American Hospital Association

Strong Hospitals
RURAL HEALTH
Strong Communities

The AHA supports policies and legislation that enable rural hospitals to care for their communities. Below are some of the key areas of focus for our 2015 advocacy agenda.

Secure the Future of Critical Rural Programs and Policies

- MDH and low-volume adjustment. Pass the Rural Hospital Access Act (S. 332/H.R. 663), which would permanently extend the Medicare-dependent hospitals (MDH) and enhanced low-volume adjustment programs.
- Ambulance add-on payment. Pass the Medicare Ambulance Access, Fraud Prevention and Reform Act (S. 377/H.R. 745), which would permanently extend the ambulance add-on payment adjustment.
- RCH Demo. Pass the Rural Community Hospital (RCH) Demonstration Extension Act (S. 607/ H.R. 672), which would extend the program for five years.
- Exempt critical access hospitals (CAHs) from the cap on outpatient therapy services. Extend the outpatient therapy exception process (and oppose the expansion of the cap to services provided in the outpatient departments of hospitals and CAHs).

Relieve Regulatory Burden

- Direct supervision. Pass the Protecting Access to Rural Therapy Services (PARTS) Act (S. 257/ H.R.1611) to ensure that the Centers for Medicare & Medicaid Services (CMS) appropriately addresses the issue of direct supervision for outpatient therapeutic services for rural hospitals and CAHs.
- 96-hour physician certification. Pass the Critical Access Hospital Relief Act (S. 258/H.R. 169), which would remove the 96-hour physician certification requirement as a condition of payment for CAHs. These hospitals would still be required to satisfy the condition of participation requiring a 96-hour annual average length of stay.
- IT and meaningful use. Pass the Flexibility in Health IT Reporting (Flex-IT) Act (H.R. 270), which would establish a 90-day reporting period in fiscal year 2015 to give hospitals and eligible professionals more flexibility in meeting meaningful use requirements.
- Recovery Audit Contractors (RAC). Pass the Medicare Audit Improvement Act of 2015 (H.R. 2156), which would make much-needed improvements to the RAC program.
- Delay enforcement of CMS's two-midnight policy and require CMS to develop an alternative short-stay payment policy.
- Provide bed size flexibility for CAHs.
- Expand opportunities for providers and patients to use telemedicine in order to improve access to care and reduce costs.
- Ensure the unique circumstances of rural hospitals are accounted for in the rulemaking process.
- Ensure representation for rural health care on the Medicare Payment Advisory Commission.

Protect Essential Resources

- Maintain CAH designation, as currently defined.
- Relieve hospitals from cuts to Medicare disproportionate share hospitals.
- Preserve the 340B Drug Pricing Program and oppose attempts to scale back this vital program.
- Ensure CAHs are paid at least 101 percent of costs by Medicare and are paid at least the same by Medicare Advantage plans.
- Exempt CAHs from the Independent Payment Advisory Board.
- Allow hospitals to claim the full cost of provider taxes as allowable costs.