

S 2786

Medicare Rural Health Access Improvement Act of 2008

**Congress:** 110 (2007–2009, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Mar 13, 2008

**Current Status:** Read twice and referred to the Committee on Finance.

**Latest Action:** Read twice and referred to the Committee on Finance. (Mar 13, 2008)

**Official Text:** <https://www.congress.gov/bill/110th-congress/senate-bill/2786>

Sponsor

**Name:** Sen. Grassley, Chuck [R-IA]

**Party:** Republican • **State:** IA • **Chamber:** Senate

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Collins, Susan M. [R-ME]	R · ME		Apr 23, 2008

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 14, 2008

Subjects & Policy Tags

**Policy Area:**

Health

Related Bills

No related bills are listed.

Medicare Rural Health Access Improvement Act of 2008 - Amends title XVIII (Medicare) of the Social Security Act to: (1) extend Medicare flex grants; (2) revise requirements for the Medicare-dependent hospital (MDH) program; (3) permit rebasing for sole community hospitals; (4) revise the Medicare inpatient hospital payment adjustment for low-volume hospitals; (5) eliminate temporarily the disproportionate share hospital (DSH) adjustment cap; and (6) extend and revise the Medicare hold harmless provision under the prospective payment system (PPS) for hospital outpatient department (HOPD) services for certain hospitals.

Revises requirements for: (1) the treatment of rural sole community hospitals and Medicare dependent, small rural hospitals under the PPS for HOPD services; (2) the treatment of Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas; and (3) payment for clinical laboratory tests furnished by critical access hospitals.

Extends the Medicare incentive payment program for physician scarcity areas.

Revises the work geographic adjustment and the practice expense geographic adjustment under the Medicare physician fee schedule.

Extends the treatment of certain physician pathology services, and increased Medicare payments for rural ground ambulance services.

Makes hospital-based renal dialysis centers (including satellites) and skilled nursing facilities (SNFs) originating sites for payment of telehealth services.

Directs the Secretary of Health and Human Services to set \$92 as the maximum rate of payment per visit in 2009 for independent rural health clinics.

Requires the Secretary to exempt from competitive acquisition requirements rural areas and small metropolitan statistical areas (MSAs) with a population of 600,000 or less.

Permits physician assistants to order post-hospital extended care services. Recognizes attending physician assistants as attending physicians for the purpose of serving hospice patients.

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## **Actions Timeline**

- **Mar 13, 2008:** Introduced in Senate
- **Mar 13, 2008:** Sponsor introductory remarks on measure. (CR 3/14/2008 S2159-2163)
- **Mar 13, 2008:** Read twice and referred to the Committee on Finance.