



October 14, 2011

Senator Patty Murray  
Co-Chair  
Joint Select Committee on Deficit Reduction  
448 Russell Senate Office Building  
Washington, DC 20510

Representative Jeb Hensarling  
Co-Chair  
Joint Select Committee on Deficit Reduction  
129 Cannon House Office Building  
Washington, DC 20510

**RE: Consumer and Disability Groups' Opposition to Policies Restricting Access to Rehabilitation Services Under the Medicare Program**

Dear Co-Chairs Murray and Hensarling:

The undersigned members of the Coalition to Preserve Rehabilitation (CPR), a group of national consumer and disability-related organizations, strongly oppose policies proposed in the context of the Joint Committee's deliberations that would severely restrict access to inpatient rehabilitation hospital services for people with disabilities and chronic conditions. Access to inpatient hospital rehabilitation, as well as rehabilitative care provided in a variety of settings, is critical for people of all ages with significant functional impairments due to injury, illness, and disabling conditions.

As you consider the myriad Medicare proposals that have surfaced in the past year, we ask you to not include in your recommendations the following:

1. **75% Rule for Inpatient Rehabilitation Hospitals:** We oppose raising the 60% rule, which was established by Congress in 2007, up to a 75% compliance threshold, a percentage that would clearly restrict access to inpatient rehabilitation hospital services. This is an issue that has been debated for several years and that we have addressed in the past. Congress finally settled the debate with the implementation of a reasonable rule that has been demonstrated to permit appropriate access to inpatient hospital rehabilitation. The data clearly establish that the 60% Rule is working in its current form. Inpatient rehabilitation has not experienced nearly the same increases in Medicare expenditures that other settings of post-acute care have over the past several years. Raising the rule from 60% to 75% would simply take clinical decision-making out of the hands of physicians and the rehabilitation team and place those decisions into the hands of hospital administrators and bureaucrats. We strongly urge you to preserve the 60% rule as is.

2. **Site-Neutral Payment Proposals:** This seemingly innocuous proposal would reduce significantly access to inpatient rehabilitation for patients with particular conditions. These conditions, depending on the severity of the patient, are treated in both inpatient rehabilitation hospitals as well as Skilled Nursing Facilities (SNFs). The fallacy behind this proposal is the incorrect assumption that the outcomes of these patients are equal when treated in either setting while the data establishes this is simply not the case. Implementation of site-neutral payment for patients with hip fractures, joint replacements *and other conditions as determined by the Secretary* would simply eliminate access to intensive rehabilitation programs provided in inpatient rehabilitation hospitals and units. Rather than this level of care, these patients would be, in some instances, inappropriately diverted to a lesser intensive rehabilitation setting, contrary to the clinical needs of the patient. Moreover, the data establishes that there has been a significant decline in the number of orthopedic cases treated in rehabilitation hospitals and units over the past 5 years which means that the patients currently receiving inpatient hospital rehabilitation truly require that level of care. For these reasons, we oppose the inclusion of this proposal in the Joint Committee's recommendations and urge you to reject it from inclusion in the final package.
  
3. **Reductions in Future Investments in Rehabilitation Services:** The magnitude of reductions in annual inflation updates to post-acute care, primarily indicated by the President's most recent budget proposals, is completely disproportional to Medicare expenditures in these settings of care. According to the data, Medicare expenditures for inpatient rehabilitation hospitals and units has been relatively flat for the past several years, in stark contrast to many other areas of both acute and post-acute care spending under the program. To reduce spending in post-acute care so dramatically over the coming years, as the President proposes in his most recent budget proposals, would deal a serious blow to the capacity of inpatient rehabilitation hospitals and units to accommodate the needs of an aging population with more acute disabling conditions. Maintaining access to this setting of care is critical for the current and future needs of our population, in particular, people with disabilities and chronic conditions. In addition, studies demonstrate the cost-effectiveness of inpatient hospital rehabilitation by maximizing the functional capacity of individuals who receive such services. The ability to leave the hospital and live as independently as possible in the home and community-based setting, as opposed to spending long periods of time in institution-based care, will avert the need for enormous unnecessary spending for these beneficiaries in future years.

The disability and chronic illness community understand the magnitude of the problem that our nation faces in attempting to contain federal spending and reduce the national debt. However balancing the budget on the backs of people with disabilities and some of our most vulnerable citizens is not the path to success.

We look forward to working with you to achieve the goals of the Joint Committee without unduly compromising access to critical services for people with disabilities and chronic conditions. Please don't hesitate to contact Peter Thomas, CPR Counsel, with any questions at 202-466-6550 or [Peter.Thomas@ppsv.com](mailto:Peter.Thomas@ppsv.com).

Sincerely,

ACCSES

ADAP Advocacy Association

American Academy of Physical Medicine and Rehabilitation

American Association for People with Disabilities

American Medical Rehabilitation Providers Association

American Music Therapy Association

American Occupational Therapy Association

American Physical Therapy Association

American Speech Language Hearing Association

American Therapeutic Recreation Association

Amputee Coalition of America

Association of Academic Physiatrists

Brain Injury Association of America

Center for Medicare Advocacy

Disability Rights Education and Defense Fund

National Association for the Advancement of Orthotics and Prosthetics

National Association of State Head Injury Administrators

National Disability Rights Network

National Rehabilitation Association

Paralyzed Veterans of America

The Arc of the United States

United Spinal Association