Today, Sens. Pat Roberts (R-KS) and Jon Tester (D-MT) introduced the Critical Access Hospital Relief Act, S. 258, 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. Earlier this month, the House introduced a companion bill, H.R. 169.

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.

Original co-sponsors of S. 258 include Sens. Jon Tester (D-MT), Dan Coats (R-IN), Jim Inhofe (R-OK), Tammy Baldwin (D-WI), Jerry Moran (R-KS), Chuck Grassley (R-IA), John Barrasso (R-WY), Deb Fischer (R-NE), John Hoeven (R-ND), Thad Cochran (R-MS), John Thune (R-SD), Steve Daines (R-MT), Roger Wicker (R-MS), Lisa Murkowski (R-AK), Heidi Heitkamp (D-ND), Jeff Merkley (D-OR).

The AHA will work with CAHs to garner support for S. 258 and H.R. 169. Please contact your legislators and urge them to cosponsor the Critical Access Hospital Relief Act.