

September 7, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G Washington, D.C. 20201

RE: Requirements Related to Surprise Billing; Part I

Dear Administrator Brooks-LaSure,

The National Rural Health Association (NRHA) is pleased to offer comments on the Centers for Medicare and Medicaid Services (CMS), Office of Personnel Management (OPM), Internal Revenue Service (IRS), Department of the Treasury (Treasury), Department of Labor (DoL), and the Department of Health and Human Services (HHS) interim final rule related to surprise billing. We appreciate your continued commitment to the needs of the more than 60 million Americans residing in rural areas and look forward to our continued collaboration to improve health care access, outcomes, and quality.

NRHA is a non-profit membership organization with more than 21,000 members nation-wide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care infrastructure, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

We appreciate the agencies continued emphasis on narrowing the gap between rural patients and the providers. This letter outlines suggestions for which NRHA believes this interim final rule can be strengthened. We look forward to our continued collaboration in ensuring Americans living in rural areas have access to critical health services in their local communities and rural providers receive the equitable reimbursements they deserve.

NRHA applauds the agencies work to remove the patient from billing disputes between providers and insurers, ultimately reducing their out-of-pocket liability. **While removing the patient from billing disputes is much needed, NRHA does have concerns about rules drafted relating to emergency air medical services.** NRHA believes there could be unintended consequences, ultimately leaving patients without access to care in our most rural, underserved communities.

The way the rule is currently drafted may lead insurers to lower their reimbursement rates to air medical providers avoiding going in-network. Unfortunately, the rule treats all air medical providers the same, meaning there is no differential between independent non-hospital providers and hospital-based providers, even though they have drastically different cost structures.

While hospital-based providers are an essential part of the emergency air response network, they only represent 25 percent of the marketplace and predominantly operate in urban and suburban areas. On the contrary, independent providers operate largely in rural and underserved areas of the

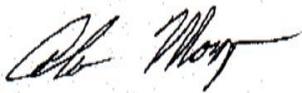
country. Hospital-based providers can accept lower reimbursement rates for transports because they are able to recoup the air ambulance costs through other services. In contrast, independent air ambulances are entirely dependent on transport reimbursement.

NRHA believes if independent air providers were forced to accept the same rates as hospital-based providers, they would not be able to sustain their operations and ultimately, rural patients would likely lose access to needed services. The current regulatory language sets a reimbursement rate based on the in-network rates of hospital-based providers, not reflecting the reality of rural and underserved communities. This is a rule setting payment for all providers, based on the reality of just one type. NRHA urges the agencies to correct this rule to differentiate between independent non-hospital providers and hospital-based providers to account for the vastly different cost and reimbursement structures.

Further, NRHA has ongoing concerns about provisions requiring rural providers being subjected to additional price transparency regulations. As you know, on January 1, 2021, CMS implemented, what NRHA believes are, overly burdensome price transparency regulations requiring all hospitals, including critical access hospitals, to develop a list of shoppable services to help patients better understand the cost of non-emergent services. NRHA is fearful that implementation of this rule may require struggling, rural providers to devote more staff time to fulfilling unnecessary transparency regulations. Throughout 2020, rural hospitals were on the front lines of the COVID-19 pandemic that has unfortunately impacted rural America disproportionately. Now, with the COVID-19 Delta variant raging, hospitals are faced with complying with onerous regulations on top of combatting the deadly virus. NRHA urges CMS to implement this rule in a manner that does not impose additional, unnecessary regulations on rural providers.

Thank you for the chance to offer comments on this interim final rule and for your consideration of our comments. We very much look forward to continuing our work together to ensure our mutual goal of improving quality and access to care. If you would like additional information, please contact Josh Jorgensen at jjorgensen@nrharural.org.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association