

RUPRI Rural Health Panel

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April 8, 2013

Marilyn Tavenner

Acting Administrator

Centers for Medicare and Medicaid Services

Department of Health and Human Services

Attention: CMS-3267-P

By electronic submission at <http://www.regulations.gov>

RE: CMS-3267-P, Medicare and Medicaid Programs; Part II- Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction.

Dear Ms. Tavenner:

The Rural Policy Research Institute Health Panel (Panel) submits the following comment. The Panel was established in 1993 to provide science-based, objective policy analysis to federal policy makers.

PROPOSED RULE: § 491.8(b)(2): Staffing and staff responsibilities

CMS proposes to eliminate the requirement that a physician be present in a CAJH, RHC or FQHC at least once in every 2-week period.

We concur with CMS that this rule is no longer needed, given the means now available to provide oversight of physician assistants, nurse practitioners, or clinical nurse specialists providing care in these sights. The requirement for oversight is not relaxed by removing the specific requirement while retaining the requirement that a physician “participate in developing, executing, and periodically reviewing the clinic’s or center’s written policies and the services provided to Federal program patients.” Further subsection (3) requires that the physician periodically review patient records and medical orders, which can be done using telehealth without being physically present. Thus, the modification of this rule is consistent with enhancing flexibility in providing care in the most cost-effective manner possible (which maintains high quality and physician involvement) to increase the likelihood of maintaining access to primary care in remote rural sites.

Sincerely,

The Rural Policy Research Institute Health Panel