilitation Research and
15 Training Centers, the Rehabilitation
16 Engineering Research Center, or the
17 Model Spinal Cord Injury Systems at
18 the National Institute on Disability
19 and Rehabilitation Research at the
20 Department of Education;

21 “(III) has a minimum Medicare
22 case mix index of 1.1144 according to
23 the IRF Rate Setting File for the
24 Correction Notice for the Inpatient
25 Rehabilitation Facility Prospective

1 Payment System for Federal Fiscal
2 Year 2012 (78 Fed. Reg. 59256); and

3 “(IV) has a disproportionate
4 share hospital (DSH) percentage of at
5 least 0.6300 according to the IRF
6 Rate Setting File for the Correction
7 Notice for the Inpatient Rehabilitation
8 Facility Prospective Payment System
9 for Federal Fiscal Year 2012 (78
10 Fed. Reg. 59256).

11 “(iv) AUTHORITY.—The Secretary
12 may consider applications from inpatient
13 rehabilitation facilities that are not de-
14 scribed in clause (ii) or (iii) as of the date
15 of the enactment of this paragraph but
16 who are subsequently so described.”.

17 (b) STUDY AND REPORT TO CONGRESS ON ACCESS
18 TO REHABILITATION CARE IN RURAL COMMUNITIES IN
19 STATES THAT DO NOT HAVE A REHABILITATION INNO-
20 VATION CENTER.—

21 (1) STUDY.—The Secretary of Health and
22 Human Services shall conduct a study on access by
23 individuals (including, but not limited to, Medicare
24 beneficiaries) to rehabilitation care in rural commu-
25 nities in States in which there is no rehabilitation in-

1 novation center (as defined in section 1886(j)(8)(B)
2 of the Social Security Act, as added by subsection
3 (a)).

4 (2) REPORT.—Not later than July 1, 2017, the
5 Secretary of Health and Human Services shall sub-
6 mit to Congress a report on the study conducted
7 under paragraph (1), together with recommenda-
8 tions for such legislation and administrative action
9 as the Secretary determines appropriate.

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