

## S 2786

### Rural Access to Hospice Act of 2016

**Congress:** 114 (2015–2017, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Apr 13, 2016

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

**Latest Action:** Read twice and referred to the Committee on Finance. (Apr 13, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/senate-bill/2786>

## Sponsor

**Name:** Sen. Capito, Shelley Moore [R-WV]

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

## Cosponsors (4 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Shaheen, Jeanne [D-NH]	D · NH		Apr 13, 2016
Sen. Leahy, Patrick J. [D-VT]	D · VT		May 25, 2016
Sen. Ayotte, Kelly [R-NH]	R · NH		Sep 7, 2016
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Sep 14, 2016

## Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Apr 13, 2016

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
114 HR 5799	Identical bill	Jul 29, 2016: Referred to the Subcommittee on Health.

## Rural Access to Hospice Act of 2016

This bill amends title XVIII (Medicare) of the Social Security Act to allow payment under Medicare for certain services furnished to hospice patients by rural health clinics and federally qualified health centers (FQHCs).

With respect to a patient who elects to receive hospice care under Medicare, current law generally limits payment for services that are either duplicative of such care or related to the treatment of the individual's terminal illness. However, current law exempts from this limitation: (1) physicians' services furnished by the individual's attending physician, if not an employee of the hospice program; and (2) services provided or arranged by the hospice program.

The bill expands this exemption with regard to rural health clinic and FQHC services. Specifically, the Medicare payment limitation shall not apply to such services that: (1) would otherwise be physicians' services if furnished by an individual unaffiliated with a rural health clinic or FQHC; and (2) are either arranged by the hospice program or furnished by the individual's attending physician, if not an employee of the hospice program.

## Actions Timeline

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- **Apr 13, 2016:** Introduced in Senate
- **Apr 13, 2016:** Read twice and referred to the Committee on Finance.