

112TH CONGRESS  
1ST SESSION

# S. 1680

To amend title XVIII of the Social Security Act to protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 11, 2011

Mr. CONRAD (for himself, Mr. ROBERTS, Mr. HARKIN, and Mr. BARRASSO) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Craig Thomas Rural Hospital and Provider Equity Act  
6 of 2011”.

7 (b) TABLE OF CONTENTS.—The table of contents of  
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Sense of the Senate.
- Sec. 3. Fairness in the Medicare disproportionate share hospital (DSH) adjustment for rural hospitals.
- Sec. 4. Extension and expansion of the Medicare hold harmless provision under the prospective payment system for hospital outpatient department (HOPD) services for certain hospitals.
- Sec. 5. Temporary improvements to the Medicare inpatient hospital payment adjustment for low-volume hospitals.
- Sec. 6. Extension of Medicare wage index reclassifications for certain hospitals.
- Sec. 7. Extension of Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas.
- Sec. 8. Elimination of isolation test for cost-based ambulance reimbursement for critical access hospitals.
- Sec. 9. Capital infrastructure revolving loan program.
- Sec. 10. Extension of Medicare incentive payment program for physician scarcity areas.
- Sec. 11. Extension of floor on Medicare work geographic adjustment.
- Sec. 12. Recognition of attending physician assistants as attending physicians  
To serve hospice patients.
- Sec. 13. Improving care planning for Medicare home health services.
- Sec. 14. Rural health clinic improvements.
- Sec. 15. Temporary Medicare payment increase for home health services furnished in a rural area.
- Sec. 16. Extension of increased Medicare payments for rural ground ambulance services.
- Sec. 17. Coverage of marriage and family therapist services and mental health counselor services under Part B of the Medicare program.
- Sec. 18. Extension of payment for technical component of certain physician pathology services.
- Sec. 19. Facilitating the provision of telehealth services across State lines.
- Sec. 20. Medicare Part A payment for anesthesiologist services in certain rural hospitals based on CRNA pass-through rules.
- Sec. 21. Temporary floor on the practice expense geographic index for services furnished in rural areas outside of frontier States under the Medicare physician fee schedule.
- Sec. 22. Revisions to standard for designation of sole community hospitals.
- Sec. 23. Medicare pass-through payments for CRNA services.
- Sec. 24. State offices of rural health.

**1 SEC. 2. SENSE OF THE SENATE.**

2 It is the sense of the Senate that—

- 3 (1) residents of rural and frontier communities  
4 should have access to affordable, quality health care;
- 5 (2) rural and frontier communities face unique  
6 challenges in health care delivery and financing;

1           (3) Federal health policy must reflect the  
 2 unique needs of residents of rural and frontier com-  
 3 munities and such communities in an equitable and  
 4 sustainable manner; and

5           (4) stakeholders should work collectively to  
 6 identify innovative policies that address the avail-  
 7 ability, delivery, and affordability of health care  
 8 services in rural and frontier communities.

9 **SEC. 3. FAIRNESS IN THE MEDICARE DISPROPORTIONATE**  
 10 **SHARE HOSPITAL (DSH) ADJUSTMENT FOR**  
 11 **RURAL HOSPITALS.**

12           Section 1886(d)(5)(F)(xiv)(II) of the Social Security  
 13 Act (42 U.S.C. 1395ww(d)(5)(F)(xiv)(II)) is amended by  
 14 adding at the end the following new sentence: “The pre-  
 15 ceding sentence shall not apply to any hospital with re-  
 16 spect to discharges occurring on or after October 1, 2011,  
 17 and before October 1, 2012.”.

18 **SEC. 4. EXTENSION AND EXPANSION OF THE MEDICARE**  
 19 **HOLD HARMLESS PROVISION UNDER THE**  
 20 **PROSPECTIVE PAYMENT SYSTEM FOR HOS-**  
 21 **PITAL OUTPATIENT DEPARTMENT (HOPD)**  
 22 **SERVICES FOR CERTAIN HOSPITALS.**

23           Section 1833(t)(7)(D)(i) of the Social Security Act  
 24 (42 U.S.C. 1395l(t)(7)(D)(i)) is amended—

25           (1) in subclause (II)—

1 (A) in the first sentence, by striking  
2 “2012” and inserting “2013”; and

3 (B) in the second sentence—

4 (i) by striking “and 85” and inserting  
5 “85”; and

6 (ii) by inserting the following before  
7 the period at the end: “, and 100 percent  
8 with respect to such services furnished in  
9 2012”; and

10 (2) in subclause (III)—

11 (A) in the first sentence—

12 (i) by striking “before January” and  
13 all that follows through “for which” and  
14 inserting “before January 1, 2013, for  
15 which”; and

16 (ii) by striking “85 percent” and in-  
17 serting “the applicable percentage (as de-  
18 termined under the second sentence of sub-  
19 clause (II) for the year)”; and

20 (B) in the second sentence, by striking  
21 “before January” and all that follows through  
22 “the preceding” and inserting “before January  
23 1, 2013, the preceding”.

1 **SEC. 5. TEMPORARY IMPROVEMENTS TO THE MEDICARE**  
 2 **INPATIENT HOSPITAL PAYMENT ADJUST-**  
 3 **MENT FOR LOW-VOLUME HOSPITALS.**

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

6 (1) in subparagraph (C)(i), by inserting “and  
 7 2,000 discharges, respectively,” after “1,600 dis-  
 8 charges”; and

9 (2) in subparagraph (D)—

10 (A) by striking “1,600” and inserting “the  
 11 applicable number”; and

12 (B) by adding at the end the following new  
 13 sentence: “For purposes of the preceding sen-  
 14 tence, the term ‘applicable number of dis-  
 15 charges’ means 1,600 discharges with respect to  
 16 discharges occurring in fiscal year 2011 and  
 17 2,000 discharges with respect to discharges oc-  
 18 ccurring in fiscal year 2012”.

19 **SEC. 6. EXTENSION OF MEDICARE WAGE INDEX RECLASSI-**  
 20 **FICATIONS FOR CERTAIN HOSPITALS.**

21 (a) **EXTENSION OF CORRECTION OF MID-YEAR RE-**  
 22 **CLASSIFICATION EXPIRATION FOR CERTAIN HOS-**  
 23 **PITALS.—**

24 (1) **IN GENERAL.—**In the case of a hospital de-  
 25 scribed in paragraph (2), the Secretary of Health  
 26 and Human Services shall apply subsection (a) of

1 section 106 of division B of the Tax Relief and  
2 Health Care Act of 2006 (42 U.S.C. 1395ww note),  
3 as amended by section 117 of the Medicare, Medi-  
4 caid, and SCHIP Extension Act of 2007 (Public  
5 Law 110–173), section 124 of the Medicare Im-  
6 provements for Patients and Providers Act of 2008  
7 (Public Law 110–275), sections 3137(a) and 10317  
8 of the Patient Protection and Affordable Care Act  
9 (Public Law 111–148), and section 102 of the Medi-  
10 care and Medicaid Extenders Act of 2010 (Public  
11 Law 111–309), by substituting “September 30,  
12 2012” for “September 30, 2011”.

13 (2) HOSPITAL DESCRIBED.—A hospital de-  
14 scribed in this paragraph is—

15 (A) a hospital—

16 (i) that is described in subsection (a)  
17 of such section 106; and

18 (ii)(I) that is located in a rural area;

19 and

20 (II) for which the Secretary of Health  
21 and Human Services has determined the  
22 extension under this subsection to be ap-  
23 propriate; or

24 (B) a sole community hospital located in a  
25 State with less than 10 people per square mile

1 that was provided with a special exception re-  
2 classification extension under section 117(a)(2)  
3 of the Medicare, Medicaid, and SCHIP Exten-  
4 sion Act of 2007 (Public Law 110–173).

5 (b) NOT BUDGET NEUTRAL.—The provisions of this  
6 section shall not be effected in a budget-neutral manner.

7 **SEC. 7. EXTENSION OF MEDICARE REASONABLE COSTS**  
8 **PAYMENTS FOR CERTAIN CLINICAL DIAG-**  
9 **NOSTIC LABORATORY TESTS FURNISHED TO**  
10 **HOSPITAL PATIENTS IN CERTAIN RURAL**  
11 **AREAS.**

12 Section 416(b) of the Medicare Prescription Drug,  
13 Improvement, and Modernization Act of 2003 (42 U.S.C.  
14 1395l–4), as amended by section 105 of division B of the  
15 Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395l  
16 note), section 107 of the Medicare, Medicaid, and SCHIP  
17 Extension Act of 2007 (42 U.S.C. 1395l note), section  
18 3122 of the Patient Protection and Affordable Care Act  
19 (Public Law 111–148), and section 109 of the Medicare  
20 and Medicaid Extenders Act of 2010 (Public Law 111–  
21 309), is amended by striking “the 2-year period beginning  
22 on July 1, 2010” and inserting “the 30-month period be-  
23 ginning on July 1, 2010”.

1 **SEC. 8. ELIMINATION OF ISOLATION TEST FOR COST-BASED**  
2 **AMBULANCE REIMBURSEMENT FOR CRIT-**  
3 **ICAL ACCESS HOSPITALS.**

4 (a) IN GENERAL.—Section 1834(l)(8) of the Social  
5 Security Act (42 U.S.C. 1395m(l)(8)) is amended—

6 (1) in subparagraph (B)—

7 (A) by striking “owned and”; and

8 (B) by inserting “(including when such  
9 services are provided by the entity under an ar-  
10 rangement with the hospital)” after “hospital”;  
11 and

12 (2) by striking the comma at the end of sub-  
13 paragraph (B) and all that follows and inserting a  
14 period.

15 (b) EFFECTIVE DATE.—The amendments made by  
16 this section shall apply to services furnished on or after  
17 January 1, 2012.

18 **SEC. 9. CAPITAL INFRASTRUCTURE REVOLVING LOAN PRO-**  
19 **GRAM.**

20 (a) IN GENERAL.—Part A of title XVI of the Public  
21 Health Service Act (42 U.S.C. 300q et seq.) is amended  
22 by adding at the end the following new section:

23 “CAPITAL INFRASTRUCTURE REVOLVING LOAN PROGRAM  
24 “SEC. 1603. (a) AUTHORITY TO MAKE AND GUAR-  
25 ANTEE LOANS.—



1           “(1) AUTHORITY TO MAKE LOANS.—The Sec-  
2           retary may make loans from the fund established  
3           under section 1602(d) to any rural entity for  
4           projects for capital improvements, including—

5                   “(A) the acquisition of land necessary for  
6                   the capital improvements;

7                   “(B) the renovation or modernization of  
8                   any building;

9                   “(C) the acquisition or repair of fixed or  
10                  major movable equipment; and

11                  “(D) such other project expenses as the  
12                  Secretary determines appropriate.

13           “(2) AUTHORITY TO GUARANTEE LOANS.—

14                   “(A) IN GENERAL.—The Secretary may  
15                   guarantee the payment of principal and interest  
16                   for loans made to rural entities for projects for  
17                   any capital improvement described in paragraph  
18                   (1) to any non-Federal lender.

19                   “(B) INTEREST SUBSIDIES.—In the case  
20                   of a guarantee of any loan made to a rural enti-  
21                   ty under subparagraph (A), the Secretary may  
22                   pay to the holder of such loan, for and on be-  
23                   half of the project for which the loan was made,  
24                   amounts sufficient to reduce (by not more than

1           3 percent) the net effective interest rate other-  
2           wise payable on such loan.

3           “(b) AMOUNT OF LOAN.—The principal amount of  
4 a loan directly made or guaranteed under subsection (a)  
5 for a project for capital improvement may not exceed  
6 \$5,000,000.

7           “(c) FUNDING LIMITATIONS.—

8           “(1) GOVERNMENT CREDIT SUBSIDY EXPO-  
9           SURE.—The total of the Government credit subsidy  
10           exposure under the Credit Reform Act of 1990 scor-  
11           ing protocol with respect to the loans outstanding at  
12           any time with respect to which guarantees have been  
13           issued, or which have been directly made, under sub-  
14           section (a) may not exceed \$50,000,000 per year.

15           “(2) TOTAL AMOUNTS.—Subject to paragraph  
16           (1), the total of the principal amount of all loans di-  
17           rectly made or guaranteed under subsection (a) may  
18           not exceed \$250,000,000 per year.

19           “(d) CAPITAL ASSESSMENT AND PLANNING  
20 GRANTS.—

21           “(1) NONREPAYABLE GRANTS.—Subject to  
22           paragraph (2), the Secretary may make a grant to  
23           a rural entity, in an amount not to exceed \$50,000,  
24           for purposes of capital assessment and business  
25           planning.

1           “(2) LIMITATION.—The cumulative total of  
2           grants awarded under this subsection may not ex-  
3           ceed \$2,500,000 per year.

4           “(e) TERMINATION OF AUTHORITY.—The Secretary  
5           may not directly make or guarantee any loan under sub-  
6           section (a) or make a grant under subsection (d) after De-  
7           cember 31, 2012.”.

8           (b) RURAL ENTITY DEFINED.—Section 1624 of the  
9           Public Health Service Act (42 U.S.C. 300s–3) is amended  
10          by adding at the end the following new paragraph:

11           “(15)(A) The term ‘rural entity’ includes—

12                   “(i) a rural health clinic, as defined in sec-  
13                   tion 1861(aa)(2) of the Social Security Act;

14                   “(ii) any medical facility with at least 1  
15                   bed, but with less than 50 beds, that is located  
16                   in—

17                           “(I) a county that is not part of a  
18                           metropolitan statistical area; or

19                           “(II) a rural census tract of a metro-  
20                           politan statistical area (as determined  
21                           under the most recent modification of the  
22                           Goldsmith Modification, originally pub-  
23                           lished in the Federal Register on February  
24                           27, 1992 (57 Fed. Reg. 6725));

1           “(iii) a hospital that is classified as a  
2           rural, regional, or national referral center under  
3           section 1886(d)(5)(C) of the Social Security  
4           Act; and

5           “(iv) a hospital that is a sole community  
6           hospital (as defined in section  
7           1886(d)(5)(D)(iii) of the Social Security Act).

8           “(B) For purposes of subparagraph (A), the  
9           fact that a clinic, facility, or hospital has been geo-  
10          graphically reclassified under the Medicare program  
11          under title XVIII of the Social Security Act shall not  
12          preclude a hospital from being considered a rural en-  
13          tity under clause (i) or (ii) of subparagraph (A).”.

14          (c) CONFORMING AMENDMENTS.—Section 1602 of  
15          the Public Health Service Act (42 U.S.C. 300q–2) is  
16          amended—

17                 (1) in subsection (b)(2)(D), by inserting “or  
18                 1603(a)(2)(B)” after “1601(a)(2)(B)”; and

19                 (2) in subsection (d)—

20                         (A) in paragraph (1)(C), by striking “sec-  
21                         tion 1601(a)(2)(B)” and inserting “sections  
22                         1601(a)(2)(B) and 1603(a)(2)(B)”; and

23                         (B) in paragraph (2)(A), by inserting “or  
24                         1603(a)(2)(B)” after “1601(a)(2)(B)”.

1 **SEC. 10. EXTENSION OF MEDICARE INCENTIVE PAYMENT**  
2 **PROGRAM FOR PHYSICIAN SCARCITY AREAS.**

3 Section 1833(u)(1) of the Social Security Act (42  
4 U.S.C. 1395l(u)(1)) is amended by inserting “, and such  
5 services furnished on or after January 1, 2012, and before  
6 January 1, 2013” after “2008”.

7 **SEC. 11. EXTENSION OF FLOOR ON MEDICARE WORK GEO-**  
8 **GRAPHIC ADJUSTMENT.**

9 Section 1848(e)(1)(E) of the Social Security Act (42  
10 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “before  
11 January 1, 2012” and inserting “before January 1,  
12 2013”.

13 **SEC. 12. RECOGNITION OF ATTENDING PHYSICIAN ASSIST-**  
14 **ANTS AS ATTENDING PHYSICIANS TO SERVE**  
15 **HOSPICE PATIENTS.**

16 (a) IN GENERAL.—Section 1861(dd)(3)(B) of the So-  
17 cial Security Act (42 U.S.C. 1395x(dd)(3)(B)) is amend-  
18 ed—

19 (1) by striking “or nurse practitioner” and in-  
20 serting “, the nurse practitioner”; and

21 (2) by inserting “, or the physician assistant  
22 (as defined in such subsection)” after “subsection  
23 (aa)(5)”.

24 (b) PERMITTING PHYSICIAN ASSISTANTS WHEN  
25 DELEGATED BY A PHYSICIAN TO ORDER HOSPICE

1 CARE.—Section 1814(a)(7)(A) of such Act (42 U.S.C.  
2 1395f(a)(7)(A)) is amended—

3 (1) in clause (i)(I), by inserting “or a physician  
4 assistant as delegated by such attending physician”  
5 after “nurse practitioner”; and

6 (2) in clause (ii), by inserting “or physician as-  
7 sistant described in clause (i)(I)” after “clause  
8 (i)(II)”.

9 (c) EFFECTIVE DATE.—The amendments made by  
10 this section shall apply to items and services furnished on  
11 or after January 1, 2012.

12 **SEC. 13. IMPROVING CARE PLANNING FOR MEDICARE**  
13 **HOME HEALTH SERVICES.**

14 (a) PART A PROVISIONS.—Section 1814(a) of the So-  
15 cial Security Act (42 U.S.C. 1395f(a)) is amended—

16 (1) in paragraph (2)—

17 (A) in the matter preceding subparagraph  
18 (A), by inserting “, a nurse practitioner or clin-  
19 ical nurse specialist who is working in collabo-  
20 ration with a physician in accordance with  
21 State law, a certified nurse-midwife (as defined  
22 in section 1861(gg)) as authorized by State law,  
23 or a physician assistant (as defined in section  
24 1861(aa)(5)) under the supervision of a physi-  
25 cian” after “1866(j)”; and

1 (B) in subparagraph (C)—

2 (i) by inserting “, a nurse practi-  
3 tioner, a clinical nurse specialist, a cer-  
4 tified nurse-midwife, or a physician assist-  
5 ant (as the case may be)” after “physi-  
6 cian” the first 2 times it appears; and

7 (ii) by striking “, and, in the case of  
8 a certification made by a physician” and  
9 all that follows through “face-to-face en-  
10 counter” and inserting “, and, in the case  
11 of a certification made by a physician after  
12 January 1, 2010, or by a nurse practi-  
13 tioner, clinical nurse specialist, certified  
14 nurse-midwife, or physician assistant (as  
15 the case may be) after January 1, 2012,  
16 prior to making such certification the phy-  
17 sician, nurse practitioner, clinical nurse  
18 specialist, certified nurse-midwife, or physi-  
19 cian assistant must document that the  
20 physician, nurse practitioner, clinical nurse  
21 specialist, certified nurse-midwife, or physi-  
22 cian assistant has had a face-to-face en-  
23 counter”;

1 (2) in the second sentence, by inserting “cer-  
2 tified nurse-midwife,” after “clinical nurse spe-  
3 cialist,”;

4 (3) in the third sentence—

5 (A) by striking “physician certification”  
6 and inserting “certification”;

7 (B) by inserting “(or on January 1, 2012,  
8 in the case of regulations to implement the  
9 amendments made by section 13 of the Craig  
10 Thomas Rural Hospital and Provider Equity  
11 Act of 2011)” after “1981”; and

12 (C) by striking “a physician who” and in-  
13 serting “a physician, nurse practitioner, clinical  
14 nurse specialist, certified nurse-midwife, or phy-  
15 sician assistant who”; and

16 (4) in the fourth sentence, by inserting “, nurse  
17 practitioner, clinical nurse specialist, certified nurse-  
18 midwife, or physician assistant” after “physician”.

19 (b) PART B PROVISIONS.—Section 1835(a) of the So-  
20 cial Security Act (42 U.S.C. 1395n(a)) is amended—

21 (1) in paragraph (2)—

22 (A) in the matter preceding subparagraph  
23 (A), by inserting “, a nurse practitioner or clin-  
24 ical nurse specialist (as those terms are defined  
25 in section 1861(aa)(5)) who is working in col-



1 laboration with a physician in accordance with  
2 State law, a certified nurse-midwife (as defined  
3 in section 1861(gg)) as authorized by State law,  
4 or a physician assistant (as defined in section  
5 1861(aa)(5)) under the supervision of a physi-  
6 cian” after “1866(j)”; and

7 (B) in subparagraph (A)—

8 (i) in each of clauses (ii) and (iii) of  
9 subparagraph (A) by inserting “, a nurse  
10 practitioner, a clinical nurse specialist, a  
11 certified nurse-midwife, or a physician as-  
12 sistant (as the case may be)” after “physi-  
13 cian”; and

14 (ii) in clause (iv), by striking “after  
15 January 1, 2010” and all that follows  
16 through “face-to-face encounter” and in-  
17 sserting “made by a physician after Janu-  
18 ary 1, 2010, or by a nurse practitioner,  
19 clinical nurse specialist, certified nurse-  
20 midwife, or physician assistant (as the case  
21 may be) after January 1, 2012, prior to  
22 making such certification the physician,  
23 nurse practitioner, clinical nurse specialist,  
24 certified nurse-midwife, or physician assist-  
25 ant must document that the physician,

1 nurse practitioner, clinical nurse specialist,  
2 certified nurse-midwife, or physician assist-  
3 ant has had a face-to-face encounter”;

4 (2) in the third sentence, by inserting “, nurse  
5 practitioner, clinical nurse specialist, certified nurse-  
6 midwife, or physician assistant (as the case may  
7 be)” after physician;

8 (3) in the fourth sentence—

9 (A) by striking “physician certification”  
10 and inserting “certification”;

11 (B) by inserting “(or on January 1, 2012,  
12 in the case of regulations to implement the  
13 amendments made by section 13 of the Craig  
14 Thomas Rural Hospital and Provider Equity  
15 Act of 2011)” after “1981”; and

16 (C) by striking “a physician who” and in-  
17 serting “a physician, nurse practitioner, clinical  
18 nurse specialist, certified nurse-midwife, or phy-  
19 sician assistant who”; and

20 (4) in the fifth sentence, by inserting “, nurse  
21 practitioner, clinical nurse specialist, certified nurse-  
22 midwife, or physician assistant” after “physician”.

23 (c) DEFINITION PROVISIONS.—

1           (1) HOME HEALTH SERVICES.—Section  
2 1861(m) of the Social Security Act (42 U.S.C.  
3 1395x(m)) is amended—

4           (A) in the matter preceding paragraph

5           (1)—

6           (i) by inserting “, a nurse practitioner  
7 or a clinical nurse specialist (as those  
8 terms are defined in subsection (aa)(5)), a  
9 certified nurse-midwife (as defined in sec-  
10 tion 1861(gg)), or a physician assistant (as  
11 defined in subsection (aa)(5))” after “phy-  
12 sician” the first place it appears; and

13           (ii) by inserting “, a nurse practi-  
14 tioner, a clinical nurse specialist, a cer-  
15 tified nurse-midwife, or a physician assist-  
16 ant” after “physician” the second place it  
17 appears; and

18           (B) in paragraph (3), by inserting “, a  
19 nurse practitioner, a clinical nurse specialist, a  
20 certified nurse-midwife, or a physician assist-  
21 ant” after “physician”.

22           (2) HOME HEALTH AGENCY.—Section  
23 1861(o)(2) of the Social Security Act (42 U.S.C.  
24 1395x(o)(2)) is amended—

1 (A) by inserting “, nurse practitioners or  
2 clinical nurse specialists (as those terms are de-  
3 fined in subsection (aa)(5)), certified nurse-mid-  
4 wives (as defined in section 1861(gg)), or physi-  
5 cian assistants (as defined in subsection  
6 (aa)(5))” after “physicians”; and

7 (B) by inserting “, nurse practitioner, clin-  
8 ical nurse specialist, certified nurse-midwife,  
9 physician assistant,” after “physician”.

10 (d) HOME HEALTH PROSPECTIVE PAYMENT SYSTEM  
11 PROVISIONS.—Section 1895 of the Social Security Act (42  
12 U.S.C. 1395fff) is amended—

13 (1) in subsection (c)(1), by inserting “, the  
14 nurse practitioner or clinical nurse specialist (as  
15 those terms are defined in section 1861(aa)(5)), the  
16 certified nurse-midwife (as defined in section  
17 1861(gg)), or the physician assistant (as defined in  
18 section 1861(aa)(5)),” after “physician”; and

19 (2) in subsection (e)—

20 (A) in paragraph (1)(A), by inserting “, a  
21 nurse practitioner or clinical nurse specialist (as  
22 those terms are defined in section 1861(aa)(5)),  
23 a certified nurse-midwife (as defined in section  
24 1861(gg)), or a physician assistant (as defined  
25 in section 1861(aa)(5))” after “physician”; and

1 (B) in paragraph (2)—

2 (i) in the heading, by striking “PHY-  
3 SICIAN CERTIFICATION” and inserting  
4 “RULE OF CONSTRUCTION REGARDING RE-  
5 QUIREMENT FOR CERTIFICATION”; and

6 (ii) by striking “physician”.

7 (e) EFFECTIVE DATE.—The amendments made by  
8 this section shall apply to items and services furnished on  
9 or after January 1, 2012.

10 **SEC. 14. RURAL HEALTH CLINIC IMPROVEMENTS.**

11 Section 1833(f) of the Social Security Act (42 U.S.C.  
12 1395l(f)) is amended—

13 (1) in paragraph (1), by striking “, and” at the  
14 end and inserting a semicolon;

15 (2) in paragraph (2)—

16 (A) by inserting “(before 2012)” after “in  
17 a subsequent year”; and

18 (B) by striking the period at the end and  
19 inserting a semicolon; and

20 (3) by adding at the end the following new  
21 paragraphs:

22 “(3) in 2012, at \$101 per visit; and

23 “(4) in a subsequent year, at the limit estab-  
24 lished under this subsection for the previous year in-  
25 creased by the percentage increase in the MEI (as

1 so defined) applicable to primary care services (as so  
 2 defined) furnished as of the first day of that year.”.

3 **SEC. 15. TEMPORARY MEDICARE PAYMENT INCREASE FOR**  
 4 **HOME HEALTH SERVICES FURNISHED IN A**  
 5 **RURAL AREA.**

6 Section 421(a) of the Medicare Prescription Drug,  
 7 Improvement, and Modernization Act of 2003 (Public Law  
 8 108–173; 117 Stat. 2283), as amended by section 5201(b)  
 9 of the Deficit Reduction Act of 2005 (Public Law 109–  
 10 171; 120 Stat. 46) and section 3131(c) of the Patient Pro-  
 11 tection and Affordable Care Act (Public Law 111–148;  
 12 124 Stat. 428), is amended by striking “2016, 3 percent”  
 13 and inserting “2011, and episodes and visits ending on  
 14 or after January 1, 2013, and before January 1, 2016,  
 15 3 percent”.

16 **SEC. 16. EXTENSION OF INCREASED MEDICARE PAYMENTS**  
 17 **FOR RURAL GROUND AMBULANCE SERVICES.**

18 (a) IN GENERAL.—Section 1834(l)(13)(A) of the So-  
 19 cial Security Act (42 U.S.C. 1395m(l)(13)(A)) is amend-  
 20 ed—

21 (1) in the matter preceding clause (i)—

22 (A) by striking “2007, and for” and in-  
 23 serting “2007, for”; and

24 (B) by inserting “, and for such services  
 25 described in clause (i) furnished on or after

1 January 1, 2012, and before January 1, 2013”  
2 after “2012”; and

3 (2) in clause (i), by inserting “, or 5 percent if  
4 such service is furnished on or after January 1,  
5 2012, and before January 1, 2013” after “2012”.

6 (b) SUPER RURAL AMBULANCE.—Section  
7 1834(l)(12)(A) of the Social Security Act (42 U.S.C.  
8 1395m(l)(12)(A)) is amended by striking “2012” and in-  
9 serting “2013”.

10 **SEC. 17. COVERAGE OF MARRIAGE AND FAMILY THERAPIST**  
11 **SERVICES AND MENTAL HEALTH COUNSELOR**  
12 **SERVICES UNDER PART B OF THE MEDICARE**  
13 **PROGRAM.**

14 (a) COVERAGE OF SERVICES.—

15 (1) IN GENERAL.—Section 1861(s)(2) of the  
16 Social Security Act (42 U.S.C. 1395x(s)(2)) is  
17 amended—

18 (A) in subparagraph (EE), by striking  
19 “and” after the semicolon at the end;

20 (B) in subparagraph (FF), by inserting  
21 “and” after the semicolon at the end; and

22 (C) by adding at the end the following new  
23 subparagraph:

24 “(GG) marriage and family therapist services  
25 (as defined in subsection (iii)(1)) and mental health

1 counselor services (as defined in subsection  
2 (iii)(3));”.

3 (2) DEFINITIONS.—Section 1861 of the Social  
4 Security Act (42 U.S.C. 1395x) is amended by add-  
5 ing at the end the following new subsection:

6 “Marriage and Family Therapist Services; Marriage and  
7 Family Therapist; Mental Health Counselor Serv-  
8 ices; Mental Health Counselor

9 “(iii)(1) The term ‘marriage and family therapist  
10 services’ means services performed by a marriage and  
11 family therapist (as defined in paragraph (2)) for the diag-  
12 nosis and treatment of mental illnesses, which the mar-  
13 riage and family therapist is legally authorized to perform  
14 under State law (or the State regulatory mechanism pro-  
15 vided by State law) of the State in which such services  
16 are performed, as would otherwise be covered if furnished  
17 by a physician or as an incident to a physician’s profes-  
18 sional service, but only if no facility or other provider  
19 charges or is paid any amounts with respect to the fur-  
20 nishing of such services.

21 “(2) The term ‘marriage and family therapist’ means  
22 an individual who—

23 “(A) possesses a master’s or doctoral degree  
24 which qualifies for licensure or certification as a



1 marriage and family therapist pursuant to State  
2 law;

3 “(B) after obtaining such degree has performed  
4 at least 2 years of clinical supervised experience in  
5 marriage and family therapy; and

6 “(C) in the case of an individual performing  
7 services in a State that provides for licensure or cer-  
8 tification of marriage and family therapists, is li-  
9 censed or certified as a marriage and family thera-  
10 pist in such State.

11 “(3) The term ‘mental health counselor services’  
12 means services performed by a mental health counselor (as  
13 defined in paragraph (4)) for the diagnosis and treatment  
14 of mental illnesses which the mental health counselor is  
15 legally authorized to perform under State law (or the  
16 State regulatory mechanism provided by the State law) of  
17 the State in which such services are performed, as would  
18 otherwise be covered if furnished by a physician or as inci-  
19 dent to a physician’s professional service, but only if no  
20 facility or other provider charges or is paid any amounts  
21 with respect to the furnishing of such services.

22 “(4) The term ‘mental health counselor’ means an  
23 individual who—

24 “(A) possesses a master’s or doctor’s degree in  
25 mental health counseling or a related field;

1           “(B) after obtaining such a degree has per-  
2           formed at least 2 years of supervised mental health  
3           counselor practice; and

4           “(C) in the case of an individual performing  
5           services in a State that provides for licensure or cer-  
6           tification of mental health counselors or professional  
7           counselors, is licensed or certified as a mental health  
8           counselor or professional counselor in such State.”.

9           (3) PROVISION FOR PAYMENT UNDER PART  
10          B.—Section 1832(a)(2)(B) of the Social Security  
11          Act (42 U.S.C. 1395k(a)(2)(B)) is amended by add-  
12          ing at the end the following new clause:

13                   “(v) marriage and family therapist  
14                   services (as defined in section 1861(iii)(1))  
15                   and mental health counselor services (as  
16                   defined in section 1861(iii)(3));”.

17          (4) AMOUNT OF PAYMENT.—Section 1833(a)(1)  
18          of the Social Security Act (42 U.S.C. 1395l(a)(1))  
19          is amended—

20                   (A) by striking “and (Z)” and inserting  
21                   “(Z)”; and

22                   (B) by inserting before the semicolon at  
23                   the end the following: “, and (AA) with respect  
24                   to marriage and family therapist services and  
25                   mental health counselor services under section

1           1861(s)(2)(GG), the amounts paid shall be 80  
2           percent of the lesser of the actual charge for  
3           the services or 75 percent of the amount deter-  
4           mined for payment of a psychologist under sub-  
5           paragraph (L)”.

6           (5) EXCLUSION OF MARRIAGE AND FAMILY  
7           THERAPIST SERVICES AND MENTAL HEALTH COUN-  
8           SELOR SERVICES FROM SKILLED NURSING FACILITY  
9           PROSPECTIVE PAYMENT SYSTEM.—Section  
10          1888(e)(2)(A)(ii) of the Social Security Act (42  
11          U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting  
12          “marriage and family therapist services (as defined  
13          in section 1861(iii)(1)), mental health counselor  
14          services (as defined in section 1861(iii)(3)),” after  
15          “qualified psychologist services,”.

16          (6) INCLUSION OF MARRIAGE AND FAMILY  
17          THERAPISTS AND MENTAL HEALTH COUNSELORS AS  
18          PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Sec-  
19          tion 1842(b)(18)(C) of the Social Security Act (42  
20          U.S.C. 1395u(b)(18)(C)) is amended by adding at  
21          the end the following new clauses:

22                 “(vii) A marriage and family therapist (as de-  
23                 fined in section 1861(iii)(2)).

24                 “(viii) A mental health counselor (as defined in  
25                 section 1861(iii)(4)).”.

1 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV-  
2 ICES PROVIDED IN CERTAIN SETTINGS.—

3 (1) RURAL HEALTH CLINICS AND FEDERALLY  
4 QUALIFIED HEALTH CENTERS.—Section  
5 1861(aa)(1)(B) of the Social Security Act (42  
6 U.S.C. 1395x(aa)(1)(B)) is amended by striking “or  
7 by a clinical social worker (as defined in subsection  
8 (hh)(1))” and inserting “, by a clinical social worker  
9 (as defined in subsection (hh)(1)), by a marriage  
10 and family therapist (as defined in subsection  
11 (iii)(2)), or by a mental health counselor (as defined  
12 in subsection (iii)(4))”.

13 (2) HOSPICE PROGRAMS.—Section  
14 1861(dd)(2)(B)(i)(III) of the Social Security Act (42  
15 U.S.C. 1395x(dd)(2)(B)(i)(III)) is amended by in-  
16 serting “, marriage and family therapist, or mental  
17 health counselor” after “social worker”.

18 (c) AUTHORIZATION OF MARRIAGE AND FAMILY  
19 THERAPISTS AND MENTAL HEALTH COUNSELORS TO  
20 DEVELOP DISCHARGE PLANS FOR POST-HOSPITAL SERV-  
21 ICES.—Section 1861(ee)(2)(G) of the Social Security Act  
22 (42 U.S.C. 1395x(ee)(2)(G)) is amended by inserting “,  
23 including a marriage and family therapist and a mental  
24 health counselor who meets qualification standards estab-  
25 lished by the Secretary” before the period at the end.

1 (d) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply with respect to services furnished  
3 on or after January 1, 2012.

4 **SEC. 18. EXTENSION OF PAYMENT FOR TECHNICAL COMPO-**  
5 **NENT OF CERTAIN PHYSICIAN PATHOLOGY**  
6 **SERVICES.**

7 Section 542(c) of the Medicare, Medicaid, and  
8 SCHIP Benefits Improvement and Protection Act of 2000  
9 (as enacted into law by section 1(a)(6) of Public Law 106–  
10 554), as amended by section 732 of the Medicare Prescrip-  
11 tion Drug, Improvement, and Modernization Act of 2003  
12 (42 U.S.C. 1395w–4 note), section 104 of division B of  
13 the Tax Relief and Health Care Act of 2006 (42 U.S.C.  
14 1395w–4 note), section 104 of the Medicare, Medicaid,  
15 and SCHIP Extension Act of 2007 (Public Law 110–  
16 173), section 136 of the Medicare Improvements for Pa-  
17 tients and Providers Act of 2008 (Public Law 110–275),  
18 section 3104 of the Patient Protection and Affordable  
19 Care Act (Public Law 111–148), and section 105 of the  
20 Medicare and Medicaid Extenders Act of 2010 (Public  
21 Law 111–309), is amended by striking “and 2011” and  
22 inserting “2011, and 2012”.

1 **SEC. 19. FACILITATING THE PROVISION OF TELEHEALTH**  
2 **SERVICES ACROSS STATE LINES.**

3 (a) **IN GENERAL.**—For purposes of expediting the  
4 provision of telehealth services, for which payment is made  
5 under the Medicare program, across State lines, the Sec-  
6 retary of Health and Human Services shall, in consulta-  
7 tion with representatives of States, physicians, health care  
8 practitioners, and patient advocates, encourage and facili-  
9 tate the adoption of provisions allowing for multistate  
10 practitioner practice across State lines.

11 (b) **DEFINITIONS.**—In subsection (a):

12 (1) **TELEHEALTH SERVICE.**—The term “tele-  
13 health service” has the meaning given that term in  
14 subparagraph (F) of section 1834(m)(4) of the So-  
15 cial Security Act (42 U.S.C. 1395m(m)(4)).

16 (2) **PHYSICIAN, PRACTITIONER.**—The terms  
17 “physician” and “practitioner” have the meaning  
18 given those terms in subparagraphs (D) and (E), re-  
19 spectively, of such section.

20 (3) **MEDICARE PROGRAM.**—The term “Medicare  
21 program” means the program of health insurance  
22 administered by the Secretary of Health and Human  
23 Services under title XVIII of the Social Security Act  
24 (42 U.S.C. 1395 et seq.).

1 **SEC. 20. MEDICARE PART A PAYMENT FOR ANESTHESIOLOGIST SERVICES IN CERTAIN RURAL HOSPITALS BASED ON CRNA PASS-THROUGH RULES.**

2  
3  
4  
5 (a) IN GENERAL.—Section 1814 of the Social Security Act (42 U.S.C. 1395f) is amended by adding at the end the following new subsection:

6  
7  
8 “Anesthesiologist Services Provided in Certain Rural  
9 Hospitals

10 “(m)(1) Notwithstanding any other provision of this  
11 title, coverage and payment shall be provided under this  
12 part for physicians’ services that are anesthesia services  
13 furnished by a physician who is an anesthesiologist in a  
14 rural hospital described in paragraph (3) in the same  
15 manner as payment is made under the exception provided  
16 in section 9320(k) of the Omnibus Budget Reconciliation  
17 Act of 1986, as added by section 608(c)(2) of the Family  
18 Support Act of 1988 and amended by section 6132 of the  
19 Omnibus Budget Reconciliation Act of 1989, (relating to  
20 payment on a reasonable cost, pass-through basis) for cer-  
21 tified registered nurse anesthetist services furnished by a  
22 certified registered nurse anesthetist in a hospital de-  
23 scribed in such section 9320(k).

24 “(2) No payment shall be made under any other pro-  
25 vision of this title for physicians’ services for which pay-  
26 ment is made under this subsection.

1 “(3) A rural hospital described in this paragraph is  
 2 a hospital described in section 9320(k) of the Omnibus  
 3 Budget Reconciliation Act of 1986, as so added and  
 4 amended, except that—

5 “(A) any reference in such section to a ‘cer-  
 6 tified registered nurse anesthetist’ or an ‘anesthetist’  
 7 is deemed a reference to a ‘physician who is an anes-  
 8 thesiologist’ or an ‘anesthesiologist’, respectively;  
 9 and

10 “(B) any reference to ‘January 1, 1988’ or  
 11 ‘1987’ is deemed a reference to such date and year  
 12 as the Secretary shall specify.”.

13 (b) EFFECTIVE DATE.—The amendment made by  
 14 subsection (a) shall apply to services furnished during cost  
 15 reporting periods beginning on or after the date of the  
 16 enactment of this Act.

17 **SEC. 21. TEMPORARY FLOOR ON THE PRACTICE EXPENSE**  
 18 **GEOGRAPHIC INDEX FOR SERVICES FUR-**  
 19 **NISHED IN RURAL AREAS OUTSIDE OF FRON-**  
 20 **TIER STATES UNDER THE MEDICARE PHYSI-**  
 21 **CIAN FEE SCHEDULE.**

22 Section 1848(e)(1) of the Social Security Act (42  
 23 U.S.C. 1395w-4(e)(1)) is amended by adding at the end  
 24 the following new subparagraph:



1                   “(J) FLOOR AT 1.0 ON PRACTICE EXPENSE  
2                   GEOGRAPHIC INDEX FOR SERVICES FURNISHED  
3                   IN RURAL AREAS OUTSIDE OF FRONTIER  
4                   STATES.—For purposes of payment for services  
5                   furnished in a rural area (other than a rural  
6                   area located in a State to which subparagraph  
7                   (I) applies) on or after January 1, 2012, and  
8                   before January 1, 2013, after calculating the  
9                   practice expense index under subparagraph  
10                  (A)(i), the Secretary shall increase any such  
11                  index to 1.0 if such index would otherwise be  
12                  less than 1.0. The preceding sentence shall not  
13                  be applied in a budget neutral manner.”.

14 **SEC. 22. REVISIONS TO STANDARD FOR DESIGNATION OF**  
15 **SOLE COMMUNITY HOSPITALS.**

16                  Section 1886(d)(5)(D)(iv) of the Social Security Act  
17 (42 U.S.C. 1395ww(d)(5)(D)(iv)) is amended by adding  
18 at the end the following new sentence: “Under such stand-  
19 ard, the time required for an individual to travel to the  
20 nearest alternative source of care shall be measured over  
21 improved roads maintained by a local, State, or Federal  
22 Government entity for use by the general public which is  
23 the most expeditious and accessible route as designated  
24 by law enforcement for emergency vehicle travel.”.

1 **SEC. 23. MEDICARE TREATMENT OF STANDBY AND ON-**  
2 **CALL TIME FOR CRNA SERVICES.**

3 (a) IN GENERAL.—Section 9320(k) of the Omnibus  
4 Budget Reconciliation Act of 1986 (42 U.S.C. 1395k  
5 note), as added by section 608(c)(2) of the Family Sup-  
6 port Act of 1988 and amended by section 6132 of the Om-  
7 nibus Budget Reconciliation Act of 1989, is amended by  
8 adding at the end the following:

9 “(3) In determining the reasonable costs in-  
10 curred by a hospital or critical access hospital for  
11 the services of a certified registered nurse anes-  
12 thetist under this subsection, the Secretary shall in-  
13 clude standby costs and on-call costs incurred by the  
14 hospital or critical access hospital, respectively, with  
15 respect to such nurse anesthetist.”.

16 (b) EFFECTIVE DATE.—The amendment made by  
17 subsection (a) shall apply to costs incurred in cost report-  
18 ing periods beginning in fiscal years after fiscal year 2003  
19 and before fiscal year 2013.

20 **SEC. 24. STATE OFFICES OF RURAL HEALTH.**

21 Section 338J(j)(1) of the Public Health Service Act  
22 (42 U.S.C. 254r(j)(1)) is amended by inserting “and 2012  
23 through 2013” before the period.

○