

114TH CONGRESS
1ST SESSION

S. 1168

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

IN THE SENATE OF THE UNITED STATES

APRIL 30, 2015

Mr. KIRK (for himself and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Finance

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:

8 (1) In the United States, there are an esti-
9 mated 1,181 inpatient rehabilitation facilities.

10 Among these facilities is a small group of inpatient

1 rehabilitation institutions that are contributing to
2 the future of rehabilitation care medicine, as well as
3 to patient recovery, scientific innovation, and quality
4 of life.

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

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

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

20 (5) These leading inpatient rehabilitation insti-
21 tutions help to improve the practice and standard of
22 rehabilitation medicine across the Nation in urban,
23 suburban, and rural communities by training physi-
24 cians, medical students, and other clinicians, and
25 providing care to patients from all 50 States.

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

4 (A) advance integrated, multidisciplinary
5 rehabilitation research;

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

8 (C) serve as education and training facili-
9 ties for the physicians, nurses, and other health
10 professionals who serve rehabilitation patients;

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

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

21 **SEC. 3. INDIRECT COSTS PAYMENT FOR REHABILITATION**
22 **INNOVATION CENTERS.**

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

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

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

5 “(8) INDIRECT COSTS PAYMENT FOR REHABILI-
6 TATION INNOVATION CENTERS.—

7 “(A) STUDY RELATING TO ADDITIONAL
8 PAYMENTS TO REHABILITATION INNOVATION
9 CENTERS TO ACCOUNT FOR HIGHER COSTS; AU-
10 THORITY TO INCREASE PAYMENTS.—

11 “(i) STUDY.—Not later than July 1,
12 2017, the Secretary shall conduct a study
13 to determine whether there should be an
14 increase in the prospective payment rate
15 that would otherwise be made to a rehabili-
16 tation innovation center under this sub-
17 section for purposes of covering the addi-
18 tional costs that are incurred by such cen-
19 ters in furnishing items and services to in-
20 dividuals under this title, conducting re-
21 search, and providing medical training,
22 and if the Secretary determines that such
23 an increase is recommended, the amount of
24 such increase that is needed to cover such
25 additional costs.

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

9 “(B) REHABILITATION INNOVATION CEN-
 10 TER DEFINED.—

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

17 “(ii) NOT-FOR-PROFIT.—A rehabilita-
 18 tion facility described in this clause is a fa-
 19 cility that—

20 “(I) is classified as a not-for-
 21 profit entity under the Centers for
 22 Medicare & Medicaid Services 2010
 23 Provider of Services file;

24 “(II) holds at least one Federal
 25 rehabilitation research and training

1 designation for research projects on
2 traumatic brain injury, spinal cord in-
3 jury, or stroke rehabilitation research
4 from the Rehabilitation Research and
5 Training Centers or the Rehabilitation
6 Engineering Research Center at the
7 National Institute on Disability and
8 Rehabilitation Research at the De-
9 partment of Education;

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

17 “(IV) has at least 300 Medicare
18 discharges per year or at least 200
19 Medicaid discharges per year.

20 “(iii) GOVERNMENT-OWNED.—A reha-
21 bilitation facility described in this clause is
22 a facility that—

23 “(I) is classified as a Govern-
24 ment-owned institution under the
25 Centers for Medicare & Medicaid

1 Services 2010 Provider of Services
2 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, the Rehabilitation
10 Engineering Research Center, or the
11 Model Spinal Cord Injury Systems at
12 the National Institute on Disability
13 and Rehabilitation Research at the
14 Department of Education;

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

22 “(IV) has a disproportionate
23 share hospital (DSH) percentage of at
24 least 0.6300 according to the IRF
25 Rate Setting File for the Correction

1 Notice for the Inpatient Rehabilitation
2 Facility Prospective Payment System
3 for Federal Fiscal Year 2012 (78
4 Fed. Reg. 59256).

5 “(iv) AUTHORITY.—The Secretary
6 may consider applications from inpatient
7 rehabilitation facilities that are not de-
8 scribed in clause (ii) or (iii) as of the date
9 of the enactment of this paragraph but
10 who are subsequently so described.”.

11 (b) STUDY AND REPORT TO CONGRESS ON ACCESS
12 TO REHABILITATION CARE IN RURAL COMMUNITIES IN
13 STATES THAT DO NOT HAVE A REHABILITATION INNO-
14 VATION CENTER.—

15 (1) STUDY.—The Secretary of Health and
16 Human Services shall conduct a study on access by
17 individuals (including, but not limited to, Medicare
18 beneficiaries) to rehabilitation care in rural commu-
19 nities in States in which there is no rehabilitation in-
20 novation center (as defined in section 1886(j)(8)(B)
21 of the Social Security Act, as added by subsection
22 (a)).

23 (2) REPORT.—Not later than July 1, 2017, the
24 Secretary of Health and Human Services shall sub-
25 mit to Congress a report on the study conducted

1 under paragraph (1), together with recommenda-
2 tions for such legislation and administrative action
3 as the Secretary determines appropriate.

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