



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

July 20, 2016

**H.R. 5613
Continuing Access to Hospitals Act of 2016**

As ordered reported by the House Committee on Ways and Means on July 7, 2016

H.R. 5613 would require the Secretary of Health and Human Services to continue to apply an exception to the requirement that certain outpatient therapeutic services be provided under the direct supervision of a physician when they are furnished in critical access and small rural hospitals. This exception would apply through calendar year 2016. The Centers for Medicare and Medicaid Services (CMS) currently does not enforce the federal requirement related to direct supervision for those services and CBO does not anticipate that CMS will begin enforcing the requirement in the near future under current law. (Those services are subject to supervision requirements established under state laws.)

Because CBO expects that H.R. 5613 would not change how CMS enforces the direct supervision requirement, we estimate that enacting H.R. 5613 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. Additionally, CBO estimates that enacting H.R. 5613 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 5613 would require the Medicare Payment Advisory Commission to analyze and report to Congress on how enforcing the requirement for direct supervision would affect health care provided to beneficiaries. CBO estimates that the cost of this study would be less than \$500,000; that spending would be subject to the availability of appropriated funds.

The bill would not impose intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Lori Housman. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.