NATIONAL ASSOCIATION OF RURAL HEALTH CLINICS

S. 1037 - Rural Health Clinics Modernization Act

Section-by-Section

Sec. 2 Modernizing Physician, Physician Assistant, and Nurse Practitioner Utilization Requirements.

Modernizes RHC physician supervision requirements by aligning them to state scope of practice laws governing PA and NP practice. Now that all states have Practice Acts governing PA and NP scope of practice, federal standards are unnecessary. Allows PAs and NPs to practice to the top of their license without unnecessary federal supervision requirements that apply only because the PA or NP is practicing in an RHC.

Sec. 3 Removing Outdated Laboratory Requirements.

Removes a requirement that RHCs must "directly provide" certain lab services on site, and allows RHCs to satisfy this requirement if they have *prompt access* to the required lab services.

Sec. 4 Allowing Rural Health Clinics the Flexibility to Contract with Physician Assistants and Nurse Practitioners.

Removes a redundant requirement that RHCs employ a PA or NP (as evidenced by a W2) and allows RHCs to satisfy the PA, NP, or CNM utilization requirements through a contractual agreement if they choose to do so.

Sec. 5 Allow Rural Health Clinics to be the Distant Site for a Telehealth Visit.

Allows RHCs to offer telehealth services as the distant site (where the provider is located) and bill for such telehealth services as RHC visits. Currently, RHCs are limited to being the originating site (where patient is located).

Sec. 6 Creating a State Option for Rural Designation

Gives new authority to States (with HHS certification) to define areas as rural for the purposes of establishing a RHC. Similar authority currently exists for state designation of shortage areas.

Sec. 7 Raising the Cap on Rural Health Clinic Payments.

Beginning in CY 2020, increase the upper limit (or cap) on RHC reimbursement to $105 per visit, in CY 2021 to $110 per visit and in CY 2022, to $115 per visit. Thereafter, cap is adjusted annually by MEI.