

CMS Loosens Physician-Oversight Rules As Part Of Regulatory Relief Effort

CMS recently announced that it no longer requires doctors to be on site at critical access hospitals, rural health clinics and health centers. The reforms are part of the initiative that President Obama announced in 2011 to “modify, streamline, or repeal” unnecessary regulations government-wide, including those on hospitals and other providers that bill Medicare. This key provision reduces the burden on very small critical access hospitals, as well as rural health clinics and federally qualified health centers, by eliminating the requirement that a physician be held to a prescriptive schedule for being onsite. This provision seeks to address the geographic barriers and remoteness of many rural facilities, and recognizes telemedicine improvements and expansions that allow physicians to provide many types of care at lower costs, while maintaining high-quality care.

This year’s reforms also eliminates unnecessary requirements that ambulatory surgical centers must meet in order to provide radiological services that are an integral part of their surgical

procedures, permitting them greater flexibility for physician supervision requirements.

In addition, the agency now permits trained nuclear medicine technicians in hospitals to prepare radiopharmaceuticals without the supervising physician or pharmacist present, which will help speed services to patients, particularly during off hours.

CMS estimates the regulatory relief, including those announced in 2012, will save \$8 billion over five years.