

115TH CONGRESS  
1ST SESSION

# S. 2204

To amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

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IN THE SENATE OF THE UNITED STATES

DECEMBER 7, 2017

Mr. CASSIDY (for himself and Mr. DURBIN) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## 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 2017”.

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.—Not  
9           later than one year after the date of the  
10          enactment of this clause, the Secretary  
11          shall make publicly available on such Inter-  
12          net website, in addition to the information  
13          required to be reported on such website  
14          under clause (i), a list of all rehabilitation  
15          innovation centers.

16                          “(iii) REHABILITATION INNOVATION  
17          CENTERS DEFINED.—For purposes of  
18          clause (ii), the term ‘rehabilitation innova-  
19          tion centers’ means a rehabilitation facility  
20          that, as of the date of the enactment of  
21          this clause, is a rehabilitation facility de-  
22          scribed in either clause (iv) or (v).

23                          “(iv) NOT-FOR-PROFIT.—A rehabilita-  
24          tion facility described in this clause is a re-  
25          habilitation facility that—

1           “(I) is classified as a not-for-  
2           profit entity under the IRF Rate Set-  
3           ting File for the Inpatient Rehabilita-  
4           tion Facility Prospective Payment  
5           System for Federal Fiscal Year 2016  
6           (80 Fed. Reg. 47142);

7           “(II) holds at least one Federal  
8           rehabilitation research and training  
9           designation for research projects on  
10          traumatic brain injury, spinal cord in-  
11          jury, or stroke rehabilitation research  
12          from the National Institute on Dis-  
13          ability, Independent Living, and Re-  
14          habilitation Research at the Depart-  
15          ment of Health and Human Services,  
16          based on such data submitted to the  
17          Secretary by a facility, in a form,  
18          manner, and time frame specified by  
19          the Secretary;

20          “(III) has a minimum Medicare  
21          estimated weight per discharge of  
22          1.1144 for fiscal year 2016 according  
23          to the IRF Rate Setting File de-  
24          scribed in subclause (I); and

1           “(IV) is determined by the Sec-  
2           retary, based upon such data sub-  
3           mitted by the facility to the Secretary  
4           as the Secretary may require, to have  
5           had at least 300 Medicare discharges  
6           in a year.

7           “(v) GOVERNMENT-OWNED.—A reha-  
8           bilitation facility described in this clause is  
9           a rehabilitation facility that—

10           “(I) is classified as a Govern-  
11           ment-owned institution under the IRF  
12           Rate Setting File described in clause  
13           (iv)(I);

14           “(II) holds at least one Federal  
15           rehabilitation research and training  
16           designation for research projects on  
17           traumatic brain injury, spinal cord in-  
18           jury, or stroke rehabilitation research  
19           from the National Institute on Dis-  
20           ability, Independent Living, and Re-  
21           habilitation Research at the Depart-  
22           ment of Health and Human Services,  
23           as determined based on such data  
24           submitted to the Secretary by the fa-  
25           cility as the Secretary may require

1 (and in a form, manner, and time  
2 frame specified by the Secretary);

3 “(III) has a minimum Medicare  
4 estimated weight per discharge of  
5 1.1144 according to the IRF Rate  
6 Setting File described in clause  
7 (iv)(I); and

8 “(IV) has a Medicare dispropor-  
9 tionate share hospital (DSH) percent-  
10 age of at least 0.6300 according to  
11 the IRF Rate Setting File described  
12 in clause (iv)(I).

13 “(vi) IMPLEMENTATION.—Notwith-  
14 standing any other provision of law the  
15 Secretary may implement clauses (ii)  
16 through (v) by program instructions or  
17 otherwise.

18 “(vii) NONAPPLICATION OF PAPER-  
19 WORK REDUCTION ACT.—Chapter 35 of  
20 title 44, United States Code, shall not  
21 apply to data collected under this clause.

22 “(viii) STUDY.—Not later than 18  
23 months after the date of the enactment of  
24 this clause, the Medicare Payment Advi-  
25 sory Commission established under section

1 1805 shall submit to Congress a report  
2 analyzing the most recent three years of  
3 cost report data available for all rehabilita-  
4 tion innovation centers (as defined in  
5 clause (ii)) and assess the payment ade-  
6 quacy for such innovation centers under  
7 the Medicare program.”.

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