

116TH CONGRESS  
1ST SESSION

# S. 594

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

FEBRUARY 28, 2019

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 2019”.

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.—Be-  
9           ginning not later than one year after the  
10          date of the enactment of this clause, the  
11          Secretary shall make publicly available on  
12          such Internet website, in addition to the  
13          information required to be reported on  
14          such website under clause (i), a list of all  
15          rehabilitation innovation centers, and shall  
16          update such list on such website not less  
17          frequently than biennially.

18                          “(iii) REHABILITATION INNOVATION  
19          CENTERS DEFINED.—For purposes of  
20          clause (ii), the term ‘rehabilitation innova-  
21          tion centers’ means a rehabilitation facility  
22          that, as of the applicable date (as defined  
23          in clause (vi)), is a rehabilitation facility  
24          described in either clause (iv) or (v).

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

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

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

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

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

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

20                 “(I) is classified as a Govern-  
21                 ment-owned institution under the IRF  
22                 Rate Setting File described in clause  
23                 (iv)(I), or any successor regulations  
24                 that contain such information;

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

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

24          “(IV) has a Medicare dispropor-  
25          tionate share hospital (DSH) percent-

1 age of at least 0.6300 for the most re-  
2 cent fiscal year for which such infor-  
3 mation is available according to the  
4 IRF Rate Setting File described in  
5 clause (iv)(I), or any successor regula-  
6 tions that contain such information.

7 “(vi) APPLICABLE DATE DEFINED.—

8 For purposes of clauses (iii), (iv), and (v),  
9 the term ‘applicable date’ means—

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

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

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

24 “(viii) NONAPPLICATION OF PAPER-  
25 WORK REDUCTION ACT.—Chapter 35 of

1 title 44, United States Code, shall not  
2 apply to data collected under clauses (ii)  
3 through (v).

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

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