United States House Committee on
Ways & Means
CHAIRMAN JASON SMITH

H.R. 9642, *Medicare Access to Rural Anesthesiology Act*

Rep. Moolenaar (R-MI), Rep. Huffman (D-CA)

Background:

- **81% of rural counties** lack a physician anesthesiologist, and **more than half** have no anesthesia provider at all.
- In 2022, **78% of rural facilities** reported anesthesia staffing gaps, **more than double the 35%** that reported such gaps in 2020.
- When a hospital loses anesthesia providers, its surgeries move to distant urban hospitals, **forcing patients to travel longer distances** – which can be especially difficult for seniors.
    - The share of rural patients who travel more than one hour for surgery services rose from **37% in 2010** to **44% in 2020**.
    - **49% of rural Medicare patients** now bypass their local hospital entirely for surgical services, and this figure increases to **75% for some heart procedures**.
- Recognizing this care gap, in 1986, Congress created a **bonus payment for certain nurse anesthetists delivering care in rural areas**.
    - While this has helped improve access to some surgeries/anesthesia services in rural areas, **rural anesthesiologists are not eligible for this bonus payment**, persisting care gaps.

H.R. 9642, *Medicare Access to Rural Anesthesiology Act*

- **Expands access to rural surgeries** by providing a cost-based bonus payment to anesthesiologists for **anesthesia services provided in certain rural hospitals** with low surgical volume.