



November 9, 2011

The Honorable Patty Murray
Co-Chair
Joint Select Committee on Deficit Reduction
448 Russell Senate Office Building
Washington, DC 20510

The Honorable Jeb Hensarling
Co-Chair
Joint Select Committee on Deficit Reduction
129 Cannon House Office Building
Washington, DC 20515

Dear Senator Murray and Representative Hensarling:

I am writing on behalf of the Association of Rehabilitation Nurses (ARN) — representing professional nurses who work to enhance the quality of life for those affected by physical disability or chronic illness — to express our concerns with the President's deficit reduction plan that includes \$42 billion in cuts to post acute care providers over the next 10 years. Rehabilitation nurses assist individuals affected by chronic illness or physical disability adapt to their disabilities, achieve their greatest potential, and work toward productive, independent lives. They take a holistic approach to meeting patients' medical, vocational, educational, environmental, and spiritual needs.

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, hospitals, long-term subacute care facilities/skilled nursing facilities (SNFs), long-term acute care facilities, comprehensive outpatient rehabilitation facilities, home health, and private practices, just to name a few.

ARN believes that the recovery from an acute episode of illness or injury depends on adequate medical treatment and early identification of needs for rehabilitative care. ARN believes that inpatient rehabilitation facilities (IRFs) are a part of the quality care continuum and that individuals can benefit from rehabilitation nursing at any stage of the life span. It is ARN's belief that the determination of need for intensive rehabilitation should be more dependent on the effects of a patient's injury or illness (impairments, functional deficits, achievable goals) and not on the diagnosis.

Both IRFs and SNFs provide high quality care to seniors while also benefiting taxpayers with cost-efficient care, but these proposed new Medicare cuts in combination with other Medicaid cuts would undermine rehabilitation nurses' ability to provide quality care.

According to the June 2011 MedPAC report to Congress, the number of IRFs actually declined between 2009 and 2010 (p. 121). ARN believes that existing regulations act to direct patients needing rehabilitation services to the most appropriate level of service provider and venue. By implementing the proposed cuts to post-acute services and reverting back to prior, antiquated thresholds, individuals with disabilities are at risk for denial of appropriate services and access to care.

Furthermore, as you know, the Deficit Reduction Act of 2005 directed the Centers for Medicare & Medicaid Services (CMS) to develop a Post Acute Care (PAC) Payment Reform Demonstration Program which was to develop a standardized patient assessment tool for use at post acute hospital discharge and at PAC admission and discharge. This tool, the Continuity Assessment Record and Evaluation (CARE)



tool, will measure the health and functional status of Medicare acute discharges and measure changes in severity and other outcomes for Medicare PAC patients. It is our understanding that this demonstration project report is currently being reviewed by CMS and is expected to be submitted to Congress by the end 2011. We believe that it is premature for Congress to make additional cuts to rehabilitation services before the CARE Tool report is released.

We understand the fiscal challenges currently facing Congress and your Committee and we are aware of the difficult decisions you face. It is, however, imperative that we continue to provide rehabilitation services to those patients recovering from illnesses and post war injuries, such as traumatic brain injury, amputees, stroke, and spinal cord injuries. With this in mind, we respectfully request that you not make any further cuts to inpatient rehabilitation hospitals and units. If you have any questions or need additional information, please feel free to contact Jeremy Scott, ARN's Health Policy Associate, at (202) 230-5197 or jeremy.scott@dbr.com. Thank you for your leadership during this challenging time.

Sincerely,

A handwritten signature in black ink that reads 'Susan Wirt'. The signature is written in a cursive style with a large, looped 'S' at the beginning.

Susan Wirt, BSN RN CCM CLCP CRP CRRN
President
Association of Rehabilitation Nurses

cc: Members of the Joint Select Committee on Deficit Reduction
The Honorable John Boehner
The Honorable Nancy Pelosi
The Honorable Eric Cantor
The Honorable Steny Hoyer
The Honorable Harry Reid
The Honorable Mitch McConnell
The Honorable Richard Durbin