Submitted Electronically

September 22, 2017

Re: Access to Rehabilitation Services and Devices under Graham-Cassidy ACA Repeal and Replace Legislation

Dear Senator:

The undersigned organizations write as members of the Coalition to Preserve Rehabilitation (CPR) to express our opposition to the Graham-Cassidy legislation (H.R. 1628) which would repeal and replace the Affordable Care Act (ACA). This legislation would seriously undermine coverage: in the individual market through the use of block grants, under Medicaid expansion plans by phasing out this program, and under the original Medicaid program by implementing per capita caps. Taken together, these policies will lead to significantly less coverage of rehabilitation services and devices. CPR is a coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities and chronic conditions may regain and/or maintain their maximum level of health and independent function.

We stress the importance of maintaining access to rehabilitation services and devices as an essential health benefit in any ACA repeal and replace bill that advances in the House and Senate.

The ACA created in statute the Essential Health Benefits (EHB) category of “rehabilitative and habilitative services and devices.” ACA, Section 1302 (b).

“Rehabilitation services and devices—Rehabilitative services, including devices, on the other hand, are provided to help a person regain, maintain, or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition.”

This definition is a floor for individual insurance plans sold under the ACA exchanges. It was also adopted by states that chose to expand their Medicaid programs. For the first time, this definition established a uniform, understandable federal definition of rehabilitation services and devices that

became a standard for national insurance coverage. CPR supports the preservation of the EHB category of “rehabilitative and habilitative services and devices,” and the subsequent regulatory definition and related interpretations duly promulgated, as a standard of coverage for rehabilitation under any version of ACA replacement legislation. CPR believes that adopting the uniform federal definition of rehabilitation services and devices minimizes both the variability in benefits across states and the uncertainty in coverage for children and adults in need of rehabilitation.

We encourage future bipartisan efforts to stabilize the marketplace, and ensure that Americans have access to affordable and meaningful coverage of rehabilitative services and devices through both the private market and Medicaid.

Thank you for your willingness to consider our views. Should you have further questions regarding this information, please contact any of the steering committee members listed below.

Sincerely,

**CPR Steering Committee**

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**CPR Members**

Academy of Spinal Cord Injury Professionals  
American Academy of Physical Medicine and Rehabilitation  
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American Association of People with Disabilities  
American Congress of Rehabilitation Medicine  
American Heart Association  
American Music Therapy Association  
American Physical Therapy Association  
American Spinal Injury Association  
American Therapeutic Recreation Association  
Amputee Coalition  
Association of Academic Physiatrists  
Association of Rehabilitation Nurses  
Association of University Centers on Disabilities  
ACCSES  
Brain Injury Association of America  
Center for Medicare Advocacy  
Child Welfare League of America  
Christopher and Dana Reeve Foundation  
Clinician Task Force  
Disability Rights Education and Defense Fund  
Easterseals  
Epilepsy Foundation  
Falling Forward Foundation  
Lakeshore Foundation  
Lupus Foundation of America
The Michael J. Fox Foundation for Parkinson’s Research
National Association for the Advancement of Orthotics and Prosthetics
National Association of Social Workers (NASW)
National Association of State Head Injury Administrators
National Council for Behavioral Health
The National Council on Independent Living
National Disability Institute
National Disability Rights Network
National Multiple Sclerosis Society
National Rehabilitation Association
National Stroke Association
Paralyzed Veterans of America
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
Uniform Data System for Medical Rehabilitation
United Cerebral Palsy
United Spinal Association