

# Congress of the United States

Washington, DC 20515

December 7, 2012

Ms. Marilyn Tavenner  
Acting Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, S.W., Room 445-G  
Washington, D.C. 20201

Dear Administrator Tavenner:

Thank you for your continued efforts to address issues related to physician supervision, both through language continuing non-enforcement of direct supervision requirements for rural hospitals in the Outpatient Prospective Payment System rule for 2013 and your most recent consideration of supervision recommendations from the Hospital Outpatient Payment Panel (HOPP). While we appreciate your efforts to improve Medicare, there is growing concern about the effect of stricter physician supervision requirements on rural health care providers, especially critical access hospitals (CAHs). Because of the importance of this issue to rural Medicare beneficiaries and providers, we urge you to take the strongest possible measures to ensure continued access to care in rural areas when considering physician supervision requirements.

Small, rural hospitals provide frontline care in underserved rural areas, frequently with very few physicians on staff. Because of the limited availability of rural providers, CAHs are provided more staffing flexibility than acute care hospitals, but are required to have a physician on-call and available within 30 minutes. Since 2007, CMS also has required CAHs which do not have a physician on site at all times to provide notice to all patients upon admission.

Physicians, nurses, and ancillary staff in rural facilities are highly experienced in determining the appropriate level of patient care. Failure to allow practitioners the necessary discretion to manage care administration may limit access to basic services and could further discourage physicians from seeking rural positions. Such changes would be most damaging to the sick and elderly who most need ready access to care. For this reason we thank you for accepting 22 HOPP recommendations for general supervision in your final decision of November 30, 2012, including 7 codes which CMS initially proposed to require direct supervision for. However, we remain concerned with the final rejection of general supervision for 7 codes, and the implications of such decisions on rural providers moving forward, particularly if CMS ends contractor enforcement instructions on supervision requirements for calendar year 2014 as indicated in the final 2013 Outpatient Prospective Payment System rule. For this reason, as you proceed with future rulemaking we request you specifically consider the effects of any decision on the ability of providers to serve patients at small rural facilities.

Thank you for your consideration of this matter. We look forward to working with you to ensure continued access to the best possible care for rural Medicare beneficiaries.

Sincerely,



Adrian Smith



Ron Kind

Ron Paul

Tom Sisk

Anthony

Betty Mollum

De H

J. Morgan

Michael H. Michael

Colin C. ...

Don Young

Mac Thornberry

Ch. J. ...

Reid ...

Dean ...

Gynthia ...

Christina ...

## List of Signatures

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Rep. Adrian Smith (Nebraska-03)

Rep. Ron Kind (Wisconsin-03)

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Rep. Ron Paul (Texas-14)

Rep. Don Young (Alaska-At Large)

Rep. Tom Latham (Iowa-04)

Rep. Mac Thornberry (Texas-13)

Rep. Peter A. DeFazio (Oregon-04)

Rep. Timothy J. Walz (Minnesota-01)

Rep. Betty McCollum (Minnesota-04)

Rep. Reid J. Ribble (Wisconsin-08)

Rep. Doc Hastings (Washington-04)

Rep. Sean P. Duffy (Wisconsin-07)

Rep. H. Morgan Griffith (Virginia-09)

Rep. Cynthia M. Lummis (Wyoming-At Large)

Rep. Michael H. Michaud (Maine-02)

Rep. Kristi L. Noem (South Dakota-At Large)

Rep. Collin C. Peterson (Minnesota-07)