

The Florida Association Children's Hospitals (FACH) is requesting funding to plan for the establishment of statewide network of pediatric rehabilitation centers to ensure all children have access to the care they require to attain optimal outcomes from injuries, medical conditions, genetic disorders, birth traumas, and other conditions requiring rehabilitative care.

The need is critical. A recent study found that children in Florida were the least likely in the nation to receive specialized inpatient rehabilitation care. In the entire state, there are only 12 Pediatric Rehabilitation Medicine physician specialists to provide critical early consultation and coordination of care for the estimated 300,000 children with disabilities in Florida. Even when specialized rehabilitation needs are identified, there are few places to send children. There are only five acute pediatric inpatient rehabilitation centers in Florida providing a total of only 29 beds for all children in the state. Only 10 of those beds are at a center with specialty pediatric certifications from the Commission for the Accreditation of Rehabilitation Facilities (CARF). For comparison, Georgia has approximately half the population of Florida, but Children's Hospital of Atlanta alone has 28 CARF accredited acute pediatric inpatient rehabilitation beds.

FACH is requesting \$1-million as one-time funding from federal infrastructure dollars to develop a statewide plan for establishing a network of pediatric rehabilitation centers. The plan will provide for an assessment of statewide need and capacity (workforce and bricks-and-mortar) and determine a process for providing grants to the state's not-for-profit children's hospitals to implement. Subsequent funding would be designated for the building and expansion of highly specialized pediatric inpatient rehabilitation centers and support the development of day rehabilitation programs to continue the intensive therapy work of inpatient programs once children are medically stable enough to leave the hospital. The funds also would be used to establish a pediatric rehabilitation telehealth network of physicians, psychologists, therapists and other medical personnel to provide unprecedented access to care for underserved children, in particular those in rural communities; and support the development of specialized training programs for pediatric rehabilitation specialists, neuropsychologists, certified rehabilitation nursing and other specialists vital to the rehabilitation mission.

Children excluded from the benefits of rehabilitation are disproportionately likely to be minorities, low income, and residents of rural areas. This places the burden of caring for children with disabilities disproportionately on communities with the fewest resources. A telehealth network of providers across the state would reduce this burden and improve care coordination and outcomes for all children in need of rehabilitation services, regardless of their geographic location. By collaborating with community and tertiary care centers, barriers to access care are reduced, quality of services is improved, and the needs of children with chronic and complex medical conditions can be managed in their community.

Children in need of rehabilitation services rely on children's hospitals for their care. The overwhelming majority of inpatient and outpatient rehabilitation centers are physically located at and receive direct support from not-for-profit children's hospitals. The burden of supporting this care is significant. It is estimated that only about 20% of the total cost of providing coordinated,

interdisciplinary inpatient and outpatient rehabilitation care is reimbursed by insurance. Specialty services critical to an integrated rehabilitation program, such as neuropsychology testing or school liaison services, may not be reimbursed at all. Pediatric rehabilitation centers rely on partnerships with children's hospitals to provide critically needed services.

Unless we act to provide support to pediatric rehabilitation centers, we risk falling ever further behind in providing the timely rehabilitation interventions necessary for Florida's children to have their best possible chance for optimal recovery from potentially disabling conditions. The economic costs of providing a lifetime of care to a single child with disability, including healthcare expenses, lost wages, and community and family support, run in the millions of dollars. The cost of human suffering and lost potential are incalculable.