

The Rural Access to Hospice Act of 2019

*Introduced by Senator Shelley Moore Capito (R-W.Va.) and
Senator Jeanne Shaheen (D-N.H.)*

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) form an important part of the healthcare “safety net” and provide primary care to more than 27 million Americans. For some patients, especially in rural communities, FQHCs and RHCs are their only source of primary care. However, a statutory barrier currently inhibits seniors’ access to hospice in rural communities across the country.

When patients enroll in hospice, they select a physician or nurse practitioner to serve as their attending physician. While the attending physician is typically reimbursed for these services under Medicare Part B, RHCs and FQHCs do not bill Medicare under Part B. This technicality keeps some patients from having the primary care physician they know and trust serve as their attending physician while in hospice care.

The *Rural Access to Hospice Act* will allow RHCs and FQHCs to receive payment for physicians’ services while acting as attending physicians for their patients in hospice care. In 2003, Congress passed legislation that allowed RHC and FQHC physicians to bill Medicare separately for their services in a skilled nursing facility. This legislation provides a similar technical fix and will promote the use of hospice care among rural, hospice-eligible beneficiaries.