

November 19, 2015

The Honorable Ron Kind
Co-chair
House Rural Health Care Coalition
1502 Longworth House Office Building
Washington, DC 20515

The Honorable Greg Walden
Co-chair
House Rural Health Care Coalition
2185 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen of the House Rural Health Care Coalition:

On behalf of the American Hospital Association's (AHA) nearly 2,000 small and rural hospital members, I write in honor of National Rural Health Day to express our appreciation for your ongoing commitment to America's rural hospitals and the communities and patients they serve.

Americans living in rural areas depend upon their hospital as an important and often only source of care in their communities. As you know, too often federal legislative and regulatory actions fail to account for the unique circumstances of these small and rural health care providers, threatening access to the care they provide. And with deficit reduction as a key goal in Washington, small and rural health care providers continue to be in jeopardy.

We greatly appreciate that the House Rural Health care Coalition and its members continually recognize the challenges that small and rural hospitals face. During this first session of the 114th Congress, you have worked tirelessly to address several important legislative priorities for rural hospitals. For example, you extended the Medicare-dependent hospital program, low-volume adjustment program, ambulance add-on payments and the outpatient therapy caps exception process until 2017.

The AHA is committed to working with you to promote important policies that protect access to health care in rural communities and to pass remaining legislative priorities, including:

- Removing the Medicare 96-hour condition of payment for critical access hospitals (H.R. 169);
- Ensuring the Centers for Medicare & Medicaid (CMS) reverts to a default standard for general supervision for outpatient therapeutic services for rural hospitals and critical access hospitals (H.R. 1611);



- Extending through 2015 the enforcement moratorium on CMS's direct supervision policy for outpatient therapeutic services in critical access and small, rural hospitals (H.R. 2878);
- Promoting more appropriate and accurate behavior by Recovery Audit Contractors and thereby reducing the administrative and financial burden on hospitals (H.R. 2156);
- Maintaining the extension of the 340B drug pricing program and opposing any efforts to scale back this vital program;
- Asking CMS to use its regulatory authority to delay moving forward with Stage 3 of the Meaningful Use Program until Stage 2 is successful;
- Extending the Rural Community Hospital Demonstration Program, which allows rural hospitals with fewer than 51 acute beds to test the feasibility of cost-based reimbursement (H.R. 672);
- Adjusting the Hospital Readmissions Reduction Program for sociodemographic factors so that hospitals are not financially penalized for factors outside of their control (H.R. 1343); and
- Making permanent the Medicare extenders that expire in 2017 (H.R. 663, H.R. 745).

We appreciate our ongoing dialogue with you and look forward to working with you to deliver meaningful solutions to challenges facing rural hospitals and the patients and communities they serve. As you know, the AHA created the Task Force on Ensuring Access in Vulnerable Communities to confirm the characteristics of vulnerable rural communities and to identify strategies and federal policies to help ensure access to care in these areas. We look forward to sharing the task force's results with Congress.

Again, the AHA thanks you for your unwavering leadership and support of small and rural hospitals. We welcome the opportunity to continue working with the House Rural Health Care Coalition to achieve our shared goals of protecting and promoting America's small and rural hospitals.

Sincerely,

Thomas P. Nickels
Executive Vice President