



June 13, 2018

Rural Emergency Medical Center (REMC) Act of 2018

U.S. Representatives Lynn Jenkins (R-KS), Ron Kind (D-WI), and Terri Sewell (D-AL) have introduced bipartisan legislation that would establish a new rural facility designation under the Medicare program – Rural Emergency Medical Center (REMC).

The Rural Emergency Medical Center Act of 2018 ([H.R. 5678](#)) would allow critical access hospitals (CAHs) and prospective payment system hospitals with 50 inpatient beds or fewer to convert to 24/7 emergency department care and outpatient services in rural areas and receive enhanced reimbursement rates.

The bill would require that a hospital stop providing inpatient services should it choose this new designation, and would be required to transport patients to an inpatient hospital if needed. An REMC would be classified as a hospital for the purposes of the 340B Drug Pricing Program and be an “originating site” for Medicare-covered telehealth services. Additionally, an REMC could provide post-acute care in a separately licensed skilled nursing facility unit.

IHA supports the Rural Emergency Medical Center Act of 2018 based on feedback from its Board of Trustees and Small and Rural Hospitals Steering Committee. The REMC Act would establish a new model of healthcare delivery, enabling certain rural hospitals to protect access to essential health care services in their communities.

While it’s unlikely that Congress will move H.R. 5678 in the current session before the mid-term elections, it’s important to lay the groundwork with the Illinois Congressional Delegation for potential action in 2019.

Action requested: Ask your member of Congress to support H.R. 5678, the Rural Emergency Medical Center Act of 2018. To send an email message to your U.S. Representative, [click here](#).

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