

This is the *tentative* legislative language that would instruct CMS to allow CR and PR the same direct physician supervision that other hospital outpatient services are now granted. This is current as of 1-10-11, but subject to change when a vehicle (bill) is created which would be appropriate for insertion (i.e., a bill dealing with Medicare).

- 1 Subsection 1861 (eee) is amended by inserting after paragraph (5) the following –
- 2 “(6) Physician availability requirements identified in subparagraph (2)(B) may be met by
- 3 a physician assistant or nurse practitioner, as defined in subsection 1861(aa)(5)(a)”
- 4 “(7) Physician availability requirements identified in subparagraph (2)(B) shall not apply
- 5 to critical access hospitals, as defined in 1861(mm).”
- 6 Subsection 1861 (fff) is amended by inserting the following in paragraph (1) immediately
- 7 after “(as described in subsection (eee)(2)” the following – (6) and (7)