



February 27, 2017

The Honorable Tom Price, MD
Secretary
Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Secretary Price:

On behalf of the Association of Rehabilitation Nurses (ARN), representing more than 5,400 nurse members and more than 13,000 Certified Rehabilitation Registered Nurses (CRRNs), I would like to congratulate you on your confirmation as Secretary of the U.S. Department of Health and Human Services. We are honored to have your expertise in post-acute care as well as issues impacting the Medicare population.

ARN supports efforts to ensure people with physical disability and chronic illness have access to comprehensive, quality care in whichever care setting is most appropriate for them. Rehabilitation nurses take a holistic approach to meeting patients' nursing and medical, vocational, educational, environmental, and spiritual needs. Rehabilitation nurses begin to work with individuals and their families soon after the onset of a disabling injury or chronic illness. We continue to provide support and care, including patient and family education, which empowers these individuals when they return home, or to work or school. Rehabilitation nurses also often teach patients and their caregivers how to access systems and resources.

Rehabilitation nursing is a philosophy of care, not a work setting or a phase of treatment. We base our practice on rehabilitative and restorative principles by: (1) managing complex medical issues; (2) collaborating with other specialists; (3) providing ongoing patient/caregiver education; (4) setting goals for maximum independence; and (5) establishing plans of care to maintain optimal wellness. Rehabilitation nurses practice in all settings, including freestanding rehabilitation facilities (IRFs), hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), long-term acute care facilities (LTCHs), comprehensive outpatient rehabilitation facilities, home health (HH), and private practices, just to name a few.

One of the barriers to quality of care for individuals with chronic illness and/or disabilities is nurse staffing levels in long-term care (LTC) facilities, including SNFs. As the number of individuals accessing SNF care increases and the health concerns of individuals residing in LTC facilities become more clinically complex, it is essential that these facilities have a registered nurse on staff 24 hours a day, seven days a week to provide assessment, surveillance, and direct care to residents.

The current SNF Requirements of Participation mandate that facilities must use a registered nurse (RN) for eight continuous hours each day, seven days a week. These eight hours do not have to be spent providing care; they can be used to perform any type of administrative task. Registered nurses by education and licensure have skills that are essential for timely assessment, intervention, and treatment. Requiring at least one RN with

specialized training or experience in rehabilitation in nursing homes 24 hours a day, seven days a week would facilitate the delivery of high quality care, improves care transitions, produces stronger patient outcomes, increases program efficiency, and contributes to an overall effort that will reduce the growth in Medicare spending. We respectfully request that HHS, through the Centers for Medicare and Medicaid Services (CMS) revisit the current Requirements of Participation, as the acuity level of nursing home residents has increased dramatically since the Nursing Home Reform Act was passed in 1987 while staffing standards have remained the same.

ARN also has been supportive of proposed discharge planning initiatives such as CMS' *Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies*, designed to promote higher quality and more efficient health care for Medicare beneficiaries. As utilization of post-acute care (PAC) continues to increase, we must ensure that each patient receives the right care at the right time in the right setting. Each PAC level serves as a valuable component of the care continuum and the determination of the right level of PAC for an individual must be based on the individual's biopsychosocial ecological assessment. Unfortunately, patients' clinically assessed needs often do not match the level of care determined by decision-makers, as they may lack the necessary information to make the best decision during care transition planning. We urge CMS to continue to work on these initiatives to ensure access to quality care.

As you begin your work with HHS, we encourage you to keep in mind that rehabilitation is a philosophy of practice and an attitude toward caring for people with disabilities and chronic disease. Rehabilitation in each of the various PAC levels and settings, including SNFs, IRFs, LTCHs, outpatient therapy, and HH, seeks to maximize the function of the individual impacted by injury. Appropriate care transitions promote the greatest value and the most effective and efficient care for clients with disabilities. Determining the most appropriate setting for the patient to meet patient-centered goals requires a thorough understanding of rehabilitation services that will maximize the achievement of evidence-based quality outcomes. We wish to ensure that individuals with disability and/or chronic illness are treated in the right setting with the right amount of care provided by the right provider. We firmly believe that rehabilitation nurses are essential to the care transition process, as evidenced by our White Paper, *The Essential Role of the Rehabilitation Nurse in Improving Care Transitions*.

ARN welcomes any and all opportunities to collaborate with HHS and we encourage you to use us as a resource. We sincerely congratulate you on your confirmation and we look forward to working with you and your staff on future initiatives. Please do not hesitate to contact myself or Jeremy Scott, ARN's Health Policy Associate at Jeremy.scott@nbr.com.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Vaughn".

Stephanie Vaughn, PhD RN CRRN FAHA
President