

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
CMS-10765

October 5, 2021

RE: Patient Access to Inpatient Rehabilitation Hospitals

My name is Brian Nicholas Beer and I am a physician at Baylor Scott and White Emergency Department (ED) in College Station, Texas. I am writing today with concerns about the Centers for Medicare and Medicaid Services' (CMS) Review Choice Demonstration for Inpatient Rehabilitation Facilities (IRF RCD).

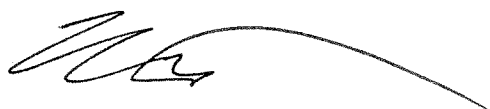
In the Emergency Department my peers and I frequently discuss the benefits of having an Inpatient Rehabilitation. When a patient is not acute enough to admit to our hospital, but not safe to discharge home, we are faced with a dilemma of care. When we encounter this we reach out to our local IRF at all hours to assist. A few examples are patients with non operable fractures, significant pain, UTI's, and abnormal labs requiring closer oversight than can be offered by family, Home health, or SNF level of care.

This resource evaluates and admits qualifying patients within a few hours. At an IRF, patients receive medical management from Internal Medicine and Physical Medicine and Rehabilitation physicians as well as 24-hour nursing care. Patients also receive the physical therapy, occupational therapy, and/or speech therapy that they need to quickly recover with the skills they need to return home.

IRF and the current process allows for better patient care. It is imperative that qualifying patients are moved quickly and we don't have time to wait for working hours of 8am – 5pm for review. One of our biggest disappointments is when we have to wait for insurance authorizations from managed Medicare or private insurance plans when we as physicians have identified the need and solution to what our patients need. Overcrowded Emergency Departments and acute hospitals need to be free for patients requiring acute care. At a time where hospitals are overwhelmed with the COVID-19 pandemic it would be a misstep for CMS to put IRF RCD in place at this time as this would clog up the rare spaces available for acute patients.

Thank you,

Dr. Brian Nicholas Beer, MD

A handwritten signature in black ink, appearing to be 'B. Beer', with a long, sweeping horizontal line extending to the right.