



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

September 21, 2005

The Honorable Frank LoBiondo
The Honorable Nita Lowey
The Honorable John Tanner
United States House of Representatives
Washington, D.C 20515

**Re: National Disability Organizations' Support HR 3373: The Inpatient
Rehabilitation 75% Rule Legislation**

Dear Representatives LoBiondo, Lowey, and Tanner:

The undersigned members of the Consortium for Citizens with Disabilities (CCD) write to express strong support for HR 3373, the "The Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2005" and thank you for your leadership on this important issue.

CCD is a coalition of national disability organizations working together to improve public policies that impact all people with disabilities.

In addition to the rehabilitation provider community's strong support for fixing the 75% Rule problem, people with disabilities and chronic conditions have a critical interest in remedying this problem as it threatens access to intensive rehabilitation services.

"The Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2005" would protect patient access to inpatient rehabilitation facility (IRF) care by holding the implementation of the controversial "75% Rule" at the 50% level for a two-year period. This would allow studies and further deliberation in order to better define which hospitals and units should be considered rehabilitation hospitals and units for Medicare purposes.

Inpatient rehabilitation hospitals and units provide specialized medical rehabilitation for persons who have had a significant injury, disease or condition, and/or are recovering from surgery or medical treatment. Care is provided in a specialized setting by a team of health professionals that specialize in the medical, physiological and psychosocial aspects

of rehabilitation. Intensive rehabilitative services play a critical role in regaining lost function as a result of a disability or injury and, thereby, allowing individuals to improve their ability to live independently in their homes and communities.

The Surgeon General recently released a report entitled, "Call to Action to Improve the Health and Wellness of Person with Disabilities." In this report, the Surgeon General established four goals including that "people nationwide understand that persons with disabilities can lead long, healthy, and productive lives," and that "accessible health care and support services promote independence for persons with disabilities." Restricting access to intensive rehabilitation services through the 75% Rule undercuts both of these laudable goals.

CMS' current interpretation of the 75% Rule threatens the availability of vital rehabilitative services to people with disabilities in at least three ways:

1. The rule requires IRFs to confine their admissions to an arbitrary percentage of patients who have one of 13 conditions in order to maintain their Medicare certification as a rehabilitation hospital. As rehabilitation hospitals attempt to meet this quota, individuals who have not been diagnosed with one of the 13 "accepted" conditions may be denied access to rehabilitation facilities regardless of their individual need for intensive rehabilitation services. These individuals include cancer patients, those in need of joint replacements, and individuals with pulmonary disease, to name a few. For these types of patients, the rule, in effect, supersedes the clinical judgment of the physician and rehabilitation team.

2. The 75% Rule creates a disincentive for rehabilitation hospitals and units to refer certain patients to nearby rehabilitation centers that specialize in complex cases such as spinal cord and brain injuries. As a result, persons needing more specialized rehabilitative care may not receive the highest quality of care available and may have diminished outcomes as a result.

3. Finally, the implementation of the current 75% Rule will threaten the overall stability of the rehabilitation hospital system, thereby threatening access to inpatient rehabilitative care for all individuals with disabilities. If the rule continues to be implemented as planned over the next two years, many rehabilitation hospitals will be unable to meet the criteria mandated by the 75% Rule and, upon losing their certification, will likely close or dramatically shrink their rehabilitation programs. This would have a devastating impact on all individuals with disabilities and chronic conditions, not just Medicare patients, who depend on inpatient rehabilitative care to restore their health status, function and independence in the home and community. This reduced capacity in the rehabilitation field comes at the very time that demographics suggest an increased need for inpatient rehabilitation in future years across the country.

In conclusion, we strongly support the "The Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2005." This legislation is critical to maintaining access to the inpatient rehabilitative care on which many people with disabilities depend. We look forward to working with you toward its passage.

Please contact Peter W. Thomas, Co-Chair, CCD Health Task Force, with any questions or concerns.

Sincerely,

American Association of People with Disabilities
American Association on Health and Disability
American Academy of Physical Medicine and Rehabilitation
American Academy of Neurology
American Congress of Rehabilitation Medicine
American Dance Therapy Association
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Physical Therapy Association
American Psychological Association
American Therapeutic Recreation Association
Association of Academic Physiatrists
Association of Assistive Technology Act Programs
Association of University Centers on Disabilities
Brain Injury Association of America
Easter Seals
Epilepsy Foundation
Goodwill Industries
National Association for the Advancement of Orthotics and Prosthetics
National Association of Councils on Developmental Disabilities
National Association of Social Workers
National Association of State Head Injury Administrators
National Council for Community Behavioral Healthcare
National Council on Independent Living
National Disability Rights Network
National Mental Health Association
NISH
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America
Research Institute for Independent Living
The Arc of the United States
United Cerebral Palsy
United Spinal Association

CC: The Honorable William M. Thomas
The Honorable Charles B. Rangel
Members of the House Ways and Means Committee