February 11, 2019

The Honorable Bill Cassidy, M.D.  
United States Senate  
520 Hart Senate Office Building  
Washington, DC 20510

The Honorable Dick Durbin  
United States Senate  
711 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Cassidy and Durbin:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, including 1,272 inpatient rehabilitation facilities (IRFs), and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to express our appreciation of your continued support of IRFs and the patients they serve. IRFs play a distinct role in the continuum of care, serving patients requiring hospital-level care in combination with intensive therapy. IRF patients include individuals recovering from strokes, brain injuries, spinal cord injuries and other complex injuries or illnesses.

Last Congress, you introduced S. 2204, the Preserving Rehabilitation Innovation Centers Act of 2017, which, if enacted, would establish rehabilitation innovation centers (RICs), a new class of rehabilitation hospitals. While we appreciate your interest in IRFs, we are concerned with the bill’s extensive qualification parameters that are designed in a confusing manner and, therefore, respectfully request that you withhold from reintroducing similar legislation in the 116th Congress. For example, the research criterion related to the National Institute on Disability, Independent Living and Rehabilitation Research, an entity overseen by the Department of Health and Human Services, appears to be limited to approximately 30 IRFs using parameters that appear misaligned with the guidelines of this funder. In addition, it is unclear why the bill excludes IRF research funded by the National Center for Medical Rehabilitation Research, which operates under the National Institutes of Health. This stringent research criterion is then coupled with multiple, additional criteria that would further narrow the qualifying IRFs. For example, in addition to a requirement for annual patient volume and average clinical acuity that are higher than average, which seem to speak to clinical capacity and focus, the bill’s supporters have added yet another criterion to rule out a subgroup of IRFs based on ownership classification. It is unclear why the bill’s proponents, who, through the research criterion alone, already established a very high
bar for the proposed designation, would intentionally exclude potential qualifiers based on their nonprofit versus government-owned versus for-profit status.

Given the confusing combination of criteria in this legislation, the AHA cannot support this bill. Any future effort to divide the IRF field into sub-categories based on performance should be discussed first by a cross-setting mix of providers who evaluate the goals, design and value of such an endeavor to determine if it has merit for the field as a whole.

Thank you for your consideration of these important issues. If you have any questions, please contact me or Aimee Kuhlman, AHA senior associate director of federal relations, at akuhlman@aha.org or (202) 626-2291.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President