



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

June 23, 2011

Richard J. Gilfillan, M.D.  
Center for Medicare & Medicaid Innovation  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
7500 Security Blvd.  
Baltimore, MD 21244

Re: Evaluate the elimination of the 3-day hospitalization requirement

Dear Dr. Gilfillan:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I am writing to encourage the Innovation Center within the Centers for Medicare & Medicaid Services (CMS) to evaluate the elimination of the 72-hour hospitalization requirement prior to skilled nursing home placement for Medicare beneficiaries. It is the AAFP's position that the hospital stay requirement for sub-acute/long term care Medicare benefits should be reduced to less than or equal to a one-day admission or observation period. This request stems from a recent resolution adopted by the AAFP Congress of Delegates.

Section 1861(i) of the Social Security Act states, "*The term 'post-hospital extended care services' means extended care services furnished to an individual after transfer from a hospital in which he was an inpatient for not less than 3 consecutive days before his discharge from the hospital in connection with such a transfer.*" As a result of the statute, the Medicare beneficiary must have experienced a 3-day hospital stay, must be in need of skilled care, and the services must be reasonable and necessary in order for the beneficiary to be admitted to a nursing facility as a skilled level patient.

A mandatory hospitalization requirement prior to the eligibility of skilled nursing services for Medicare beneficiaries is wasteful of valuable and limited resources. The AAFP supports the criteria that patients need skilled care and that the services are reasonable and necessary. However, the AAFP believes that this arbitrary waiting period is not in the best interest of the beneficiary's medical needs nor is it in alignment with CMS' goal to reduce avoidable hospitalizations since one of the highest costs to the Medicare program are hospitalizations. Medicare beneficiaries and the U.S. taxpayers would be better served by reevaluating this antiquated policy and instead allow for physicians to directly order admittance to a skilled nursing facility.

The AAFP remains eager to work with Congress, the Centers for Medicare & Medicaid Services, and any interested stakeholders toward elimination of this obsolete requirement. We make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or [rbennett@aafp.org](mailto:rbennett@aafp.org).

Sincerely,

Lori J. Heim, MD, FAAFP  
Board Chair

[www.aafp.org](http://www.aafp.org)

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