

September 2, 2025

The Honorable John Thune
Majority Leader
United States Senate

The Honorable Mike Johnson
Speaker
U.S. House of Representatives

The Honorable Charles Schumer
Minority Leader
United States Senate

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives

RE: 2026 Fall Rural Health Priorities

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries,

On behalf of the National Rural Health Association (NRHA), we urge your leadership this fall in advancing three pressing rural health priorities: **passing a comprehensive FY 2026 budget, extending Marketplace Enhanced Premium Tax Credits (ePTCs), and reauthorizing Medicare rural health extenders.** Congress must act swiftly to ensure stability for the rural health safety net. Rural America faces a worsening health care crisis with [nearly half of all rural hospitals operating with negative margins](#), and [195 have closed or stopped providing inpatient services since 2010](#).

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

Pass a comprehensive FY 2026 budget.

Congress has not passed a budget since FY 2024 and instead the federal government has been funded through a series of continuing resolutions. **NRHA urges Congress to avoid another short-term continuing resolution and pass a comprehensive budget that funds the rural health care safety net.** The health care needs of rural providers and communities cannot be addressed through stopgap funding measures. Congress must fully support programs that address the growing healthcare crises in rural America, including the **Medicare Rural Hospital Flexibility (Flex) Program, State Offices of Rural Health, Rural Residency Planning and Development Program, Centers for Disease Control and Prevention Office of Rural Public Health, and USDA Rural Hospital Technical Assistance Program.** Relief through robust FY 2026 appropriations is essential to ensure and improve access to care for the 60 million people who call rural America home.

Make Marketplace ePTCs Permanent.

Marketplace ePTCs are set to expire on December 31, 2025, and are essential to keeping rural health insurance affordable. The ePTCs have allowed more rural residents to afford health insurance coverage. Currently, 2.8 million enrollees in Marketplace plans live in rural counties and ePTCs save rural enrollees an average of \$890 annually. If allowed to lapse, these rural enrollees

will see skyrocketing health coverage costs. While all people with premium tax credits will pay more for health care, rural residents' average cost increase will be 28 percent higher than that of urban residents. Marketplace coverage in rural areas would decline by 30% and the rural uninsured rate would increase by 37%.

We urge immediate congressional action to extend ePTCs and avoid further destabilization of the rural health care infrastructure. NRHA supports passing the *Health Care Affordability Act* (S. 46/H.R. 247), which would permanently extend these ePTCs and protect coverage for millions of rural residents.

Take Action on Medicare Rural Health Extenders.

Key rural health programs will expire this fall, jeopardizing access to care unless Congress acts before September 30. NRHA asks Congress to pass long-term extensions of the following programs:

- Medicare-Dependent Hospital (MDH) designation provides essential Medicare reimbursement support to hospitals serving a high percentage of Medicare patients. Without a long-term extension, many MDH hospitals face financial collapse. NRHA supports at least a five-year extension, as called for in S. 335, the *Rural Hospital Support Act*, and H.R. 1805, the *Assistance for Rural Community Hospitals Act*.
- Low-Volume Hospital (LVH) payment adjustments ensure fair Medicare payments for low-volume rural hospitals, preventing closures due to unsustainable revenue shortfalls. Without an extension, many rural hospitals will lose financial support, risking further closures. Again, NRHA supports at least a five-year extension for long-term stability.
- Medicare Add-On Payments for Rural Ground Ambulance Services are key for rural emergency response services who depend on these payments to cover high operational costs and long transport distances. NRHA supports passing S. 1643/H.R. 2232, the *Protecting Access to Ground Ambulance Medical Services Act*.
- Medicare Telehealth Flexibilities have transformed rural health care access by reducing travel burdens and improving chronic disease management. NRHA urges Congress to extend key telehealth flexibilities for at least two years.
- Mandatory funding for the National Health Service Corps, Community Health Centers, and Teaching Health Centers Graduate Medical Education.

Short term, piecemeal extensions undermine long-term planning for rural providers. **NRHA strongly urges at least five-year extensions of these programs to provide stability for rural hospitals and patients.**

Rural Program Authorizations.

We ask your continued support to **advance bipartisan legislation already introduced to reauthorize the following rural health programs:**

- S. 2301/H.R. 2493 Rural Health Outreach Services: Reauthorizes the Rural Health Outreach, Network Development, and Quality Improvement Grant programs through 2030, ensuring community-driven initiatives continue to expand access and coordination of care in rural areas.

- S. 403/H.R. 3102 CDC Office of Rural Public Health: Formally authorizes the CDC Office of Rural Health to coordinate rural public health activities, address disparities, and strengthen collaboration across federal programs.

We believe maintaining fiscal responsibility is a top priority. Consistent with that priority, we hope you will recognize the important role these programs play in ensuring that rural Americans can access quality, cost-effective health care. We thank you for your leadership on rural health issues. If you have any questions or would like to discuss our appropriations requests further, please contact NRHA's Government Affairs and Policy Director Alexa McKinley Abel at amckinley@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

CC:

Senator Susan Collins, Chair, Appropriations Committee
Representative Tom Cole, Chair, Appropriations Committee
Senator Patty Murray, Ranking Member, Appropriations Committee
Representative Rosa DeLauro, Ranking Member, Appropriations Committee
Senator Bill Cassidy, Chair, Health, Education, Labor, and Pensions (HELP) Committee
Representative Brett Guthrie, Chair, Energy and Commerce Committee
Senator Bernie Sanders, Ranking Member, Health, Education, Labor, and Pensions (HELP) Committee
Representative Frank Pallone, Ranking Member, Energy and Commerce Committee
Senator Shelley Moore Capito, Chair, Labor, Health and Human Services Appropriations Subcommittee
Senator Tammy Baldwin, Ranking Member, Labor, Health and Human Services Appropriations Subcommittee
Congressman Robert Aderholt, Chair, Labor, Health and Human Services Appropriations Subcommittee