



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

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## ***Legislative Action Alert!***

*Wednesday, February 5, 2014*

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<b>NEED ACTION FROM</b> .....	<b><i>Critical access hospitals</i></b>
<b>ACTIONS</b> .....	<b><i>Urge your representative to support of the Critical Access Hospital Relief Act (H.R. 3991)</i></b>
<b>WHEN</b> .....	<b><i>Immediately</i></b>
<b>WHY</b> .....	<b><i>Bill removes 96-hour physician certification requirement</i></b>
<b>HOW</b> .....	<b><i>Call or e-mail your representative</i></b>

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### **HOUSE INTRODUCES BILL TO REMOVE 96-HOUR PHYSICIAN CERTIFICATION REQUIREMENT FOR CAHS**

Late yesterday, Reps. Adrian Smith (R-NE), Greg Walden (R-OR), Lynn Jenkins (R-KS) and David Loebsack (D-IA) introduced the *Critical Access Hospital Relief Act of 2014*, H.R. 3991, which would remove the 96-hour physician certification requirement as a condition of payment for critical access hospitals (CAHs). Specifically, this AHA-supported bill amends the *Social Security Act* to remove the condition of payment 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.

#### **Background**

As condition of payment for CAHs, the Centers for Medicare & Medicaid Services (CMS) requires a physician to certify that a beneficiary may reasonably be expected to be discharged or transferred to a hospital within 96 hours after admission to the CAH. The agency historically has not enforced the condition of payment. However, CMS recently published guidance, in relation to its new two-midnight admissions policy, that implies the agency will begin enforcing this condition of payment going forward.

While CAHs typically maintain an annual average of 96 hours per patient, they offer some medical services that have standard lengths of stay greater than 96 hours. If CAHs are forced to eliminate these “96-hour plus” services, the resulting financial pressure on CAHs would severely affect their ability to operate and care for beneficiaries in rural communities.

**H.R. 3991 recognizes the essential role CAHs play in our nation’s landscape. The AHA will work with CAHs to garner support for H.R. 3991. Please contact your representative and urge them to cosponsor the *Critical Access Hospital Relief Act*.**