**COSPONSOR H.R. 1631, LEGISLATION TO IMPROVE**

**MEDICAL REHABILITATION RESEARCH AT NIH**

Dear Colleague;

As co-chairs of the Bipartisan Disabilities Caucus, we invite you to become a cosponsor of H.R. 1631, a bipartisan House companion to legislation introduced by Senators Kirk and Bennet, to improve medical rehabilitation research at the National Institutes of Health (NIH).

In 2012, NIH published a report prepared by a *Blue Ribbon Panel on Medical Rehabilitation* *Research*, which ultimately concluded that rehabilitation research is not thriving at NIH. In fact, NIH is required to develop a research plan for the conduct and support of medical rehabilitation research, but this plan has not been updated since 1993.

This legislation addresses the challenge by enhancing coordination within NIH and with other agencies to update and streamline rehabilitation research priorities. It specifies that the research plan must be updated every five years; provides for an annual progress report; promotes the development of guidelines by NIH governing the co-funding of medical rehabilitation; and includes a definition of medical rehabilitation research.

**This legislation is expected to be budget neutral and contains extensive input from NIH and the disability and rehabilitation community**. It is endorsed by the Disability and Rehabilitation Research Coalition, a coalition of 40 national non-profit organizations, including American Academy of Physical Medicine and Rehabilitation, American Congress of Rehabilitation Medicine, American Occupational Therapy Association, American Physical Therapy Association, Amputee Coalition of America, Association of Academic Physiatrists, Brain Injury Association of America, Christopher and Dana Reeve Foundation, Paralyzed Veterans of America, RESNA, among others.

Millions of Americans with disabilities, illnesses and chronic conditions require medical rehabilitation to restore, maintain, or prevent deterioration of function. We hope you will join us in cosponsoring this bill to enhance medical rehabilitation research at NIH, and by so doing, improve the provision of medical rehabilitation services and devices to those whose lives depend on it.

If you have any questions, or would like to cosponsor this legislation, please contact Todd Adams (Langevin) at [Todd.Adams@mail.house.gov](mailto:Todd.Adams@mail.house.gov), or Scot Malvaney (Harper) at [Scot.Malvaney@mail.house.gov](mailto:Scot.Malvaney@mail.house.gov).

Sincerely,

/s /s

**Jim Langevin** **Gregg Harper**

Member of Congress Member of Congress

**SUMMARY OF H.R. 1631**

**Background**. The Public Health Services Act establishes the National Center on Medical Rehabilitation Research (NCMRR) to conduct, support, and coordinate medical rehabilitation research at NIH. NCMRR (the Center) is located within the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD, the Institute). Periodically, NIH is required to develop a Research Plan for the conduct and support of medical rehabilitation research. The Research Plan has not been updated since 1993.

**The bill:**

* Clarifies the respective roles of the NCMRR Director, the Director of the Institute and the Director of NIH regarding the Research Plan by placing the key subject matter expert (i.e., the NCMRR Director) at the helm of the Research Plan while making it clear that the Director of the Center is exercising this authority on behalf of the Director of NIH and the Director of the Institute and in conjunction with the Medical Rehabilitation Coordinating Committee (coordinating committee) and the National Advisory Board on Medical Rehabilitation (advisory board) established by statute.
* Specifies that the Research Plan should include objectives and benchmarks regarding the conduct, support, and coordination of rehabilitation research and a common set of guidelines for conducting rehabilitation research at NIH. The Research Plan should be updated periodically or at least every five years.
* Requires the Director of NCMRR, in conjunction with the Director of the Institute, to prepare an annual report for the coordinating committee and the advisory board describing and evaluating the progress made during the preceding fiscal year in achieving objectives and benchmarks included in the Research Plan.
* Specifies that the Coordinating Committee (established by the existing statute) periodically, or at least every 5 years, host a “State of the Science Conference on Medical Rehabilitation Research” in connection with updating of the Trans-NIH Medical Rehabilitation Research Plan.
* In order to improve the stature of medical rehabilitation science at NIH, specifies that the coordinating committee includes the Director of the Division of Program Coordination, Planning, and Strategic Initiatives in the Office of the Director of NIH.
* Specifies that the Director of the Center, in conjunction with the Director of the Institute and in consultation with the coordinating committee and the advisory board, should develop guidelines governing the co-funding of medical rehabilitation research between the Center and other ICs within NIH and other agencies.
* Because current law does not include a definition of the term “medical rehabilitation research,” includes a definition of this term as: “The science of mechanisms and interventions that prevent, improve, restore, or replace lost, underdeveloped, or deteriorating function (defined at the level of impairment, activity, and participation according to the World Health Organization-International Classification of Function, Disability, and Health (WHO-ICF) model.” This definition is consistent with the Blue Ribbon Panel recommendations and would facilitate a consistent understanding of medical rehabilitation science at NIH.

**Complete List of Supporting Organizations**

1. American Academy of Orthotists and Prosthetists
2. American Academy of Physical Medicine and Rehabilitation
3. American Association on Health and Disability
4. American Congress of Rehabilitation Medicine
5. American Medical Rehabilitation Providers Association
6. American Music Therapy Association
7. American Occupational Therapy Association
8. American Physical Therapy Association
9. American Therapeutic Recreation Association
10. Association of Academic Physiatrists
11. Association of Rehabilitation Nurses
12. Brain Injury Association of America
13. Christopher and Dana Reeve Foundation
14. Lakeshore Foundation
15. NARRTC, National Association of Rehabilitation Research and Training Centers
16. National Association for the Advancement of Orthotics and Prosthetics
17. National Association of State Head Injury Professionals
18. National Council on Independent Living
19. Paralyzed Veterans of America
20. RESNA, The Rehabilitation Engineering and Assistive Technology Society of North America
21. United Spinal Association