National Rural Health Association

https://www.ruralhealth.us/advocate
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Rural Health Extenders

Many programs, including Medicare Dependent Hospitals and the Low Volume Hospital payment adjustment, 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 hospital long-term planning for finances, staffing, and operations. HHS staff have also noted that the absence of permanence hinders efforts to integrate these designations into new payment or care delivery models, as the Department must assume they will expire.

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 (H.R. 5081)
  - *Expiring January 31, 2027.*
  - Make Medicare telehealth flexibilities put in place during the pandemic permanent, including RHC/FQHC distant site status, 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. Hospitals need a longer timeframe to reset their FTE or PRA beyond December 2025.

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
- Community Health Centers

Avoid Harmful Site Neutrality Proposals

NRHA opposes implementation of site-neutral payments and disproportionate share hospital (DSH) cuts given rural hospital vulnerabilities.

- Current proposals would cost rural hospitals $272 million in the next 10 years
- Nearly 50% of rural hospitals have negative operating margins
- Over 200 rural hospitals have closed, or stopped inpatient services, since 2010

1/20/2026