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Statement of the Honorable Lynn Jenkins

Before the House Committee on Energy and Commerce Subcommittee on the Health

Examining Legislation to Improve Medicare and Medicaid

Chairman Pitts, Ranking Member Green,

Thank you for holding this hearing and inviting me to speak on H.R. 2878, a critical piece of legislation that I have sponsored. The bill would delay Medicare's physician "direct supervision" requirement, for outpatient therapeutic services in critical access and small rural hospitals, until 2016.

In January of 2014, the Centers for Medicaid and Medicare Services began enforcing a requirement that physicians must supervise outpatient therapy at Critical Access Hospitals and other small, rural hospitals. CMS's decision meant that routine outpatient procedures, such as drawing blood or undergoing active therapy, would have to be directly supervised by a physician. This decision by CMS would have put a severe strain on providers, particularly those in rural areas, while providing no quality improvements for the patients they serve.

Most of these outpatient procedures are relatively simple, are very safe, and would not benefit from a federal mandate that a physician always be in the room. And, as a practical matter, in rural hospitals across America, such a requirement is simply not feasible.

I was proud to introduce legislation last Congress that delayed this Medicare "direct supervision" requirement through 2014, and it was signed into law with bipartisan support. It has been widely recognized as an effective tool to improve care in rural hospitals, and keep the regulatory burden in check.

Unfortunately, rural hospitals are once again staring down the threat of this federal mandate from CMS. The existing law delaying enforcement action from CMS has expired. Accordingly, I have now re-introduced similar legislation this Congress, further delaying enforcement until 2016. It is about this legislation, H.R. 2878, which this committee has graciously invited me to speak about today.

When I think about the healthcare needs facing my district, there is nothing more challenging than ensuring access to quality and accessible rural healthcare. Rural America is struggling and

the 84 Critical Access Hospitals in Kansas are the lifeblood of our rural communities. The presence of a facility such as a Critical Access Hospital in a community could be the deciding factor in whether or not the next generations of children decide to raise their family in their hometown, or perhaps whether or not a business decides to locate there. Easy access to emergency care can be a life and death situation and we cannot threaten the existence of these facilities by piling on the regulatory burden from Washington.

Earlier this year, I invited Carrie Saia, CEO of Holton Community Hospital, to testify about this issue before the Ways and Means Committee's Subcommittee on Health. Holton Community Hospital happens to be responsible for serving my hometown, Holton, a community of just over 3,000 Kansans. She explained in great detail that direct supervision would be extremely burdensome, costly, and is simply unrealistic at a hospital serving rural America. The result of enforcing this mandate would be to severely limit the type of services rural hospitals could offer, and it would threaten their financial stability at a complicated and uncertain time in our nation's healthcare system.

H.R. 2878 will correct this problem. It will do so by reinstating the moratorium on enforcement of this unnecessary regulation. It has broad bipartisan support in Congress, and the support of key stakeholders, including the American Hospital Association, the National Rural Health Association, and the Kansas Hospital Association.

As a small town girl, I feel strongly that folks in rural communities deserve access to quality health care. I cannot emphasize enough that rural communities in Kansas, and across the country, depend on Critical Access Hospitals, which are directly threatened by CMS's actions. I hope that Members from both parties can once again come together to ensure that high-quality, timely care is available no matter where you live in America.

Companion legislation introduced by Senators John Thune, Jerry Moran, and Jon Tester was passed by the Senate this September. I urge my colleagues to support this legislation, and move it forward in a timely fashion. Thank you very much for the invitation to speak.