



Charles N. Kahn III
President and CEO

June 25, 2019

The Honorable Richard Neal
Chairman
Committee on Ways & Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways & Means
1139 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady,

The Federation of American Hospitals (FAH) is the national representative of more than 1,000 investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching, short-stay, rehabilitation, long-term acute care, psychiatric, and cancer hospitals in urban and rural America, and they provide a wide range of acute, post-acute, and ambulatory services.

We appreciate the Committee on Ways & Means (Committee) taking action to, among other items, improve the Medicare experience for beneficiaries, reauthorize the important work on quality improvement being done at the National Quality Forum (NQF), extend mental health benefits via telehealth, continue work to address the opioid crisis, and improve the delivery of care for patients with chronic medical conditions. As such, we are pleased to support H.R. 3417, *the Beneficiary Education Tools, Telehealth, and Extenders Reauthorization Act of 2019*, H.R. __, *The HEARTS and Rural Relief Act*, H.R. __, *Amends title XVIII of the Social Security Act to remove cost sharing responsibilities for chronic care management services under the Medicare program*, and H.R. 3414, *The Opioid Workforce Act of 2019*. Below we offer our support for a number of specific provisions in the proposed legislation.

H.R. 3417, *the Beneficiary Education, Tools, Telehealth, and Extenders Reauthorization Act of 2019*

Section 103 – Medicare coverage for certain mental health telehealth services

We support increasing access to mental health services via telehealth and appreciate the legislation's relaxing of existing Medicare rules which serve as an impediment to the expansion and adoption of telehealth services. The use of telehealth to deliver care, especially in rural settings, is an important means to preserving access to vital health care services. We

encourage the Committee to consider additional ways to incent the delivery of care via telehealth and specifically consider how to incent the use of these technologies in rural settings including hospitals.

Section 201 – Medicare GME treatment of hospitals establishing new medical residency training programs after hosting medical resident rotators for short durations

We support this provision as it will fix an outdated Medicare rule that has unfortunately led to some hospitals having inappropriately low full-time equivalent (FTE) resident caps or Per Resident Amounts (PRA). The legislation will allow hospitals to host a limited number of residents for short-term rotations without being negatively impacted by a set permanent FTE resident cap or a PRA. And, the legislation will help hospitals across the country, particularly community hospitals, meet the challenges presented by physician shortages.

Section 203 – Extension of funding for quality measure endorsement, input, and selection under Medicare program

We applaud the Committee's inclusion of language to reauthorize the NQF through fiscal year 2022. The NQF has been critical to ensuring the reliability and effectiveness of quality measures, and we are pleased to see continued investment in their important work. The FAH also supports the Committee's expansion of the NQF's scope, providing long-needed authority to recommend the removal of measures to ensure they continue to drive measurable improvements in quality for Medicare beneficiaries.

H.R. __, *The HEARTS and Rural Relief Act*

Section 3 – Ambulatory Surgical Center Payment Transparency

The FAH supports the transparency requirements in Section 3, which will help maintain the integrity of the hospital outpatient prospective payment system and enhance transparency regarding procedures requested for inclusion on the ambulatory surgical center approved list.

Section 5 – Extension of Enforcement Instruction on Supervision Requirements for Outpatient Therapeutic Services in Critical Access and Small Rural Hospitals Through 2021

The FAH strongly supports Section 5 to extend the enforcement instruction on supervision requirements for outpatient services in critical access and small rural hospitals through 2021 and would support a permanent extension as well. Many small rural and critical access hospitals have insufficient staff available to furnish direct supervision, especially due to difficulties in recruiting physician and non-physician practitioners to practice in rural areas. Further, with respect to critical specialty services, direct supervision by a hospital emergency department physician or non-physician practitioner is particularly difficult because of the volume of emergency patients or lack of specialty expertise. Section 5 will provide needed relief to these small rural and critical access hospitals.

H.R. __, Amends title XVIII of the Social Security Act to remove cost sharing responsibilities for chronic care management services under the Medicare program

We support this legislation as it expands the coordination of care to additional chronically ill Medicare patients. By removing the cost-sharing obligations from the Chronic Care Management (CCM) code, an additional number of chronically ill Medicare beneficiaries are likely to access the care management services they require.

Unfortunately, the cost-sharing requirement has created a barrier to care for these services with only a small fraction of eligible beneficiaries receiving the benefits of chronic care management. By waiving the beneficiary co-insurance amounts, the legislation is likely to facilitate further managing chronic care conditions to improve the health of patients.

H.R. 3414, The Opioid Workforce Act of 2019

Hospitals across the nation are on the frontlines of responding to the nation's opioid epidemic. *The Opioid Workforce Act of 2019* proposes the addition of 1,000 Medicare-supported graduate medical education (GME) positions over five years to hospitals that have established or are establishing substance use disorder (SUD) treatment and prevention programs. Expanding and funding residency slots for this purpose will help ensure that tomorrow's physicians are fully equipped with the training and skills necessary in addiction medicine, addiction psychiatry, or pain management.

Thank you for the work you are doing to expand access to and quality of care under the Medicare program. We look forward to continuing to work with you on issues important to hospitals and the Medicare beneficiaries we serve.

Sincerely,

A handwritten signature in black ink, appearing to be "Andrew M. ...", written in a cursive style.