I

118TH CONGRESS
1ST SESSION

H. R. 6430

To amend title XVIII of the Social Security Act to extend Medicare-dependent hospital and Medicare low-volume hospital payments, and to direct the Comptroller General of the United States to carry out a report on Medicare rural hospital classifications.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2023

Mrs. MILLER of West Virginia (for herself and Ms. SEWELL) introduced the following bill; which was referred to the Committee on Ways and Means

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A BILL

To amend title XVIII of the Social Security Act to extend Medicare-dependent hospital and Medicare low-volume hospital payments, and to direct the Comptroller General of the United States to carry out a report on Medicare rural hospital classifications.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Assistance for Rural Community Hospitals Act'' or the ''ARCH Act''.

SEC. 2. EXTENDING MEDICARE-DEPENDENT HOSPITAL AND MEDICARE LOW-VOLUME HOSPITAL PAYMENTS.

(a) MDH EXTENSION.—

(1) EXTENSION OF PAYMENT METHODOLOGY.—Section 1886(d)(5)(G) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amended—

(A) in clause (i), by striking ''October 1, 2024'' and inserting ''October 1, 2029''; and

(B) in clause (ii)(II), by striking ''October 1, 2024'' and inserting ''October 1, 2029''.

(2) CONFORMING AMENDMENTS.—

(A) EXTENSION OF TARGET AMOUNT.—Section 1886(b)(3)(D) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(D)) is amended—

(i) in the matter preceding clause (i), by striking ''October 1, 2024'' and inserting ''October 1, 2029'' ; and

(ii) in clause (iv), by striking ''fiscal year 2024'' and inserting ''fiscal year 2029,''.

(B) PERMITTING HOSPITALS TO DECLINE RECLASSIFICATION.—Section 13501(e)(2) of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 1395ww note) is amended by strik-

ing ''fiscal year 2024'' and inserting ''fiscal year 2029,''.

(b) LVH EXTENSION.—Section 1886(d)(12) of the Social Security Act (42 U.S.C. 1395ww(d)(12)) is amended—

(1) in subparagraph (C)(i)—

(A) in the matter preceding subclause (I), by striking ''through 2024'' and inserting ''through 2029'';

(B) in subclause (III), by striking ''through 2024'' and inserting ''through 2029''; and

(C) in subclause (IV), by striking ''2025'' and inserting ''2030''; and

(2) in subparagraph (D)—

(A) in the matter preceding clause (i), by striking ''through 2024'' and inserting ''through 2029''; and

(B) in clause (ii), by striking ''through 2024'' and inserting ''through 2029''.

SEC. 3. GAO REPORT ON MEDICARE RURAL HOSPITAL CLASSIFICATIONS.

Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on Medicare rural

hospital classifications that includes the following information:

(1) The total number of hospitals that, with respect to any of the 5 fiscal years preceding such date of enactment, had any of the following classifications:

(A) Classification as a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1))).

(B) Classification as a rural emergency hospital (as defined in section 1861(kkk)(2) of such Act (42 U.S.C. 1395x(kkk)(2))).

(C) Classification as a rural referral center (as described in section 1886(d)(5)(C) of such Act (42 U.S.C. 1395ww(d)(5)(C)).

(D) Classification as a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

(E) Classification as a medicare-dependent, small rural hospital (as defined in section 1886(d)(5)(G)(iv) of such Act (42 U.S.C. 1395ww(d)(5)(G)(iv))).

(F) Classification as a low-volume hospital (as defined in section 1886(d)(12)(C)(i) of such Act (42 U.S.C. 1395ww(d)(12)(C)(i))).

(2) An analysis of the extent to which there is overlap between the criteria for any two or more of the classifications described in paragraph (1).

(3) Recommendations for—

(A) simplification with respect to such classifications and any such overlap; and

(B) changes with respect to the criteria for such classifications that would promote financial sustainability for rural hospitals and improve access to health care for individuals in rural areas.

(4) The projected effects of allowing sole community hospitals (as described in paragraph (1)(D)) and medicare-dependent, small rural hospitals (as described in paragraph (1)(E)) to use a cost reporting period beginning during fiscal year 2019 for the purpose of calculating adjusted payments under section 1886(d)(5) of the Social Security Act (42 U.S.C. 1395ww(d)(5)).

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