National Rural Health Association

https://www.ruralhealth.us/advocate
@nrha_advocacy

Rural Health Extenders

Many rural health-related programs require periodic reauthorization by Congress—every few years or more recently every few months. The lack of program permanence contributes to financial instability and complicates rural provider long-term planning for finances, staffing, and operations.

Medicare Extenders

- **Medicare Dependent Hospital & Low Volume Hospitals (S. 335/H.R. 1805)**
  - ***Expiring December 31, 2026.***
  - Enact a long-term extension for MDH and LVH Medicare designations for at least 5 years in recognition of their low volumes and significant Medicare population.
- **Medicare Telehealth Flexibilities (S. 1261/H.R. 4206)**
  - ***Expiring January 31, 2027.***
  - Make Medicare telehealth flexibilities put in place during the pandemic permanent, including RHC/FQHC distant site status and payment parity, audio-only, & more.
- **Rural Ground Ambulance Payments (S. 1643/H.R. 2232)**
  - ***Expiring January 31, 2027.***
  - Ensure a long-term extension for enhanced ground ambulance reimbursement services in rural areas for at least 5 years to support access to vital emergency services.
- **CAA, Sec. 131 Extender**
  - ***Expired December 26, 2025.***
  - Sec. 131 allows hospitals to reset artificially low Medicare graduate medical education full-time equivalent (FTE) caps or low FTE per resident amount (PRA) funding.

Safety Net Program Extenders

Extend federal funding for critical programs providing training and services in underserved rural areas:

Expiring December 31, 2026:

- **National Health Service Corps (NHSC) program total annual funding amount of $950 million.**
- **Community Health Centers (CHCs) program at least $5.8 billion base funding for 2 years.**

1/26/2026