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FACT SHEET

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Conditions of Participation for Rural Emergency Hospitals and Critical Access Hospital COP Updates (CMS-3419-P)

Rural Emergency Hospitals

Rural Emergency Hospitals (REHs) are a new provider type established by the Consolidated Appropriations Act of 2021 to address the growing concern over closures of rural hospitals. The REH designation provides an opportunity for Critical Access Hospitals (CAHs) and certain rural hospitals to avert potential closure and continue to provide essential services for the communities they serve. Conversion to an REH allows for the provision of emergency services, observation care, and additional medical and health outpatient services, if elected by the REH, that do not exceed an annual per patient average of 24 hours. This new provider type will promote equity in health care for those living in rural communities by facilitating access to needed services.

The overall policy goal of this proposed rule is to establish Conditions of Participation (CoPs) to ensure the health and safety of patients who will receive REH services in the most efficient manner possible, while taking into consideration the access and quality of care needs of an REH's patient population.

CMS has proposed standards for REHs that closely align with the current CAH CoPs in most cases, while taking into account the uniqueness of REHs and statutory requirements. In some instances, the proposed REH policies closely align to the current hospital and ambulatory surgical center standards, such as the polices for outpatient services' requirements and life safety code, respectively. CMS is seeking input from the rural community on specific proposed REH standards, including the ability of an REH to provide low-risk childbirth-related labor and delivery services and whether CMS should require that an REH also provide outpatient surgical services in the event that surgical labor and delivery intervention is necessary. CMS is also requesting comments regarding whether it is appropriate for an REH to allow a doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist, with training or experience in emergency medicine, to be on call and immediately available by telephone or radio contact and available on site within specified timeframes.

The release of this proposed rule is the first step in implementation of this new provider type.

Upcoming rulemaking in the calendar year (CY) 2023 Outpatient Prospective Payment System-Ambulatory Surgical Center (OPPS/ASC) proposed rule is anticipated to include discussion of policies regarding Medicare payment, quality reporting, and enrollment. The final rule for the REH CoPs is expected to be included in the CY 2023 OPPS/ASC final rule, anticipated this fall.

Critical Access Hospitals

In this rule, CMS also proposes to update the CoPs for CAHs by: (1) adding a definition of primary roads to the location and distance requirements; (2) establishing a patient's rights CoP; and (3) allowing for unified and integrated systems for their infection control and prevention and antibiotic stewardship program, medical staff, and quality assessment and performance improvement program (if the CAH is part of a health system containing more than one hospital or CAH).

For more information on Rural Emergency Hospital and Critical Access Hospital Conditions of Participation, visit: https://www.federalregister.gov/public-inspection/current.

To read the Fact Sheet on HHS actions to strengthen rural health, click here: https://www.hhs.gov/sites/default/files/rural-health-fact-sheet.pdf

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