To amend title XVIII of the Social Security Act to allow certain critical access hospitals and sole community hospitals to use interactive telecommunications systems to satisfy requirements with respect to having a physician available to stabilize an individual with an emergency medical condition under the Medicare program.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 14, 2013

Mr. THUNE (for himself, Mr. UDALL of New Mexico, and Mr. BENNET) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to allow certain critical access hospitals and sole community hospitals to use interactive telecommunications systems to satisfy requirements with respect to having a physician available to stabilize an individual with an emergency medical condition under the Medicare program.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Strengthening Rural Access to Emergency Services Act”.

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SEC. 2. ALLOWING CERTAIN CRITICAL ACCESS HOSPITALS AND SOLE COMMUNITY HOSPITALS TO USE INTERACTIVE TELECOMMUNICATIONS SYSTEMS TO SATISFY REQUIREMENTS WITH RESPECT TO HAVING A PHYSICIAN AVAILABLE TO STABILIZE AN INDIVIDUAL WITH AN EMERGENCY MEDICAL CONDITION.

(a) In General.—Section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) is amended—

(1) in paragraph (1)(I)(iii), by inserting “(subject to paragraph (4))” after “on call for duty”; and

(2) by adding at the end the following new paragraph:

“(4)(A) For purposes of paragraph (1)(I)(iii) of this subsection and subsections (b)(1)(A) and (d)(1)(C) of section 1867, effective on the date of enactment of this paragraph, with respect to an applicable critical access hospital or applicable sole community hospital, a physician is considered on call for duty under such paragraph, available to provide further medical examination and treatment necessary to stabilize an individual with an emergency medical condition under such subsection (b)(1)(A), and to have appeared under such subsection (d)(1)(C), if the physician is available—

“(i) in person; or

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“(ii) subject to subparagraph (B), by interactive telecommunications system (as defined in section 410.78(a)(3) of title 42, Code of Federal Regulations).

“(B) Subparagraph (A)(ii) shall only apply if—

“(i) the physician available by such interactive telecommunications system is board certified in emergency medicine or pediatric emergency medicine; and

“(ii) a nurse practitioner or physician assistant (as those terms are defined in section 1861(aa)(5)) is onsite in the emergency department.

“(C) In this paragraph:

“(i) The term ‘applicable critical access hospital’ means a critical access hospital (as defined in section 1861(mm)(1)) located—

“(I) in an area that is designated as a rural health professional shortage area under section 332(a)(1)(A) of the Public Health Service Act; and

“(II) in a county that is not included in a Metropolitan Statistical area.

“(ii) The term ‘applicable sole community hospital’ means a sole community hospital (as defined in section 1886(d)(5)(D)(iii)) that—
“(I) has less than 50 beds;
“(II) has an emergency department; and
“(III) is located—
“(aa) in an area that is designated as a rural health professional shortage area under section 332(a)(1)(A) of the Public Health Service Act; and
“(bb) in a county that is not included in a Metropolitan Statistical Area.”.

(b) CONFORMING AMENDMENTS.—Section 1867 of the Social Security Act (42 U.S.C. 1395dd) is amended—
(1) in subsection (b)(1)(A), by inserting “(determined in accordance with section 1866(a)(4))” after “hospital”; and
(2) in subsection (d)(1)(C), in the first sentence, by inserting “(determined in accordance with section 1866(a)(4))” after “refuses to appear”.

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