

S 1648

Rural Emergency Acute Care Hospital Act

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 23, 2015

Current Status: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S4)

Latest Action: Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S4546-4547) (Jun 23, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/1648>

Sponsor

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

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

Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Gardner, Cory [R-CO]	R · CO		Jun 23, 2015
Sen. Ernst, Joni [R-IA]	R · IA		Jul 16, 2015
Sen. Cochran, Thad [R-MS]	R · MS		Jul 23, 2015
Sen. Lankford, James [R-OK]	R · OK		Dec 18, 2015

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Jun 23, 2015

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Rural Emergency Acute Care Hospital Act

This bill amends title XVIII (Medicare) of the Social Security Act to designate as a rural emergency hospital any facility that as of December 31, 2014, was:

- a critical access hospital (CAH) or a hospital with at most 50 beds located in a county in a rural area or treated as located in a rural area, or
- one of such hospitals that ceased operations during the period beginning five years before enactment of this Act and ending on December 30, 2014.

A rural emergency hospital:

- must provide 24-hour emergency medical care and observation care not exceeding an annual per patient average of 24 hours or more than 1 midnight,
- does not provide any acute care inpatient beds and has protocols in place for the timely transfer of patients who require acute care inpatient services or other inpatient services,
- has elected to be designated as a rural emergency hospital,
- has received approval to operate as one from the state, and
- is certified by the Department of Health and Human Services (HHS).

Medicare part B (Supplementary Medical Insurance Benefits) shall cover rural emergency hospital emergency services as well as ambulance services provided by a rural emergency hospital or other provider to transport patients who require acute care inpatient services or other inpatient services from the rural emergency hospital to a hospital or a CAH.

Payment for rural emergency hospital outpatient services of a rural emergency hospital, including telehealth and ambulance services, shall be 110% percent of their reasonable costs.

Rural emergency hospitals must be approved by the state and certified by HHS.

States shall have the option of waiving a specified distance requirement between a CAH certified as a rural emergency hospital and another facility located in the state that is seeking designation as a CAH.

Primary health services which the National Health Service Corps may provide under the Public Health Service Act shall include emergency medicine provided by physicians in a rural emergency hospital.

Hospitals with approved residency programs in emergency medicine shall include time spent by interns and residents in the emergency department of a rural hospital in the full-time equivalent count with respect to reimbursement for the indirect (stipend, fringe benefit) and direct (all or substantially all training) costs of medical education in subsection (d) hospitals.

(Generally, a subsection [d] hospital is an acute care hospital, particularly one that receives payments under Medicare's inpatient prospective payment system [IPPS] when providing covered inpatient services to eligible beneficiaries.)

Actions Timeline

- **Jun 23, 2015:** Introduced in Senate
- **Jun 23, 2015:** Read twice and referred to the Committee on Finance. (Sponsor introductory remarks on measure: CR S4546-4547)