



Summary: AHA Statement before the Subcommittee on Health of the Committee on Ways and Means of the U.S. House of Representatives

Tuesday, July 28, 2015

Hospitals and health systems are transforming care delivery and adapting to a new environment. While these challenges confront all hospitals the need to maintain a health care presence may be particularly acute among hospitals in rural communities. As a result, the AHA is creating a task force to examine ways in which hospitals can help ensure access to health care services in vulnerable rural and urban communities.

In a statement before the **Subcommittee on Health of the Committee on Ways and Means of the U.S. House of Representatives**, AHA emphasized that rural payment policy issues are of critical importance to our member hospitals and the communities they serve. The AHA urged Congress to take action on the issues discussed below to provide relief from harmful federal regulations and policies and protect important programs for America's rural hospitals.

The AHA supports the **Critical Access Hospital Relief Act** (S. 258/H.R. 169), which would remove the 96-hour condition of payment.

The AHA supports bipartisan legislation (H.R. 2878/S. 1461) to extend through CY 2015 the enforcement delay on **direct supervision requirements for outpatient therapeutic services**. AHA supports the **Protecting Access to Rural Therapy Services Act** (S. 257/H.R. 1611), which, among other things, would adopt a default standard of "general supervision" for these outpatient therapeutic services.

The AHA supports the bipartisan **Rural Community Hospital Demonstration Extension Act** (S. 607/H.R. 672), which would extend the program, in its current form, for five years.

The AHA applauds Congress for passing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which temporarily extended several important programs for rural hospitals.

AHA-supports bipartisan, bicameral legislation introduced this Congress to make these extensions permanent including the:

- Medicare-dependent Hospital (MDH) program;
- Enhanced adjustment for certain low-volume hospitals
- Ambulance add-on payments for ground ambulance and super-rural areas
- Therapy cap exceptions process, and
- Medicare home health rural add-on.

The availability of **telehealth services to rural areas** facilitates greater access to care by eliminating the need to travel long distances to see a qualified health care provider. CMS could make progress in expanding telehealth by approving additional telehealth services for Medicare coverage; however, only Congress can lift the geographic and practice setting limitations and approve new technologies. Telehealth is an important component of delivery system reform.

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