

119TH CONGRESS
2D SESSION

H. R. 9642

To amend title XVIII of the Social Security Act to provide payment under part A of the Medicare program on a reasonable cost basis for anesthesia services furnished by an anesthesiologist in certain rural hospitals and critical access hospitals.

IN THE HOUSE OF REPRESENTATIVES

JULY 13, 2026

Mr. MOOLENAAR introduced the following bill; which was referred to the
Committee on Ways and Means

A BILL

To amend title XVIII of the Social Security Act to provide payment under part A of the Medicare program on a reasonable cost basis for anesthesia services furnished by an anesthesiologist in certain rural hospitals and critical access hospitals.

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.**

4 This Act may be cited as the “Medicare Access to
5 Rural Anesthesiology Act”.

1 **SEC. 2. MEDICARE PART A PAYMENT FOR ANESTHESIOLOGIST SERVICES IN CERTAIN RURAL HOSPITALS AND CRITICAL ACCESS HOSPITALS.**

4 (a) SUBSECTION (D) HOSPITALS.—

5 (1) IN GENERAL.—Section 1886(d)(5) of the
6 Social Security Act (42 U.S.C. 1395ww(d)(5)) is
7 amended by adding at the end the following new
8 subparagraph:

9 “(N)(i) For cost reporting periods beginning on or
10 after the date that is 1 year after the date of the enact-
11 ment of the Medicare Access to Rural Anesthesiology Act,
12 in the case of a subsection (d) hospital described in clause
13 (ii), payment to such hospital for physicians’ services that
14 are anesthesia services furnished by a physician who is
15 an anesthesiologist in such hospital shall be made on a
16 reasonable cost basis.

17 “(ii)(I) Subject to subclause (II), for purposes of
18 clause (i), a subsection (d) hospital described in this clause
19 is, with respect to a year (beginning with 2026), a sub-
20 section (d) hospital that is located in a rural area (as de-
21 fined in paragraph (2)(D)) (but not including any hospital
22 that is treated as being located in such an area pursuant
23 to paragraph (8)(E)) that establishes, at any time before
24 the year, to the satisfaction of the Secretary, that—

25 “(aa) as of the date of the enactment of the
26 Medicare Access to Rural Anesthesiology Act, the

1 hospital employed or contracted with a physician
2 who is an anesthesiologist (but not more than one
3 full-time equivalent physician);

4 “(bb) in 2026, the hospital had a volume of
5 surgical procedures (including inpatient and out-
6 patient procedures) requiring anesthesia services
7 that did not exceed 800 (or such higher number as
8 the Secretary determines to be appropriate); and

9 “(cc) each physician who is an anesthesiologist
10 employed by, or under contract with, the hospital
11 has agreed not to bill under part B for professional
12 services furnished by the anesthesiologist at the hos-
13 pital.

14 “(II) With respect to a year (after 2027), a hospital
15 is not a subsection (d) hospital described in this clause
16 unless the hospital establishes, before the beginning of the
17 year, that the hospital has had a volume of surgical proce-
18 dures (including inpatient and outpatient procedures) re-
19 quiring anesthesia services in the previous year that did
20 not exceed 800 (or such higher number as the Secretary
21 determines to be appropriate).”.

22 (2) TREATED AS PART OF INPATIENT HOSPITAL
23 SERVICES.—Section 1861(b) of the Social Security
24 Act (42 U.S.C. 1395x(b)) is amended—

1 (A) in paragraph (6), by striking “or” at
2 the end;

3 (B) in paragraph (7), by striking the pe-
4 riod at the end and inserting “; or”; and

5 (C) by adding at the end the following new
6 paragraph:

7 “(8) a physician who is an anesthesiologist
8 where the hospital is a subsection (d) hospital de-
9 scribed in section 1886(d)(5)(N)(ii).”.

10 (3) EXCLUDED FROM OPERATING COSTS OF IN-
11 PATIENT HOSPITAL SERVICES.—Section 1886(a)(4)
12 of the Social Security Act (42 U.S.C. 1395ww(a)(4))
13 is amended in the second sentence by inserting “for
14 cost reporting periods beginning on or after the date
15 that is 1 year after the date of the enactment of the
16 Medicare Access to Rural Anesthesiology Act, costs
17 of physicians’ services that are anesthesia services
18 furnished by a physician who is an anesthesiologist
19 in a subsection (d) hospital described in subsection
20 (d)(5)(N)(ii),” before “or costs with respect to ad-
21 ministering blood clotting factors”.

22 (b) CRITICAL ACCESS HOSPITALS.—Section
23 1861(mm) of the Social Security Act (42 U.S.C.
24 1395x(mm)) is amended—

1 (1) in paragraph (2), by adding at the end the
2 following new sentence: “For cost reporting periods
3 beginning on or after the date that is 1 year after
4 the date of the enactment of the Medicare Access to
5 Rural Anesthesiology Act, such term includes physi-
6 cians’ services that are anesthesia services furnished
7 by a physician who is an anesthesiologist in a critical
8 access hospital described in paragraph (4).”; and

9 (2) by adding at the end the following new
10 paragraph:

11 “(4)(A) Subject to subparagraph (B), for purposes
12 of paragraph (2), a critical access hospital described in
13 this paragraph is, with respect to a year (beginning with
14 2027), a critical access hospital that establishes, at any
15 time before the year, to the satisfaction of the Secretary,
16 that—

17 “(i) as of the date of the enactment of the
18 Medicare Access to Rural Anesthesiology Act, the
19 critical access hospital employed or contracted with
20 a physician who is an anesthesiologist (but not more
21 than one full-time equivalent physician);

22 “(ii) in 2026, the critical access hospital had a
23 volume of surgical procedures (including inpatient
24 and outpatient procedures) requiring anesthesia
25 services that did not exceed 800 (or such higher

1 number as the Secretary determines to be appro-
2 priate); and

3 “(iii) each physician who is an anesthesiologist
4 employed by, or under contract with, the critical ac-
5 cess hospital has agreed not to bill under part B for
6 professional services furnished by the anesthesiol-
7 ogist at the critical access hospital.

8 “(B) With respect to a year (after 2027), a critical
9 access hospital is not a critical access hospital described
10 in this paragraph unless the critical access hospital estab-
11 lishes, before the beginning of the year, that the critical
12 access hospital has had a volume of surgical procedures
13 (including inpatient and outpatient procedures) requiring
14 anesthesia services in the previous year that did not exceed
15 800 (or such higher number as the Secretary determines
16 to be appropriate).”.

17 (c) EXCLUDED FROM MEDICAL AND OTHER HEALTH
18 SERVICES.—Section 1861(s)(1) of the Social Security Act
19 (42 U.S.C. 1395x(s)(1)) is amended by inserting “(other
20 than physicians’ services that are anesthesia services fur-
21 nished during a cost reporting period beginning on or after
22 the date that is 1 year after the date of the enactment
23 of the Medicare Access to Rural Anesthesiology Act by a
24 physician who is an anesthesiologist in a subsection (d)
25 hospital described in section 1886(d)(5)(N)(ii) or a critical

1 access hospital described in section 1861(mm)(4))” before
2 the semicolon.

3 (d) REGULATIONS.—The Secretary of Health and
4 Human Services shall revise the regulations promulgated
5 for purposes of section 1862(a)(14) of the Social Security
6 Act (42 U.S.C. 1395y(a)(14)) such that, for cost reporting
7 periods beginning on or after the date that is 1 year after
8 the date of the enactment of this section, such regulations
9 define the term “physicians’ services” to exclude physi-
10 cians’ services that are anesthesia services furnished by
11 a physician who is an anesthesiologist in—

12 (1) a subsection (d) hospital described in sub-
13 paragraph (N)(ii) of section 1886(d)(5) of such Act
14 (42 U.S.C. 1395ww(d)(5)), as added by subsection
15 (a); or

16 (2) a critical access hospital described in para-
17 graph (4) of section 1861(mm) of such Act (42
18 U.S.C. 1395x(mm)), as added by subsection (b).

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