

# Congress of the United States

Washington, DC 20510

September 18, 2013

Marilyn B. Tavenner, Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Bldg., Room 310G  
200 Independence Ave., SW  
Washington, DC 20201

Dear Administrator Tavenner:

Minnesota has one of the nation's leading health care delivery systems. Our state has dual challenges of a large geographic area and difficult winter weather conditions which make life-saving access to care in rural areas all the more important. Critical Access Hospitals (CAHs) are an essential component of this delivery system.

We strongly oppose the Office of Inspector General (OIG) recommendation that the Centers for Medicare & Medicaid Services (CMS) seek legislative authority to remove the "necessary provider" designation for Critical Access Hospitals (CAHs).

As you know, states could designate hospitals that did not meet the federal 35-mile distance requirement as "necessary providers" before January 2006. Congress created the necessary provider status as a way to give states additional flexibility to ensure access to care in rural areas.

Approximately 71 of Minnesota's 79 CAHs are at risk of losing their status if necessary provider status were eliminated. This could certainly lead to hospital closures, which would devastate access to care for Medicare beneficiaries as well as other residents and the infrastructure of our rural communities.

Minnesota's CAHs are often the largest employer in their communities, attract a highly educated workforce and serve as a vital resource for other employers' recruitment efforts. CAHs provide these benefits while struggling under nation-wide workforce shortages, financial pressures as a result of the sequester, and the costs associated with the increasing sophistication of medicine, to name a few.

Proposed restrictions on CAH status will also indirectly and negatively impact hospitals with other federal designations, such as Sole Community Hospital status, that do not take into account nearby CAHs in their eligibility criteria. This is in recognition of the need for access to more sophisticated services that CAHs do not provide but which residents in rural communities depend upon.

Please reject the OIG recommendations regarding the CAH program and keep access to care close to home for Minnesota's rural residents.

Sincerely,

Amy Klobuchar

Al Franken

Collin Peterson

Betsy McCollum

Chris J. Murphy

Rick Nolan

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