1. PAYGO Sequester Deferred
Waiver of the four percent PayGo sequester until January 2025 providing important relief for rural Medicare providers.

2. Public Health Infrastructure
Creation of an Office of Rural Health within the Centers for Disease Control and Prevention (CDC) to improve public health data collection and funding dissemination to rural areas.

3. Telehealth
Extended telehealth flexibilities beyond the public health emergency until December 31, 2024, including RHC and FQHC distant site provider status and audio-only telehealth.

4. Rural Emergency Hospital (REH)
Establishment of the Rural Emergency Hospital payment model and conditions of participation conducive to maintaining access to care in rural areas.

5. Behavioral Health
Passage of provisions allowing Marriage and Family Therapists and mental health counselors coverage under Medicare, in addition to 200 new GME psychiatry residency slots with a 10% rural set aside.

6. Maternal Health in Rural Areas
Passage of the Rural Maternal and Obstetric Modernization of Services (Rural MOMS) to establish rural maternal networks, use of telehealth, and health professional training.

7. Rural Medicare Extenders
Extension of several critical rural Medicare payments such as Low-Volume Hospital and Medicare Dependent Hospital designations, ground ambulance add-on payments, and home health rural add-on payments.

8. CAH Primary Road
Critical changes to the definition of primary road used for establishing Critical Access Hospital eligibility.