In spite of increasing demand for comprehensive medical rehab services, the Center for Medicare and Medicaid Services (CMS) 75% Rule forces inpatient rehabilitation facilities (IRFs) to limit access to potential patients. CMS is using what was originally a hospital classification tool as a means to assess medical necessity of inpatient rehabilitation for specific patients, an application that was never intended. As a result, IRFs have to manage their patient mix based upon a payment rule rather than medical judgment and rehabilitation need.

IRFs provide specialized treatment for persons who have had a significant impairment of function as a result of injury, disease or condition, and/or recovery from surgery or medical treatment. They provide close medical supervision coupled with an intensive rehabilitation program to restore health status, function, and independence in the home and community. Patients who do not qualify under the 75% Rule are increasingly being denied access to inpatient rehabilitation care.

Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2005/H.R. 3373/S.1405 would provide for a multifaceted review of the 75% Rule and would establish a temporary moratorium on increased restriction of access to IRF care by mandating that at least 50% of persons admitted to IRFs meet one of the current CMS proposed approved diagnoses or conditions.

The Deficit Reduction Omnibus Reconciliation Act of 2005/S.1932 would hold implementation of the 75% Rule to the original 50% threshold level for two years to allow a period of additional study and would also provide for establishment of a national advisory council to develop recommendations regarding criteria for coverage of rehabilitation services.