

113TH CONGRESS
1ST SESSION

S. 1220

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

JUNE 25, 2013

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 2013”.

6 **SEC. 2. FINDING.**

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 rehabilita-

1 tion institutions that are important for the future of
2 rehabilitation care and medicine, as well as to pa-
3 tient recovery.

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

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

13 (4) Each member of this small group of inpa-
14 tient rehabilitation institutions has been recognized
15 by the Federal Government for its contributions to
16 cutting-edge research to develop solutions that en-
17 hance quality of care, improve patient outcomes, and
18 reduce health care costs.

19 (5) This cohort of inpatient rehabilitation insti-
20 tutions helps to improve the practice and standard
21 of rehabilitation medicine across the Nation by
22 training physicians, medical students, and other cli-
23 nicians.

1 (6) It is vital that these unique 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 and

12 (D) ensure Medicare and Medicaid bene-
13 ficiaries receive state-of-the-art, high-quality re-
14 habilitation care.

15 **SEC. 3. INDIRECT COSTS PAYMENT FOR REHABILITATION**
16 **INNOVATION CENTERS.**

17 Section 1886(j) of the Social Security Act (42 U.S.C.
18 1395ww(j)) is amended—

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

21 (2) by inserting after paragraph (7) the fol-
22 lowing new paragraph:

23 “(8) INDIRECT COSTS PAYMENT FOR REHABILI-
24 TATION INNOVATION CENTERS.—

1 “(A) STUDY RELATING TO ADDITIONAL
2 PAYMENTS TO REHABILITATION INNOVATION
3 CENTERS TO ACCOUNT FOR HIGHER COSTS; AU-
4 THORITY TO INCREASE PAYMENTS.—

5 “(i) STUDY.—Not later than July 1,
6 2015, the Secretary shall conduct a study
7 to determine whether there should be an
8 increase in the prospective payment rate
9 that would otherwise be made to a rehabili-
10 tation innovation center under this sub-
11 section for purposes of covering the addi-
12 tional costs that are incurred by such cen-
13 ters in furnishing items and services to in-
14 dividuals under this title, conducting re-
15 search, and providing medical training,
16 and if the Secretary determines that such
17 an increase is recommended, the amount of
18 such increase that is needed to cover such
19 additional costs.

20 “(ii) AUTHORITY TO INCREASE PAY-
21 MENTS.—Insofar as the Secretary deter-
22 mines under clause (i) that there should be
23 an increase in the prospective payment
24 rate to rehabilitation innovation centers,
25 the Secretary may provide on a prospective

1 basis for an appropriate percentage in-
2 crease in such rate.

3 “(B) REHABILITATION INNOVATION CEN-
4 TER DEFINED.—

5 “(i) IN GENERAL.—Subject to clause
6 (iv), in this paragraph, the term ‘rehabili-
7 tation innovation center’ means a rehabili-
8 tation facility that, determined as of the
9 date of the enactment of this paragraph, is
10 described in clause (ii) or clause (iii).

11 “(ii) NOT-FOR-PROFIT.—A rehabilita-
12 tion facility described in this clause is a fa-
13 cility that—

14 “(I) is classified as a not-for-
15 profit entity under the Centers for
16 Medicare & Medicaid Services 2010
17 Provider of Services file;

18 “(II) holds at least one Federal
19 rehabilitation research and training
20 designation for research projects on
21 traumatic brain injury, spinal cord in-
22 jury, or stroke rehabilitation research
23 from the Rehabilitation Research and
24 Training Centers or the Rehabilitation
25 Engineering Research Center at the

1 National Institute on Disability and
2 Rehabilitation Research at the De-
3 partment of Education;

4 “(III) has a minimum Medicare
5 case mix index of 1.1144 according to
6 the IRF Rate Setting File for the
7 Correction Notice for the Inpatient
8 Rehabilitation Facility Prospective
9 Payment System for Federal Fiscal
10 Year 2012 (78 Fed. Reg. 59256); and

11 “(IV) has at least 300 Medicare
12 discharges per year or at least 200
13 Medicaid discharges per year.

14 “(iii) GOVERNMENT-OWNED.—A reha-
15 bilitation facility described in this clause is
16 a facility that—

17 “(I) is classified as a Govern-
18 ment-owned institution under the
19 Centers for Medicare & Medicaid
20 Services 2010 Provider of Services
21 file;

22 “(II) holds at least one Federal
23 rehabilitation research and training
24 designation for research projects on
25 traumatic brain injury, spinal cord in-

1 jury, or stroke rehabilitation research
2 from the Rehabilitation Research and
3 Training Centers, the Rehabilitation
4 Engineering Research Center, or the
5 Model Spinal Cord Injury Systems at
6 the National Institute on Disability
7 and Rehabilitation Research at the
8 Department of Education;

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

16 “(IV) has a disproportionate
17 share hospital (DSH) percentage of at
18 least 0.6300 according to the IRF
19 Rate Setting File for the Correction
20 Notice for the Inpatient Rehabilitation
21 Facility Prospective Payment System
22 for Federal Fiscal Year 2012 (78
23 Fed. Reg. 59256).

24 “(iv) AUTHORITY.—The Secretary
25 may consider applications from inpatient

1 rehabilitation facilities that are not de-
2 scribed in clause (ii) or (iii) as of the date
3 of the enactment of this paragraph but
4 who are subsequently so described.”.

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