

S 318

Medicare Rural Health Access Improvement Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jan 26, 2009

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

Latest Action: Read twice and referred to the Committee on Finance. (Jan 26, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/senate-bill/318>

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 29, 2009

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jan 26, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Medicare Rural Health Access Improvement Act of 2009 - 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) revise the Medicare inpatient hospital payment adjustment for low-volume hospitals; (4) eliminate temporarily the disproportionate share hospital (DSH) adjustment cap; and (5) 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 the treatment of rural sole community hospitals and Medicare dependent, small rural hospitals under the PPS for HOPD services.

Provides for recognition of equality of physician work in all geographic areas under the Medicare physician fee schedule.

Revises 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.

Directs the Secretary of Health and Human Services to set \$92 as the maximum rate of payment per visit in 2010 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.

Actions Timeline

- **Jan 26, 2009:** Introduced in Senate
- **Jan 26, 2009:** Sponsor introductory remarks on measure. (CR S835-836)
- **Jan 26, 2009:** Read twice and referred to the Committee on Finance.