



November 20, 2014

The Honorable Cathy McMorris Rodgers  
Co-Chair  
House Rural Health Care Coalition  
203 Cannon House Office Building  
Washington, DC 20515

The Honorable Ron Kind  
Co-Chair  
House Rural Health Care Coalition  
1502 Longworth House Office Building  
Washington, DC 20515

Dear Co-Chairs and Members of the House Rural Health Care Coalition:

As we celebrate National Rural Health Day today, the American Hospital Association (AHA) and the National Rural Health Association (NRHA) write to express our appreciation for your ongoing commitment to America's rural hospitals and the communities and patients they serve.

Americans living in rural areas depend upon their hospital as an important and often only source of care in their communities. As you know, too often federal legislative and regulatory actions fail to account for the unique circumstances of these small and rural health care providers, threatening the access to the care they provide. And with deficit reduction as a key goal in Washington, small and rural health care providers continue to be in jeopardy.

**We greatly appreciate that the House Rural Health Care Coalition and its members continually recognize the unique circumstances and challenges that small and rural hospitals face.** During the second session of the 113<sup>th</sup> Congress, you have worked tirelessly to address several important legislative priorities for rural hospitals. For example, you extended the Medicare-dependent hospital program, low-volume adjustment program, ambulance add-on payments and the outpatient therapy caps exception process through March 31, 2015. Additionally you successfully passed legislation to extend through 2014 the enforcement moratorium on the Centers for Medicare & Medicaid Services' (CMS) direct supervision policy for outpatient therapeutic services.

We look forward to working with you to pass legislation that would address important legislative and regulatory priorities affecting rural hospitals. These include:

- Permanently extending the Medicare provisions that expire March 31, 2015;

- Removing the Medicare 96-hour Condition of Payment for critical access hospitals (H.R. 3991/S. 2037);
- Ensuring CMS reverts to a default standard for general supervision for outpatient therapeutic services for rural hospitals and critical access hospitals (H.R. 1143/S. 2801);
- Promoting more appropriate and accurate behavior by Recovery Audit Contractors and thereby reducing the administrative and financial burden of appealing inaccurate audits (H.R. 1250/S. 1012);
- Maintaining the extension of the 340B drug pricing program and opposing any efforts to scale back this vital program;
- Implementing a 90-day reporting period for hospitals to attest to meeting meaningful use under the Medicare and Medicaid Electronic Health Record Incentive Programs in 2015, consistent with 2014 policy; and
- Extending the Rural Community Hospital Demonstration Program aimed at increasing the capability of select rural hospitals to meet the needs of their service areas.

Again, the AHA and NRHA thank you for your unwavering leadership and support of small and rural hospitals. We welcome the opportunity to continue working with the House RHCC to achieve our shared goals of protecting and promoting America's small and rural hospitals.

Sincerely,



Rich Umbdenstock  
President and CEO  
AHA



Alan Morgan  
Chief Executive Officer  
NRHA