Society of Hospital Medicine
Empowering hospitalists.
Transforming patient care.

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August 23, 2019

The Honorable Pat Roberts
U.S. Senate
109 Hart Senate Office Building

The Honorable Lisa Murkowski
U.S. Senate
522 Hart Senate Office Building

The Honorable Jon Tester
U.S. Senate
311 Hart Senate Office Building

The Honorable Tammy Baldwin
U.S. Senate
709 Hart Senate Office Building

The Honorable John Barrasso
U.S. Senate
307 Dirksen Senate Office Building

The Honorable James Inhofe
U.S. Senate
205 Russell Senate Office Building

The Honorable Michael Bennet
U.S. Senate
261 Russell Senate Office Building

The Honorable Mike Rounds
U.S. Senate
502 Hart Senate Office Building

Dear Senators Roberts, Tester, Barrasso, Bennett, Murkowski, Baldwin, Inhofe, and Rounds,

The Society of Hospital Medicine (SHM) is pleased to offer its support for the Critical Access Hospital Relief Act of 2019 (H.R. 1041/S. 586). This legislation will remove the requirement that physicians who work in Critical Access Hospitals (CAH) certify, with reasonable certainty, that an individual patient should expect to be discharged or admitted to another hospital within 96 hours.

While Critical Access Hospitals (CAH) must meet an annual patient length of stay (LOS) average of 96 hours or less, the 96-hour payment rule also requires providers to certify an individual patient should expect to be discharged or admitted to another hospital within 96 hours or less. It is unrealistic to expect providers to predict a patient's LOS with that degree of accuracy. Furthermore, an individual patient in a CAH can exceed 96 hours of hospitalization, as long as the hospital annual average LOS does not exceed 96 hours. As such, certifying expected patient LOS is unnecessary, administratively burdensome, and does not improve the quality of patient care.

In rural America, many hospitalized patients are elderly and do not want to be sent out of their community for medical care. Additionally, patients often do not want aggressive care that would be offered upon transfer and therefore refuse transfer altogether. Unnecessary transfers to tertiary care centers also result in patients being separated from their homes, communities, and support systems,

which increases the stress associated with hospitalizations. Since a patient's individual LOS has a negligible impact on the hospital's annual average LOS, providers should be able to determine a transfer is in the best interest of their patient without the pressure of certifying that a patient's LOS will not exceed 96 hours.

Due to the unique CAH payment structure, the intent of the 96-hour rule is to guard against increased costs to Medicare from extended CAH hospitalizations. However, instead of protecting Medicare's financial solvency, the 96-hour rule produces unnecessary and costly administrative requirements that do not benefit patients and can often be detrimental to patient care. Rural health care access is limited and continues to contract due to facility closures and scarce resources and the 96-hour physician certification rule redirects already limited resources away from bedside care. SHM is pleased to offer our support for this legislation and we stand ready to advocate for its passage.

Sincerely,

Chris Frost, MD, SFHM
President, Society of Hospital Medicine


shm
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