



July 26, 2007

The Honorable Charles Rangel
Committee on Ways and Means
United States House of Representatives
Washington, D.C. 20515

The Honorable John Dingell
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Re: Support for the CHAMP Act

Dear Chairmen Rangel and Dingell:

On behalf of the Coalition to Preserve Rehabilitation ("CPR"), we write to state our strong support for the Children's Health and Medicare Protection ("CHAMP") Act of 2007.

CPR is a coalition of over 25 consumer, disability, clinician, and membership organizations with the goal of preserving access to rehabilitation services so that individuals with disabilities, injuries and chronic conditions can regain and/or maintain their maximum level of independent function.

CPR was very pleased to see our coalition's three primary issues positively addressed in your legislation: Medicare's 75% Rule on inpatient rehabilitation, Medicare's cap on outpatient therapy services, and regulations regarding Medicaid's rehabilitative services option. We strongly support your proposed solutions to each of these rehabilitation-related problems.

Medicare Inpatient Rehabilitation: Section 502 would prevent further implementation of Medicare's 75% percent rule, freezing the compliance threshold at 60% indefinitely. Additionally, the bill would maintain current treatment of comorbidities under the rule and direct the Department of Health and Human Services (HHS), in collaboration with stakeholders, to report to Congress on the impact of and alternatives to the 75% Rule. The 75% Rule is an arbitrary restriction that stands in the way of many patients receiving access to appropriate, intensive inpatient care by basing admission decisions on diagnosis alone, rather than on the patient's rehabilitative and medical needs. We would like to register our concern, however, that the bill does not codify Ruling 85-2, the long-standing and well-established standard for medical necessity for inpatient rehabilitation, and it includes some payment provisions with respect to patients in need of joint replacements that appear very troubling. We look forward to working with you to ensure that the final bill does not compromise access to inpatient care for those Medicare patients in need of intensive rehabilitation.

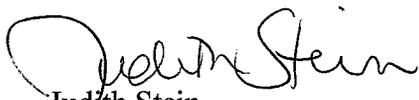
Medicare Outpatient Rehabilitation: CPR also strongly supports Section 601, which would extend the exceptions process for Medicare's caps on outpatient therapy services. CPR hears from its clinician and consumer member organizations that the exceptions process for the outpatient therapy caps currently in place generally ensures that individuals in need of extensive physical therapy, occupational therapy and/or speech-language pathology services receive them. As you know, Medicare's outpatient therapy caps, if fully implemented without an exceptions process, would ironically impact those with the most significant disabilities requiring the most extensive therapy services. We believe that enactment of Section 601 would help maintain appropriate access to therapy services for individuals who need such therapy the most, while efforts continue to find better solutions to reforming the payment system for outpatient therapy

Medicaid Rehabilitation Services Option: CPR strongly supports Section 814, which would place a moratorium on promulgation of regulations to restrict coverage of services provided under the Medicaid Rehabilitative Services option. Additionally, CPR supports Section 803 which maintains current treatment of adult day health services under Medicaid. CPR members were extremely concerned when the President's FY 2008 budget request stated the Administration's intent to issue regulations that would restrict access to many of the community-based rehabilitation services that allow individuals with disabilities to maintain independent living. The long-term impact of these restrictions would be tragic as state and local programs are unable to provide these services on their own and individuals are forced into long-term institutional living when their community rehabilitative needs are unmet. Sections 814 and 803 illustrate the Committees' commitment to independent living for people with disabilities by ensuring continued access to vital community-based rehabilitative services.

In conclusion, CPR strongly supports the Children's Health and Medicare Protection Act of 2007 and applauds the Committees for their commitment to ensuring appropriate access to vital rehabilitation services for people with disabilities, injuries and chronic conditions. Additionally, we thank you for including offsets to pay for this legislation (e.g., tobacco taxes and Medicare managed care differential payments) that are not likely to harm CPR members and the people we serve. We look very forward to working with you toward enactment of this legislation.

Sincerely,

The CPR Steering Committee



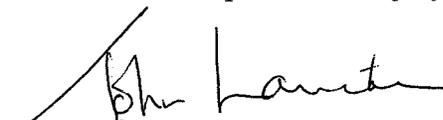
Judith Stein
Center for Medicare Advocacy, Inc.



Marcie Roth
National Spinal Cord Injury Association



Andy Imparato
American Association of People with Disabilities



John Lancaster
National Council on Independent Living



Peter Wilderotter
Christopher and Dana Reeve Foundation