

116TH CONGRESS
1ST SESSION

H. R. 1901

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 27, 2019

Mr. OLSON (for himself, Ms. SCHAKOWSKY, Ms. KELLY of Illinois, Mr. MICHAEL F. DOYLE of Pennsylvania, and Mr. FOSTER) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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”.

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

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

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

8 “(i) IN GENERAL.—The”; and

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

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

22 “(iii) REHABILITATION INNOVATION
23 CENTERS DEFINED.—For purposes of
24 clause (ii), the term ‘rehabilitation innova-
25 tion centers’ means a rehabilitation facility
26 that, as of the applicable date (as defined

1 in clause (vi), is a rehabilitation facility de-
2 scribed in either clause (iv) or (v).

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

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

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

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

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

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

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

22 “(I) is classified as a Govern-
23 ment-owned institution under the IRF
24 Rate Setting File described in clause

1 (iv)(I), or any successor regulations
2 that contain such information;

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

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

1 “(IV) has a Medicare disproportion-
2 tionate share hospital (DSH) percent-
3 age of at least 0.6300 for the most re-
4 cent fiscal year for which such infor-
5 mation is available according to the
6 IRF Rate Setting File described in
7 clause (iv)(I), or any successor regula-
8 tions that contain such information.

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

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

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

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

1 “(viii) NONAPPLICATION OF PAPER-
2 WORK REDUCTION ACT.—Chapter 35 of
3 title 44, United States Code, shall not
4 apply to data collected under clauses (ii)
5 through (v).

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

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