



**American Hospital
Association®**

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June 26, 2015

The Honorable Lynn Jenkins
United States House of Representatives
1526 Longworth House Office Building
Washington, DC 20515

Dear Representative Jenkins:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our nearly 43,000 individual members, the American Hospital Association (AHA) is pleased to express our support for the your legislation, H.R. 2878, which would extend through calendar year (CY) 2015 the enforcement delay on direct supervision requirements for outpatient therapeutic services provided in critical access hospitals (CAHs) and rural prospective payment system (PPS) hospitals with 100 or fewer beds.

Your legislation provides immediate and critical relief to small, rural hospitals and ensures patients in these communities will continue to have access to outpatient therapeutic services. As you know, these services have always been provided by licensed, skilled professionals under the overall direction of a physician and with the assurance of rapid assistance from a team of caregivers, including a physician. While hospitals recognize the need for direct supervision for certain outpatient services that pose a high risk or are very complex, the Centers for Medicare & Medicaid Services' (CMS) policy generally applies to even the lowest risk services.

However, because H.R. 2878 applies only to CY 2015, the AHA continues to work toward passage of the Protecting Access to Rural Therapy Services (PARTS) Act (S. 257/H.R. 1611), which would adopt a default standard of "general supervision" for outpatient therapeutic services, among other provisions.

Again, we are pleased to support H.R.2878 and appreciate your continued leadership on behalf of America's rural hospitals. We look forward to working with you and your colleagues to achieve passage of this legislation.

Sincerely,

Rick Pollack
Executive Vice President

