



May 9, 2007

United State Senate
Washington, DC 20515
Attn: Health LA

RE: Preserving Access to Inpatient Rehabilitation

Dear Senator:

The undersigned members of the Coalition to Preserve Rehabilitation (CPR) write to express our profound concern with current Medicare rules that are having the effect of restricting access to—and diverting Medicare and other patients away from—intensive, coordinated rehabilitation services provided in inpatient rehabilitation hospitals and units. Restricting access to medically reasonable and necessary inpatient rehabilitation services adversely impacts beneficiaries' health, functional status and quality of life, particularly their ability to return to their homes and families, possibly regain employment, and live as independently as possible. Beneficiaries should not be forced into inappropriate placements in nursing homes.

CPR is a coalition of national consumer, clinician, and membership organizations with the goal of preserving access to appropriate rehabilitation services so that individuals with disabilities, injuries, or chronic conditions may regain and/or maintain their maximum level of independent function.

By way of background, the Centers for Medicare and Medicaid Services (CMS) is phasing-in implementation of a rule (commonly referred to as the "75 Percent Rule") as a means of qualifying inpatient rehabilitation hospitals and units for reimbursement purposes. The rule requires that facilities maintain a particular percentage of patients receiving treatment for one or more of 13 conditions specified by CMS. Practically speaking, in order to retain their qualification as an inpatient rehabilitation hospital or unit, some of these facilities are forced to establish health care quotas, i.e., they must manage/limit the mix of the patients they treat based on the 75% Rule rather than on the basis of clinical judgment and rehabilitation need.

In other words, these facilities are being forced to deny medically reasonable and necessary inpatient rehabilitation services to beneficiaries who meet strict admission criteria but who do not happen to have one of the thirteen conditions on the list. CPR believes that this is completely inappropriate and that rehabilitation hospitals and units should not be put in this position by a bureaucratic policy.

Recent reports suggest that nursing homes are perfectly capable of treating patients in need of intensive and coordinated rehabilitation care and that nursing homes are appropriate even when patients have serious medical complications. As an article in the Atlanta Journal Constitution recently stated, "nursing homes have spent millions of dollars on renovations and additions and new features

like aromatherapy, brightly colored decor, spacious therapy gyms, and Internet cafes to try to create a new, warmer, less institutional image.”

Brightly colored décor and internet access are pale substitutes for the comprehensive medical and rehabilitation services provided in inpatient rehabilitation hospitals and units. For example, in order to be considered an inpatient rehabilitation facility under Medicare, an entity must meet stringent criteria, including the provision of intense, comprehensive, coordinated care by a multi-disciplinary team of health care professionals who specialize in the medical, physiological, and psychosocial aspects of rehabilitative health care. Rehabilitation physicians and rehabilitation nurses must be available on a 24-hour basis and a physician must see the patient every two or three days. In general, Medicare requires that inpatient rehabilitation facilities provide individuals with intensive, multidisciplinary therapy as well as extensive medical management. The facility must have a medical director of rehabilitation with specified training/experience.

In contrast, in skilled nursing facilities, there is no requirement for interdisciplinary team conferences or coordination among therapists; there are no minimum requirements for the amount of therapy provided; physician visits are required once every 30 days (and once every 60 days after the first 3 months); and patient assessments are required quarterly or within 14 days of a significant change in the patient’s status.

To equate these two levels of care is fundamentally untenable. Access to intensive, coordinated rehabilitation services provided in inpatient rehabilitation hospitals and units for beneficiaries covered by Medicare and other payers is often the lifeline from a debilitating injury or illness back to maximum function in one’s home and community. Longer term placement in a nursing home simply does not compare.

CPR believes that medical and rehabilitation *need alone* should determine which patients have access to inpatient rehabilitation, not arbitrary rules that define what constitutes a rehabilitation hospital or unit. However, in the absence of a better mechanism to achieve this, CPR certainly believes that the Rule should not continue to be phased-in, as is currently planned on July 1st, causing greater restrictions in access to inpatient rehabilitation.

That is why the undersigned members of the CPR support the Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2007 (S. 543). *We strongly urge Congress to take immediate action and pass this legislation before July 1, 2007 to ensure that the 75% Rule does not continue to inappropriately deny beneficiaries access to inpatient rehabilitation services needed to maximize their independence and return to their homes and communities.*

Thank you for your consideration.

Sincerely,

American Association of People with Disabilities
American Therapeutic Recreation Association
Amputee Coalition of America
Association of Academic Physiatrists
ACCSES-DSPA Alliance
Brian Injury Association of America
Center for Medicare Advocacy, Inc.
Christopher and Dana Reeve Foundation
Easter Seals
Epilepsy Foundation
Goodwill Industries International, Inc
National Association for the Advancement of Orthotics and Prosthetics
National Association of Social Workers
National Council for Community Behavioral Healthcare
National Council on Independent Living
National Multiple Sclerosis Society
National Spinal Cord Injury Association
National Stroke Association
Paralyzed Veterans of America
The Arc of the United States
United Cerebral Palsy
United Spinal Association