

Rural Telehealth

Telehealth increases access to health care for rural patients by removing travel burdens and addressing provider shortages.

Over 80% of rural hospitals adopted telehealth during the COVID-19 public health emergency, compared with roughly 40% pre-pandemic.

Rural Medicare beneficiaries used telehealth at substantially higher rates during the COVID-19 period compared with pre-pandemic levels.



In 2024, 25% of all Medicare fee-for-service beneficiaries used at least one telehealth service.

Nearly 80% of Medicare beneficiary telehealth visits during COVID-19 were for behavioral health.

Rural hospitals are less likely than urban to have robust telehealth platforms, broadband capacity, or remote patient monitoring programs.

Rural hospitals rely heavily on telehealth for specialty coverage, especially emergency medicine, behavioral health, cardiology, & stroke care.

Challenges



Medicare flexibilities put in place during the COVID-19 Public Health Emergency will expire on **December 31, 2027** without congressional action.

Medicare reimbursement is commonly cited as a major challenge for telehealth programs, particularly for Rural Health Clinics which are paid a flat national rate, lower than the RHC all-inclusive rate, for all tele health services- regardless of complexity.

The physician licensure system creates barriers for physicians to practice across state lines. Physicians must be licensed by the professional licensing board in **each state** where they are delivering care to patients.

New national data show the rural-urban broadband gap is widening. In 2024, **only about one-third of rural users reached the FCC's 100/20 Mbps benchmark** compared with more than two-thirds of urban users in the hardest-hit states.

NRHA Supported Legislation

S. 1261/H.R. 4206: CONNECT for Health Act

Sens. Schatz (D-HI), Wicker (R-MS) & Reps. Thompson (D-CA), Schweikert (R-AZ)

Makes permanent expansion of Medicare telehealth access by removing geographic restrictions, allowing home as an originating site, extending COVID-19 telehealth flexibilities, allows audio-only services, and rural health clinic and community health center payment parity

S.2011/H.R.3884: Telemental Health Care Access Act

Sens. Cassidy (R-LA) & Tina Smith (D-MN) & Reps. Matsui (D-CA) & Balderson (R-OH)

Removes the statutory requirement that Medicare beneficiaries be seen in-person within six months of being treated for mental and behavioral health services through telehealth.

H.R. 5496: HEALTH Act of 2025

Reps. Thompson (R-PA) & Tokuda (D-HI)

Modifies requirements relating to Medicare coverage of telehealth services, including services that are furnished by federally qualified health centers (FQHCs) and rural health clinics (RHCs). Additionally, expands coverage to include audio-only telehealth services and permanently allows FQHCs and RHCs to serve as the distant site.

S. 3048/ H.R. 1627: TREATS Act

Sens. Murkowski (R-AK), Whitehouse (D-RI), & Reps. Norcross (DNJ), Fitzpatrick (R-PA)

Makes prescribing buprenorphine for opioid use disorder via telehealth permanent, including the use of audio-only.

S. 3084/ H.R. 3119: ReConnecting Rural America Act of 2025

Sens. Marshall (R-KS), Welch (D-VT), Reps. Nunn (R-IA) & Gabe (D-NM)

Permanently authorizes the ReConnect Program, which deploys broadband to underserved rural communities, prioritizing unserved, remote rural communities, requiring minimum broadband speeds, and supporting grant funding for tribal areas and colonias.