

S. 778 – Protecting Access to Rural Therapy Services (PARTS) Act

Senator Moran has introduced **S. 778**, the **Protecting Access to Rural Therapy Services (PARTS) Act**, to make sure that rural and other populations have access to a full range of outpatient therapeutic services in hospitals in their own communities. “Outpatient therapeutic services” include services like drug infusions, blood transfusions, outpatient psychiatric services, wound debridement, and cardiac and pulmonary rehabilitation services.

Hospital outpatient therapeutic services have always been administered by licensed, skilled professionals under the overall direction of a physician. However, in its attempt clarify existing regulations, the Centers for Medicare & Medicaid Services (CMS) retroactively interpreted the policy to require that a physician provide supervision and be physically present in the same outpatient department at all times when outpatient therapeutic services are furnished. While the need for direct supervision for certain risky, complex outpatient services is recognized, CMS’ policy requires direct supervision for even the lowest risk services, such as simple pain medication injections and minor wound debridement. These and many other procedures can be safely administered in hospital outpatient departments under the general supervision of a physician or non-physician provider (NPP).

Generally, “direct supervision” requires the physician or NPP to be immediately available when services are provided. This means that the physician or NPP must be physically present, interruptible, and able to furnish assistance and direction throughout the performance of the procedure.

Under “general supervision,” the procedure is furnished in the hospital by licensed, skilled medical professionals under the supervising professional’s overall control. This provision of care is governed by clinical protocols, policies, and procedures approved by the hospital’s medical staff. These providers can contact a physician or NPP by phone, radio, or other means if needed for routine consultation during the provision of care.

Small and rural hospitals (such as critical access hospitals (CAHs)), where physician and NPP shortages are most severe, need reasonable flexibility under these regulations to appropriately staff their facilities so they can continue to provide a full range of services to their communities. Many of these hospitals will find the supervision requirements contained in CMS’ current policy impossible to meet, which could jeopardize continued access to these important health care services.

The PARTS Act would preserve patient safety and oversight while easing unreasonable hospital outpatient services supervision requirements. The bill was crafted to reflect the realities of rural health care. Specifically, the PARTS Act would:

- Allow general supervision by a physician or NPP for many outpatient therapy services;
- Require CMS to allow a default setting of general supervision, rather than direct supervision, for outpatient therapy services;
- Create an advisory panel to establish an exceptions process for risky and complex outpatient services;
- Create a special rule for CAHs that recognizes their unique size and Medicare conditions of participation; and
- Hold hospitals and CAHs harmless from civil or criminal action for failing to meet CMS' current direct supervision policy for the period 2001 through 2011.

The **American Hospital Association** and **National Rural Health Association** have endorsed the PARTS Act.