

114TH CONGRESS
2^D SESSION

S. 1168

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Preserving Rehabilita-
3 tion Innovation Centers Act of 2016”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) In the United States, there are an esti-
7 mated 1,181 inpatient rehabilitation facilities.
8 Among these facilities is a small group of inpatient
9 rehabilitation institutions that are contributing to
10 the future of rehabilitation care medicine, as well as
11 to patient recovery, scientific innovation, and quality
12 of life.

13 (2) This unique category of inpatient rehabilita-
14 tion institutions treats the most complex patient
15 conditions, such as traumatic brain injury, stroke,
16 spinal cord injury, childhood disease, burns, and
17 wartime injuries.

18 (3) These leading inpatient rehabilitation insti-
19 tutions are all not-for-profit or Government-owned
20 institutions and serve a high volume of Medicare or
21 Medicaid beneficiaries.

22 (4) These leading inpatient rehabilitation insti-
23 tutions have been recognized by the Federal Govern-
24 ment for their contributions to cutting-edge research
25 to develop solutions that enhance quality of care, im-

1 prove patient outcomes, and reduce health care
2 costs.

3 (5) These leading inpatient rehabilitation insti-
4 tutions help to improve the practice and standard of
5 rehabilitation medicine across the Nation in urban,
6 suburban, and rural communities by training physi-
7 cians, medical students, and other clinicians, and
8 providing care to patients from all 50 States.

9 (6) It is vital that these leading inpatient reha-
10 bilitation institutions are supported so they can con-
11 tinue to lead the Nation's efforts to—

12 (A) advance integrated, multidisciplinary
13 rehabilitation research;

14 (B) provide cutting-edge medical care to
15 the most complex rehabilitation patients;

16 (C) serve as education and training facili-
17 ties for the physicians, nurses, and other health
18 professionals who serve rehabilitation patients;

19 (D) ensure Medicare and Medicaid bene-
20 ficiaries receive state-of-the-art, high-quality re-
21 habilitation care by developing and dissemi-
22 nating best practices and advancing the quality
23 of care utilized by post-acute providers in all 50
24 States; and

1 (E) support other inpatient rehabilitation
 2 institutions in rural areas to help ensure access
 3 to quality post-acute care for patients living in
 4 these communities.

5 **SEC. 3. STUDY AND REPORT RELATING TO THE COSTS IN-**
 6 **CURRED BY, AND THE MEDICARE PAYMENTS**
 7 **MADE TO, REHABILITATION INNOVATION**
 8 **CENTERS.**

9 (a) IN GENERAL.—Section 1886(j) of the Social Se-
 10 curity Act (42 U.S.C. 1395ww(j)) is amended—

11 (1) by redesignating paragraph (8) as para-
 12 graph (9); and

13 (2) by inserting after paragraph (7) the fol-
 14 lowing new paragraph:

15 “(8) STUDY AND REPORT RELATING TO THE
 16 COSTS INCURRED BY, AND THE MEDICARE PAY-
 17 MENTS MADE TO, REHABILITATION INNOVATION
 18 CENTERS.—

19 “(A) STUDY.—The Secretary shall conduct
 20 a study to assess the costs incurred by rehabili-
 21 tation innovation centers (as defined in sub-
 22 paragraph (C)) that are beyond the prospective
 23 rate for each of the following activities:

24 “(i) Furnishing items and services to
 25 individuals under this title.

1 “(ii) Conducting research.

2 “(iii) Providing medical training.

3 “(B) REPORT.—Not later than July 1,
4 2019, the Secretary shall submit to Congress a
5 report containing the results of the study under
6 subparagraph (A), together with recommenda-
7 tions for such legislation and administrative ac-
8 tion as the Secretary determines appropriate.

9 “(C) REHABILITATION INNOVATION CEN-
10 TER DEFINED.—

11 “(i) IN GENERAL.—In this paragraph,
12 the term ‘rehabilitation innovation center’
13 means a rehabilitation facility that, deter-
14 mined as of the date of the enactment of
15 this paragraph, is described in clause (ii)
16 or clause (iii).

17 “(ii) NOT-FOR-PROFIT.—A rehabilita-
18 tion facility described in this clause is a fa-
19 cility that—

20 “(I) is classified as a not-for-
21 profit entity under the IRF Rate Set-
22 ting File for the Correction Notice for
23 the Inpatient Rehabilitation Facility
24 Prospective Payment System for Fed-

1 eral Fiscal Year 2012 (78 Fed. Reg.
2 59256);

3 “(II) holds at least one Federal
4 rehabilitation research and training
5 designation for research projects on
6 traumatic brain injury, spinal cord in-
7 jury, or stroke rehabilitation research
8 from the Rehabilitation Research and
9 Training Centers or the Rehabilitation
10 Engineering Research Center at the
11 National Institute on Disability and
12 Rehabilitation Research at the De-
13 partment of Education, based on such
14 data submitted to the Secretary by a
15 facility, in a form, manner, and time
16 frame specified by the Secretary;

17 “(III) has a minimum Medicare
18 case mix index of 1.1144 for fiscal
19 year 2012 according to the IRF Rate
20 Setting File described in subclause
21 (I); and

22 “(IV) had at least 300 Medicare
23 discharges or at least 200 Medicaid
24 discharges in a prior year as deter-
25 mined by the Secretary.

1 “(iii) GOVERNMENT-OWNED.—A reha-
2 bilitation facility described in this clause is
3 a facility that—

4 “(I) is classified as a Govern-
5 ment-owned institution under the IRF
6 Rate Setting File described in clause
7 (ii)(I);

8 “(II) holds at least one Federal
9 rehabilitation research and training
10 designation for research projects on
11 traumatic brain injury, spinal cord in-
12 jury, or stroke rehabilitation research
13 from the Rehabilitation Research and
14 Training Centers, the Rehabilitation
15 Engineering Research Center, or the
16 Model Spinal Cord Injury Systems at
17 the National Institute on Disability
18 and Rehabilitation Research at the
19 Department of Education, based on
20 such data submitted to the Secretary
21 by a facility, in a form, manner, and
22 time frame specified by the Secretary;

23 “(III) has a minimum Medicare
24 case mix index of 1.1144 for 2012 ac-

1 cording to the IRF Rate Setting File
2 described in clause (ii)(I); and
3 “(IV) has a Medicare dispropor-
4 tionate share hospital (DSH) percent-
5 age of at least 0.6300 according to
6 the IRF Rate Setting File described
7 in clause (ii)(I)).”.

Passed the Senate December 10 (legislative day, De-
cember 9), 2016.

Attest:

Secretary.

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