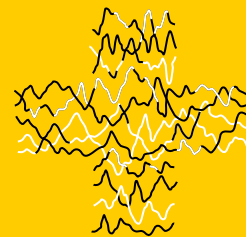


Site Neutral Payment Reforms Will Protect Rural Patients & Critical Access Hospitals



Hospitals claim that site neutral payment reform will hurt vulnerable rural hospitals, but the evidence shows the impact on rural hospitals would be minimal. Site neutral reforms are an important first step in lowering health care costs for rural patients by offering protection from the harmful effects of hospital consolidation – without disrupting the ability of rural hospitals to provide critical care.

61% OF RURAL HOSPITALS ARE CRITICAL ACCESS HOSPITALS – AND EXEMPT FROM PROPOSED SITE NEUTRAL REFORMS¹

FACILITIES SUBJECT TO REFORMS ONLY ACCOUNT FOR 2% OF ALL RURAL OUTPATIENT SPENDING IN MEDICARE²

Doctor's Office vs. Off-Campus Outpatient Department

Medicare pays more for the same service³

ALLERGY SKIN TEST:
\$176.01 → \$719.16

CHEST X-RAY:
\$17.22 → \$66.52

RADIATION THERAPY:
\$155.65 → \$376.98

For years, large hospital systems have been aggressively buying up clinics and small physician practices, changing the logo on the door, then charging more expensive hospital prices for routine services – like a regular check-up or MRI. That means when a Medicare beneficiary gets care at a hospital-owned outpatient department, they pay **up to 4X** more than they would at an independent doctor's office.⁴

RURAL HOSPITALS ARE PROTECTED UNDER SITE NEUTRAL REFORMS

Enacting this legislation will have a nominal impact on rural hospitals. Most rural hospitals are exempt from the policy, including critical access hospitals. Off-campus hospital outpatient departments (HOPDs), which are the only facilities affected by the drug administration policy passed in the *Lower Costs, More Transparency Act*, are less common in rural areas. **While 19% of all Medicare outpatient spending is in rural areas, only 7% of off-campus HOPD spending happens in rural areas.⁵**

PROTECTING PATIENT ACCESS WHILE LOWERING COSTS

Rural residents are more often older and sicker than their urban and suburban counterparts, which is why preserving access to care is critical, but consolidation is driving up the cost of care for some rural patients. This trend is contributing to a growing epidemic of medical debt in this country. **More than 100 million Americans are impacted by medical debt – and it is particularly devastating for people in rural communities.⁶**

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