On July 6, 2022, the Centers for Medicare and Medicaid Services issued a proposed rule that would revise the Critical Access Hospital Program. In this rule, CMS proposes the following changes:

1) Adding a definition of primary roads to the location and distance requirements and establishing a centralized, data-driven review procedure.
2) Establishing a patient’s rights Condition of Participation.
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).

Primary Roads

CMS is proposing to revise the Conditions of Participation §485.610(c) to clarify that the location distance for a CAH is more than a 35-mile drive on primary roads (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from a hospital or another CAH. In addition, at §485.610(c)(2), CMS proposes to specify that the primary road of travel for determining the driving distance of a CAH and its proximity to other providers as a numbered Federal highway including inter-states, intra-states, expressways or any other numbered Federal highway; or a numbered state highway with two or more lanes each way. They are seeking comments to add to this definition “numbered Federal highway with only one lane in each direction would be excluded as a primary road.”

Furthermore, CMS is planning to establish a centralized, data-driven review procedure that focuses on hospitals being certified in proximity to a CAH, rather than focusing specifically on road classifications. CMS would review all hospitals and CAHs within a 50-mile radius of the CAH during each review of eligibility, and then subsequently on a three-year cycle. Following the initial review of distance and location, further investigations would focus primarily on expanded health care capacity and access to care within the 35-mile radius of the CAH being examined and less on the actual roadway designations used in making the calculations. Those CAHs with no new hospital within 50 miles would be immediately recertified. Those CAHs with new hospitals within 50 miles will receive additional review based on the distance from the new hospital and definitions for Primary Roads and Mountainous Terrain.

Patient’s Rights

CMS is proposing adding Patient’s Rights to the CAH Conditions of Participation by mirroring requirements found in §482.13. CAHs do not currently have any patient rights Condition of Participation so this proposed requirement aims to increase accountability and provide patient protections in the event restraints and seclusion are used. This new requirement would set forth the rights of all patients to receive care in a safe setting.
and provide protection for a patient’s emotional health and safety as well as their physical safety.

The CAH would be required to inform patients of and exercise their rights; address privacy and safety; adhere to the confidentiality of patient records; responsibilities for the use of retrain and seclusion; and adherence to patient visitation rights.

### Integrated Programs for a CAH in a Multi-Facility System

CMS proposes to allow unified and integrated medical staff, infection prevention and control and antibiotic stewardship programs, and quality assessment and performance improvement programs. CAHs would be allowed for the governing body of a CAH that is part of a system consisting of multiple separately certified hospitals, CAHs, and/or REHs using a single system governing body that is legally responsible for the conduct of two or more hospitals, CAHs, and/or REHs, to elect to have a unified and integrated program.

CMS is proposing to require that the medical staff members holding privileges at each separately certified CAH in the system have voted either to participate in a unified and integrated medical staff structure or to opt out of such structure, and to maintain a CAH-specific separate and distinct medical staff for their respective CAH.

### Conclusion

CMS recognized that rural hospitals are essential to providing health care to rural areas. Americans who live in rural areas of the nation make up about 20 percent of the United States population, and they often experience shorter life expectancy, higher all-cause mortality, higher rates of poverty, fewer local doctors, and greater distances to travel to see health care providers, compared to their urban and suburban counterparts.

Comments for these proposed rules must be received by August 29, 2022. In commenting, please refer to file code CMS-3419-P. You may submit electronic comments on this regulation to [https://www.regulations.gov](https://www.regulations.gov). Follow the “Submit a comment” instructions.

### More Information

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