

103^D CONGRESS
1ST SESSION

H. R. 3078

To amend title XVIII of the Social Security Act to permit certain rural hospitals under the medicare program to serve as rural emergency access care facilities under the program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 14, 1993

Mr. THOMAS of Wyoming (for himself, Mr. GUNDERSON, Mr. ROBERTS, Mr. STENHOLM, Mrs. MINK, Mr. STRICKLAND, Mr. ENGLISH of Oklahoma, Mr. GRANDY, and Mr. BEREUTER) introduced the following bill; which was referred jointly to the Committees on Ways and Means and Energy and Commerce

A BILL

To amend title XVIII of the Social Security Act to permit certain rural hospitals under the medicare program to serve as rural emergency access care facilities under the program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Emergency Care
5 Access Hospital Act of 1993”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Each citizen of the United States will need
2 emergency medical care an average of 2 times in a
3 lifetime.

4 (2) Comprehensive emergency medical service
5 systems are essential to the health care delivery sys-
6 tem.

7 (3) Individuals residing in rural areas face an
8 additional challenge because they tend to have more
9 serious injuries.

10 (4) Emergency medical care is more difficult to
11 deliver in rural areas.

12 (5) Individuals involved in accidents in rural
13 areas are 3 times more likely to sustain serious or
14 untreatable injuries than individuals involved in acci-
15 dents in urban areas.

16 (6) Small rural hospitals continue to face finan-
17 cial difficulties and are often forced to close.

18 (7) Residents of rural areas must be provided
19 some assurance that their critical emergency care
20 needs will be met.

21 **SEC. 3. RURAL EMERGENCY ACCESS CARE HOSPITALS DE-**
22 **SCRIBED.**

23 Section 1861 of the Social Security Act (42 U.S.C.
24 1395x) is amended by adding at the end the following new
25 subsection:

1 “Rural Emergency Access Care Hospital; Rural
2 Emergency Access Care Hospital Services

3 “(oo)(1) The term ‘rural emergency access care hos-
4 pital’ means, for a fiscal year, a facility with respect to
5 which the Secretary finds the following:

6 “(A) The facility is located in a rural area (as
7 defined in section 1886(d)(2)(D)).

8 “(B) The facility was a hospital under this title
9 at any time during the 5-year period that ends on
10 the date of the enactment of this subsection.

11 “(C) The facility is in danger of closing due to
12 low inpatient utilization rates and negative operating
13 losses, and the closure of the facility would limit the
14 access of individuals residing in the facility’s service
15 area to emergency services.

16 “(D) The facility has entered into (or plans to
17 enter into) an agreement with a hospital with a par-
18 ticipation agreement in effect under section 1866(a),
19 and under such agreement the hospital shall accept
20 patients transferred to the hospital from the facility
21 and receive data from and transmit data to the facil-
22 ity.

23 “(E) There is a practitioner who is qualified to
24 provide advanced cardiac life support services (as de-

1 terminated by the State in which the facility is lo-
2 cated) on-site at the facility on a 24-hour basis.

3 “(F) A physician is available on-call to provide
4 emergency medical services on a 24-hour basis.

5 “(G) The facility meets such staffing require-
6 ments as would apply under section 1861(e) to a
7 hospital located in a rural area, except that—

8 “(i) the facility need not meet hospital
9 standards relating to the number of hours dur-
10 ing a day, or days during a week, in which the
11 facility must be open, except insofar as the fa-
12 cility is required to provide emergency care on
13 a 24-hour basis under subparagraphs (E) and
14 (F); and

15 “(ii) the facility may provide any services
16 otherwise required to be provided by a full-time,
17 on-site dietician, pharmacist, laboratory techni-
18 cian, medical technologist, or radiological tech-
19 nologist on a part-time, off-site basis.

20 “(H) The facility meets the requirements appli-
21 cable to clinics and facilities under subparagraphs
22 (C) through (J) of paragraph (2) of section
23 1861(aa) and of clauses (ii) and (iv) of the second
24 sentence of such paragraph (or, in the case of the
25 requirements of subparagraph (E), (F), or (J) of

1 such paragraph, would meet the requirements if any
2 reference in such subparagraph to a ‘nurse practi-
3 tioner’ or to ‘nurse practitioners’ was deemed to be
4 a reference to a ‘nurse practitioner or nurse’ or to
5 ‘nurse practitioners or nurses’), except that in deter-
6 mining whether a facility meets the requirements of
7 this subparagraph, subparagraphs (E) and (F) of
8 that paragraph shall be applied as if any reference
9 to a ‘physician’ is a reference to a physician as de-
10 fined in section 1861(r)(1).

11 “(2) The term ‘rural emergency access care hospital
12 services’ means medical and other health services fur-
13 nished by a rural emergency access care hospital.”.

14 **SEC. 4. COVERAGE OF AND PAYMENT FOR SERVICES.**

15 (a) COVERAGE UNDER PART B.—Section 1832(a)(2)
16 of the Social Security Act (42 U.S.C. 1395k(a)(2)) is
17 amended—

18 (1) by striking “and” at the end of subpara-
19 graph (I);

20 (2) by striking the period at the end of sub-
21 paragraph (J) and inserting “; and”; and

22 (3) by adding at the end the following new sub-
23 paragraph:

24 “(K) rural emergency access care hospital
25 services (as defined in section 1861(oo)(2)).”.

1 (b) PAYMENT BASED ON PAYMENT FOR OUTPATIENT
2 RURAL PRIMARY CARE HOSPITAL SERVICES.—

3 (1) IN GENERAL.—Section 1833(a)(6) of the
4 Social Security Act (42 U.S.C. 1395l(a)(6)) is
5 amended by striking “services,” and inserting “serv-
6 ices and rural emergency access care hospital serv-
7 ices.”.

8 (2) PAYMENT METHODOLOGY DESCRIBED.—
9 Section 1834(g) of such Act (42 U.S.C. 1395m(g))
10 is amended—

11 (A) in the heading, by striking “SERV-
12 ICES” and inserting “SERVICES AND RURAL
13 EMERGENCY ACCESS CARE HOSPITAL SERV-
14 ICES”; and

15 (B) in paragraph (1), by striking “during
16 a year before 1993” and inserting “during a
17 year before the prospective payment system de-
18 scribed in paragraph (2) is in effect”;

19 (C) in paragraph (1), by adding at the end
20 the following:

21 “The amount of payment shall be determined under
22 either method without regard to the amount of the
23 customary or other charge.”;

1 (D) in paragraph (2), by striking “Janu-
2 ary 1, 1993,” and inserting “January 1,
3 1996,”; and

4 (E) by adding at the end the following new
5 paragraph:

6 “(3) APPLICATION OF METHODS TO PAYMENT
7 FOR RURAL EMERGENCY ACCESS CARE HOSPITAL
8 SERVICES.—The amount of payment for rural emer-
9 gency access care hospital services provided during
10 a year shall be determined using the applicable
11 method provided under this subsection for determin-
12 ing payment for outpatient rural primary care hos-
13 pital services during the year.”.

14 **SEC. 5. EFFECTIVE DATE.**

15 The amendments made by sections 3 and 4 shall
16 apply to fiscal years beginning on or after October 1,
17 1993.

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