March 16, 2015

VIA ELECTRONIC MAIL

Congressman John Boehner
U.S. House of Representatives
Longworth House Office Building, Room 1011
Independence and New Jersey Avenues, SE
Washington, DC 20515

Congresswoman Nancy Pelosi
U.S. House of Representatives
Cannon House Office Building, Room 233
1st and Independence Avenue, S.E.
Washington, DC 20515

RE: Coalition to Preserve Rehabilitation’s Support for an SGR Fix With Reasonable Reforms To Post-Acute Care

Congressman Boehner and Congresswoman Pelosi:

On behalf of the Coalition to Preserve Rehabilitation (CPR), we write in order to comment on reports of a series of Medicare reforms under discussion in Congress including a permanent “fix” to the sustainable growth rate (SGR) to the physician fee schedule, delay of implementation of the outpatient therapy caps, and offsets that impact post-acute care providers through reductions in the market basket update.

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. As such, we have great concern over how certain proposed Medicare reforms will impact consumer access to health care.

Sustainable Growth Rate (SGR) “Fix”

CPR supports a permanent fix to the Medicare physician fee schedule and appreciates that Congress is considering these long-overdue changes without requiring the changes to be fully offset by other Medicare cuts. CPR is gratified to hear that policy proposals that impact access to post-acute care are not included in the draft legislation, namely site-neutral payment for inpatient rehabilitation hospitals (IRFs) and skilled nursing facilities (SNFs), and increasing the 60 percent rule applicable to IRFs to 75 percent. Both of these proposals serve as disincentives to treat patients in the most clinically appropriate setting based solely on the patient’s diagnosis. In addition, with passage and implementation of the IMPACT Act, these proposals are premature. Congress should wait until CMS collects and analyzes IMPACT Act data before considering these post-acute care reforms. Taking savings from the market basket update for post-acute care providers is a much less harmful approach, as long as such reductions are proportional across Medicare post-acute care providers.
Repeal of Therapy Caps

CPR supports the bipartisan effort currently underway to repeal the Medicare outpatient rehabilitation therapy cap by amending title Section 1833 of the Social Security Act (42 U.S.C. 1395(l)), as proposed in H.R. 775/S. 539: Medicare Access to Rehabilitation Services Act of 2015. The Act was originally introduced in the House on February 5 with 55 co-sponsors including Rep. Charles Boustany Jr., MD (R-LA.), and in the Senate on February 24 by Senator Susan Collins (R-ME). CPR supports these bills as part of an SGR fix. As such, while we appreciate Congress’ willingness to include a two-year delay of the therapy caps, we would vastly prefer a long-term fix to the therapy cap issue. These caps impact the most vulnerable Medicare beneficiaries at the time they need therapy services the most.

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CPR is ready and willing to assist Congress as it continues to consider a permanent fix to the physician fee schedule, the outpatient therapy caps, and post-acute care reforms under the Medicare program that preserve access to rehabilitation care. For more information, please contact the CPR Steering Committee members listed below. Thank you for considering our views.
Sincerely,

**CPR Steering Committee Members**
Amy Colberg, Brain Injury Association of America  AColberg@biausa.org
Judith Stein, Center for Medicare Advocacy  JStein@medicareadvocacy.org
Kim Calder, National Multiple Sclerosis Society  Kim.Calder@nmss.org
Alexandra Bennewith, United Spinal Association  ABennewith@unitedspinal.org

**CPR Member Sign-Ons**

ACCSES
The American Academy of Physical Medicine and Rehabilitation
American Association on Health and Disability
American Music Therapy Association
American Therapeutic Recreation Association
Amputee Coalition
The Arc of the United States
Association of Academic Physiatrists
Brain Injury Association of America
Center for Medicare Advocacy
Easter Seals
Lakeshore Foundation
National Association of State Head Injury Administrators
National Association for the Advancement of Orthotics & Prosthetics
National Disability Rights Network
National Multiple Sclerosis Society
United Spinal Association