

116TH CONGRESS
1ST SESSION

S. 594

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

FEBRUARY 28, 2019

Mr. CASSIDY (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 2019”.

6 **SEC. 2. PRESERVING ACCESS TO REHABILITATION INNOVA-**
7 **TION CENTERS UNDER MEDICARE.**

8 Section 1886(j)(7)(E) of the Social Security Act (42
9 U.S.C. 1395ww(j)(7)(E)) is amended—

1 (1) by striking “PUBLIC AVAILABILITY OF DATA
2 SUBMITTED.—The” and inserting “PUBLIC AVAIL-
3 ABILITY OF DATA SUBMITTED.—

4 “(i) IN GENERAL.—The”; and

5 (2) by inserting after clause (i), as redesignated
6 by paragraph (1), the following new clauses:

7 “(ii) PUBLIC RECOGNITION OF REHA-
8 BILITATION INNOVATION CENTERS.—Be-
9 ginning not later than one year after the
10 date of the enactment of this clause, the
11 Secretary shall make publicly available on
12 such Internet website, in addition to the
13 information required to be reported on
14 such website under clause (i), a list of all
15 rehabilitation innovation centers, and shall
16 update such list on such website not less
17 frequently than biennially.

18 “(iii) REHABILITATION INNOVATION
19 CENTERS DEFINED.—For purposes of
20 clause (ii), the term ‘rehabilitation innova-
21 tion centers’ means a rehabilitation facility
22 that, as of the applicable date (as defined
23 in clause (vi)), is a rehabilitation facility
24 described in either clause (iv) or (v).

1 “(iv) NOT-FOR-PROFIT.—A rehabilita-
2 tion facility described in this clause is a re-
3 habilitation facility that—

4 “(I) is classified as a not-for-
5 profit entity under the IRF Rate Set-
6 ting File for the Inpatient Rehabilita-
7 tion Facility Prospective Payment
8 System for Federal Fiscal Year 2016
9 (80 Fed. Reg. 47036), or any suc-
10 cessor regulations that contain such
11 information;

12 “(II) holds, as of the applicable
13 date at least one Federal rehabilita-
14 tion research and training designation
15 for research projects on traumatic
16 brain injury, spinal cord injury, or
17 stroke rehabilitation research from the
18 National Institute on Disability, Inde-
19 pendent Living, and Rehabilitation
20 Research at the Department of
21 Health and Human Services, based on
22 such data submitted to the Secretary
23 by a facility, in a form, manner, and
24 time frame specified by the Secretary;

1 “(III) has a minimum Medicare
2 estimated weight per discharge of
3 1.1144 for the most recent fiscal year
4 for which such information is avail-
5 able according to the IRF Rate Set-
6 ting File described in subclause (I), or
7 any successor regulations that contain
8 such information; and

9 “(IV) is determined by the Sec-
10 retary based upon such data sub-
11 mitted to the Secretary by the facility
12 with respect to the most recent year
13 for which such information is avail-
14 able as the Secretary may require, to
15 have had at least 300 Medicare dis-
16 charges in a year.

17 “(v) GOVERNMENT-OWNED.—A reha-
18 bilitation facility described in this clause is
19 a rehabilitation facility that—

20 “(I) is classified as a Govern-
21 ment-owned institution under the IRF
22 Rate Setting File described in clause
23 (iv)(I), or any successor regulations
24 that contain such information;

1 “(II) holds, as of the applicable
2 date, at least one Federal rehabilita-
3 tion research and training designation
4 for research projects on traumatic
5 brain injury, spinal cord injury, or
6 stroke rehabilitation research from the
7 National Institute on Disability, Inde-
8 pendent Living, and Rehabilitation
9 Research at the Department of
10 Health and Human Services, as deter-
11 mined based on such data submitted
12 to the Secretary by the facility as the
13 Secretary may require (and in a form,
14 manner, and time frame specified by
15 the Secretary);

16 “(III) has a minimum Medicare
17 estimated weight per discharge of
18 1.1144 for the most recent fiscal year
19 for which such information is avail-
20 able according to the IRF Rate Set-
21 ting File described in clause (iv)(I), or
22 any successor regulations that contain
23 such information; and

24 “(IV) has a Medicare dispropor-
25 tionate share hospital (DSH) percent-

1 age of at least 0.6300 for the most re-
2 cent fiscal year for which such infor-
3 mation is available according to the
4 IRF Rate Setting File described in
5 clause (iv)(I), or any successor regula-
6 tions that contain such information.

7 “(vi) APPLICABLE DATE DEFINED.—
8 For purposes of clauses (iii), (iv), and (v),
9 the term ‘applicable date’ means—

10 “(I) with respect to the initial
11 publication of a list under clause (ii),
12 the date of the enactment of such
13 clause; and

14 “(II) with respect to the publica-
15 tion of an updated list under clause
16 (ii), a date specified by the Secretary
17 that is not more than 1 year prior to
18 the date of such publication.

19 “(vii) IMPLEMENTATION.—Notwith-
20 standing any other provision of law the
21 Secretary may implement clauses (ii)
22 through (vi) by program instruction or oth-
23 erwise.

24 “(viii) NONAPPLICATION OF PAPER-
25 WORK REDUCTION ACT.—Chapter 35 of

1 title 44, United States Code, shall not
2 apply to data collected under clauses (ii)
3 through (v).

4 “(ix) STUDY AND REPORT.—Not later
5 than March 15, 2021, and as determined
6 necessary by the Medicare Payment Advi-
7 sory Commission as part of subsequent an-
8 nual reports under section 1805(b)(1)(C),
9 the Commission shall submit to Congress a
10 report analyzing the most recent three
11 years of cost report data available for all
12 rehabilitation innovation centers (as de-
13 fined in clause (ii)) and assess the ade-
14 quacy of payments to such innovation cen-
15 ters for inpatient rehabilitation services
16 under this title. Any report submitted
17 under the preceding sentence shall include
18 recommendations for such legislation and
19 administrative action as the Commission
20 determines appropriate.”.

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