

# Rural Health Extenders

## Medicare Extenders

### Medicare Dependent Hospital & Low Volume Hospitals

*Expiring October 1, 2025.*

Ensure 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

**S. 1110, H.R. 6430**

In the 18th Congress

### Medicare Telehealth Flexibilities

*Expiring September 30, 2025.*

Make Medicare telehealth flexibilities put in place during the pandemic including RHC/FQHC distant site status, audio-only, & more

**S. 3967/H.R. 7623**

In the 18th Congress

### Rural Ground Ambulance Payments

*Expiring October 1, 2025.*

Ensure a long-term extension for ground ambulance additional reimbursement services in rural areas for 5 years to ensure access to vital emergency services

**S. 1673/H.R. 1666**

In the 18th Congress

### Safety Net Program Extenders

*Expiring September 30, 2025.*

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

- National Health Service Corps (NHSC) program
- Community Health Centers
- Teaching Health Centers Graduate Medical Education

**S. 2308, H.R. 2559**

In the 18th Congress

### 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 180 rural hospitals have closed, or stopped inpatient services, since 2010

<https://www.ruralhealth.us/advocate>

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1/23/25