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July 1, 2016

The Honorable Dave Loebsack  
United States House of Representatives  
1527 Longworth House Office Building  
Washington, DC 20515-1502

Dear Rep. Loebsack:

On behalf of our nearly 2,000 small and rural hospital members, the American Hospital Association (AHA), I am writing to express our strong support for H.R. 5613, which would extend through calendar year (CY) 2016 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 would provide immediate relief to small, rural hospitals and ensure 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 supervision 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 policy generally applies to even the lowest risk services.

Since H.R. 5613 applies only to CY 2016, the AHA continues to work toward passage of your other bill, the Rural Hospital Regulatory Relief Act (H.R. 5164), which would provide a permanent enforcement delay on direct supervision requirements for outpatient therapeutic services provided in CAHs and small PPS hospitals. In addition, we support the Protecting Access to Rural Therapy Services (PARTS) Act (S. 257/H.R. 1611), which would adopt a default standard of “general supervision” for CAHs and small PPS hospitals with 100 or fewer beds and provide additional regulatory relief related to this issue.

Again, we are pleased to support H.R. 5613 and look forward to working with you and your colleagues to achieve its passage.

Sincerely,

Thomas P. Nickels  
Executive Vice President

