



**AHA Advocacy Alliance**  
**FOR**  
**Rural Hospitals**

***Legislative Action Alert!***

*Tuesday, May, 20, 2014*

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**NEED ACTION FROM.....** *Rural hospital leaders*  
**ACTIONS .....** *Urge your senator to support the Craig Thomas Rural Hospital and Provider Equity Act R-HoPE (S. 2359)*  
**WHEN.....** *Immediately*  
**WHY .....** *Bill has a comprehensive set of rural provisions*  
**HOW.....** *Call or e-mail your senator*

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**SENATE INTRODUCES COMPREHENSIVE RURAL BILL**

*S. 2359 would remove 96-hour physician certification requirement, address direct supervision and extend many expiring or expired provisions*

Sens. Tom Harkin (D-IA), John Barasso (R-WY), Pat Roberts (R-KS) and Al Franken (D-MN) today introduced of a comprehensive rural bill, the Craig Thomas Rural Hospital and Provider Equity (R-HoPE) Act of 2014, which would extend critical rural provisions that have expired or are set to expire and implement new provisions that would benefit rural hospitals. Specifically, the bill would reinstate and extend the outpatient hold harmless, increase the low-volume payment adjustment to 2,000 discharges, extend cost-based reimbursement for rural outpatient labs, improve critical access hospital (CAH) ambulance payments, reinstate and extend the billing for the technical component of pathology services, and reimburse CAHs for certified registered nurse anesthetist (CRNA) on-call services.

In addition, S. 2359 would remove the 96-hour physician certification requirement as a condition of payment for CAHs but leaves the condition of participation intact. A physician would not be required to state that the patient will be discharged or transferred in less than 96 hours in order for the CAH to be paid on that particular claim. CAHs would continue to need to meet the other certification requirements that apply to all hospitals as well as the condition of participation requiring a 96-hour annual average length of stay. The R-HoPE Act also would reinstate and extend through 2014 the enforcement moratorium on the Centers for Medicare & Medicaid Services' outpatient therapy "direct supervision" policy for CAHs and rural prospective payment system hospitals with 100 or fewer beds.

**The AHA will continue working with rural hospitals to garner support for S. 2359. Please contact your legislators and urge them to cosponsor the R-HoPE Act.**