News from the Hill: Washington Update

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Curated for the Medicare Rural Hospital Flexibility Program Meeting

National Rural Health Association

NRHA

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Our mission is to provide leadership on rural health issues.

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What We Fight for on Behalf of Rural

- Investing in a Strong Rural Health Safety Net
- Reducing Rural Healthcare Workforce Shortages
- Building Rural Health Opportunity

Today's Agenda

- **What's Happening in Congress?**
  - Reconciliation
  - FY26 Appropriations
    - Understanding the Presidents Budget
  - Key Health Legislation
- **Administration Updates**
  - HHS Reorganization
  - Regulation Updates
- **Advocating on Rural Health**

Budget Reconciliation

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What is budget reconciliation?

- Reconciliation can be used for legislation that changes spending, revenues, and/or federal debt limit.
- Budget resolution is needed to start the reconciliation process
  - A budget resolution is a document that outlines desired spending, revenue, debt, and deficit levels for the federal government over a specified period
  - Specifies targeted levels for federal spending
  - Directs committees to cut or increase deficit by certain amounts

Budget reconciliation: Timeline

- Budget resolution passed both House and Senate last month, kicking off reconciliation process
- In the House: “Job is done” (For Now)
  - Initial Committee “mark ups” occurred on May 13th
  - House passed “One Big Beautiful Bill” Act on May 22nd
  - Achieved Speaker Johnsons goal to complete package before Memorial Day
- In the Senate: The work Begins
  - Initial closed-door sessions begin this week. Senators are due to meet throughout the week
  - Majority Leader Thune is aiming to pass their package before July 4th

Budget Reconciliation

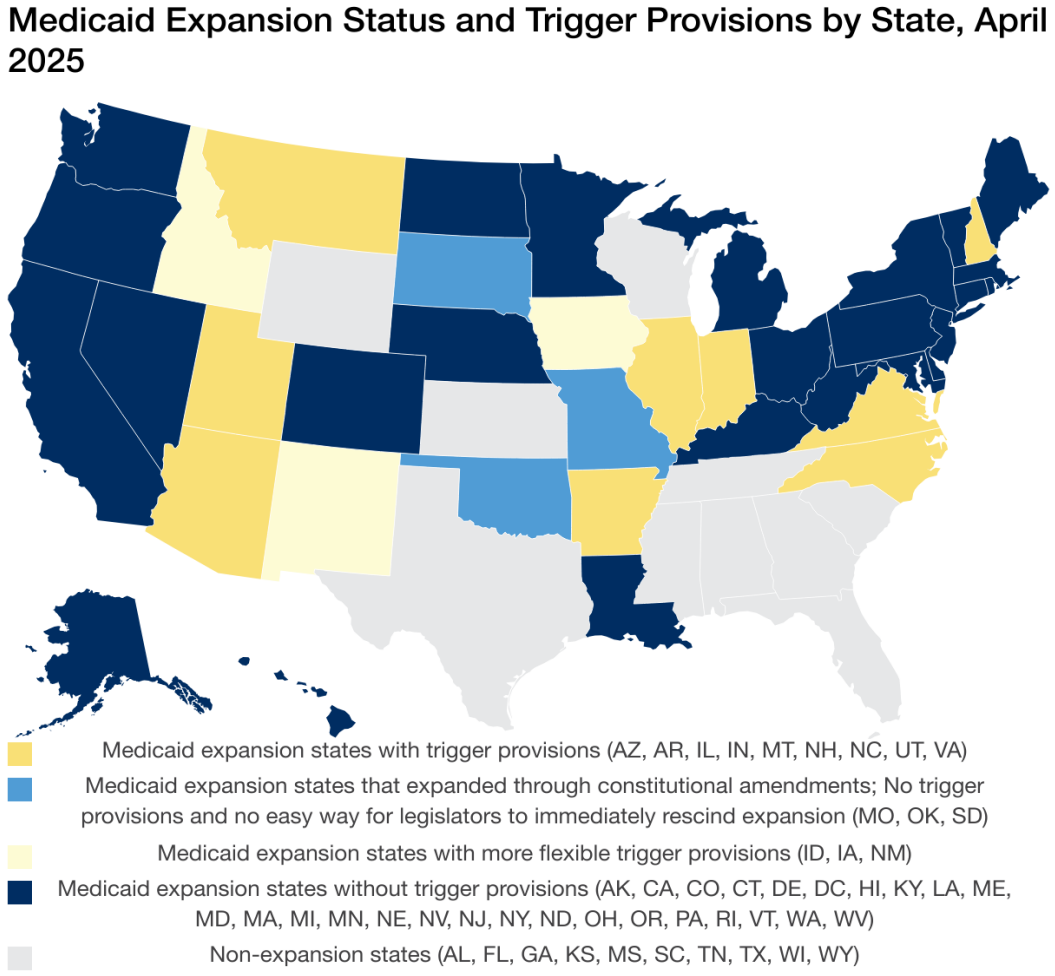
- The House passed reconciliation package One Big Beautiful Bill Act by a 215-214 vote
- Congressional Budget Office estimates **that 7.7 million people will be uninsured** as a result of proposals
- Will result in cuts to the Medicaid program by more than $700 billion over 10 years

Medicaid and Reconciliation

- Direct changes to Medicaid Funding:
  - Freezing states' provider taxes at current rates and prohibiting states from implementing new provider taxes.
  - Limiting future state directed payments to Medicare payment rate.
    - Non-expansion states incentive by allowing state directed payments to boost provider rates to 10% more than Medicare
  - Sunsetting eligibility for increased FMAP (+5%) for new expansion states.
  - 10% reduction in FMAP (80%) for expansion states who provide coverage for undocumented immigrants
  - Requires budget neutrality for section 1115 demonstration projects

Medicaid and Reconciliation

- Direct changes to Medicaid Funding: Impact on VA
  - Such a cap would result in an effective reduction in the 90% FMAP with such reductions getting larger each year.
  - In the case of Virginia's trigger law, it states: "In the event that the increased federal medical assistance percentages for newly eligible individuals… **are modified through federal law** or regulation from the methodology in effect on January 1, 2024, **resulting in a reduction in federal medical assistance** as determined by the [Medicaid agency] in consultation with the Department of Planning and Budget…" **the Medicaid agency shall disenroll and eliminate coverage for expansion individuals.**



Medicaid and Reconciliation

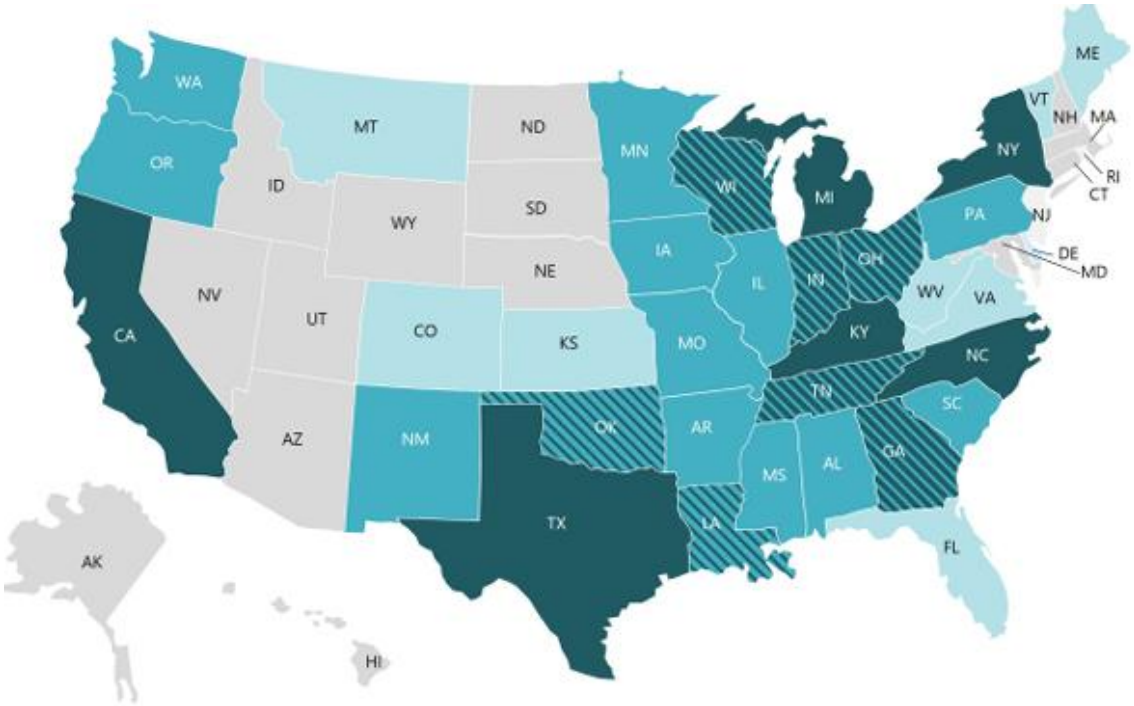
- Coverage related proposals: Work requirements
  - 80 hours per month of work, community service, participation in a work program, OR enrolled in educational program at least half-time. *Moved to 2027 effective date.*
  - Exceptions for children, seniors, pregnant women, individuals with disabilities, those already meeting work requirements for TANF/SNAP, members of Tribes.
  - Short-term exceptions for natural disasters, time spent in inpatient care
  - Compliance determined 1 month preceding Medicaid enrollment and during redetermination. States can choose to do so more frequently.
  - Enrollees subject to work requirements that are not compliant would not be allowed to get Marketplace coverage

Medicaid and Reconciliation

- Coverage related proposals
  - Limiting retroactive coverage to 1 month prior to individual's application date (currently 3 months)
  - **Increasing frequency of eligibility redeterminations for expansion adults to every 6 months (currently every 12 months)**
  - Revising home equity value limit for determining eligibility for LTC services – establishing a ceiling of $1 million
  - Removes180-day reasonable opportunity to verity citizenship/immigration status
  - Impose cost-sharing on expansion adults over 100% FPL (<5% income)
  - Delaying implementation of finalized rules that streamline Medicaid enrollment and eligibility until 2035

Medicaid and Rural Hospitals

Importance of Medicaid in rural hospital communities

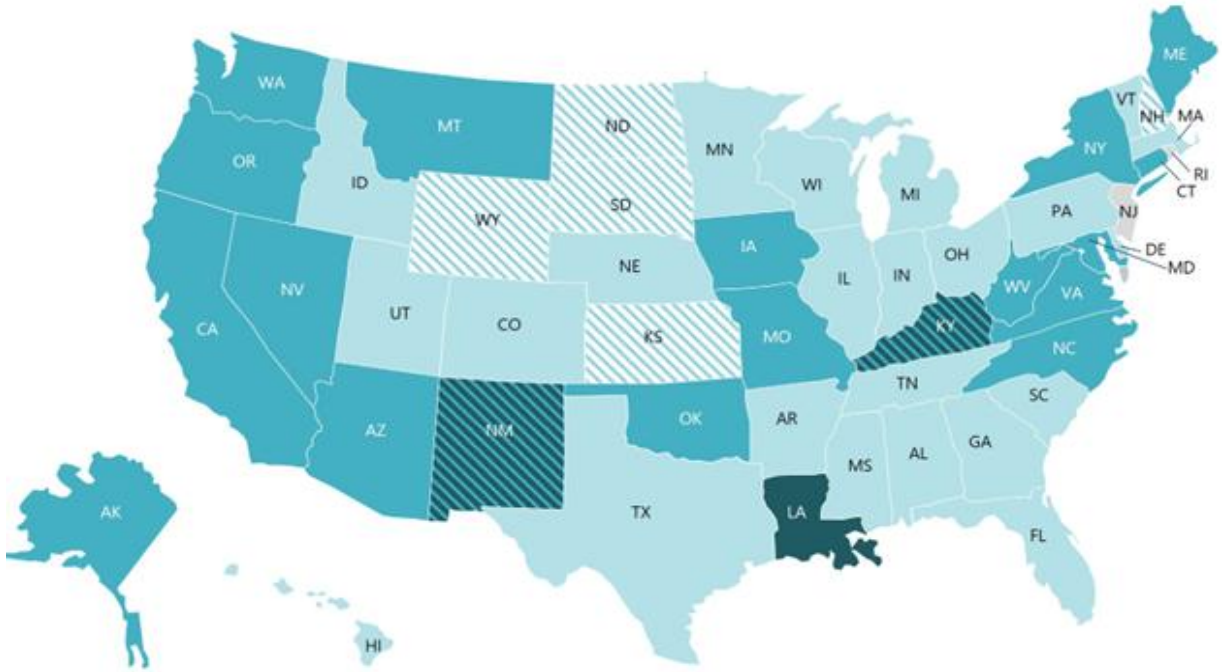


Estimated total Medicaid enrollees within rural hospital communities.

<100,000 | 100,001-200,000 | 200,001-300,000 | 300,001-400,000 | 400,001-500,000

Source: The Chartis Center for Rural Health, May 2025

At the median, Medicaid is 9.34% of total net revenue



State median Medicaid as percentage of total net revenue

0% | 1% – 5% | 6% - 10% | 11% - 15% | 16% - 20% | >20%

Source: The Chartis Center for Rural Health, May 2025

Marketplaces and Reconciliation

- Roll back income-based special enrollment periods for marketplaces
- Prohibit automatic re-enrollment in premium assistance credits and advance payment of the credit for Marketplace plans.
- Eliminate the tax credit for individuals that enrolled in a Marketplace plan through a special enrollment period based on annual household income.
- Institute additional eligiblity and income verification
- Limits “lawfully present” to green card holders
- Appropriate funding for cost-sharing reductions under ACA

More! Reconciliation

- **30% cut to federal funding for the Supplemental Nutrition Assistance Program (SNAP)**
- **Requires HHS to contract with artificial intelligence vendors to identify improper payments**
- Moratorium on implementation of long-term care facility staffing standards rule until 2035
- Delays DSH reductions to take effect 2029-2031
- Creates new single conversion factor based on percentage of MEI for physician fee schedule effective 2026
- **Eliminate the Grad PLUS program, impose new aggregate limits on Direct Loan borrowing, and limit eligibility to the Public Service Loan Forgiveness (PSLF) program, particularly for physician residents**

Reconciliation: What's Not Included

Medicare Reforms

- Medicare Site Neutrality
- Elimination of Medicare Coverage for Bad Debt
- Uncompensated Care Payment Reforms

Medicaid Reforms

- Per-Capita Caps

Extension of ACA Marketplace Subsidies

Elimination of Non-Profit Status for Hospitals

Rural Extenders: telehealth flexibilities, rural ambulance add-ons, and MDH designations

Proposals to Reform CMMI

Reconciliation Resources

- Advocacy Campaign: Urge Congress Against Cuts to Medicaid
  - ***Include your own story/perspective!***
- Medicaid Cuts and Rural Impacts fact sheet
- Rural Medicaid talking points
- NRHA statement on impact of Medicaid cuts on rural
- NRHA Member Perspective: *Critical Condition: How Medicaid Cuts Would Reshape Rural Health Care Landscapes*

Budget Reconciliation

On May 22, House passed reconciliation package One Big Beautiful Bill Act by a 215-214 vote

Congressional Budget Office estimates **that 7.7 million people will be uninsured** as a result of proposals

Will result in cuts to the Medicaid program by more than $700 billion over 10 years

FY26 Appropriations and The Presidents Budget

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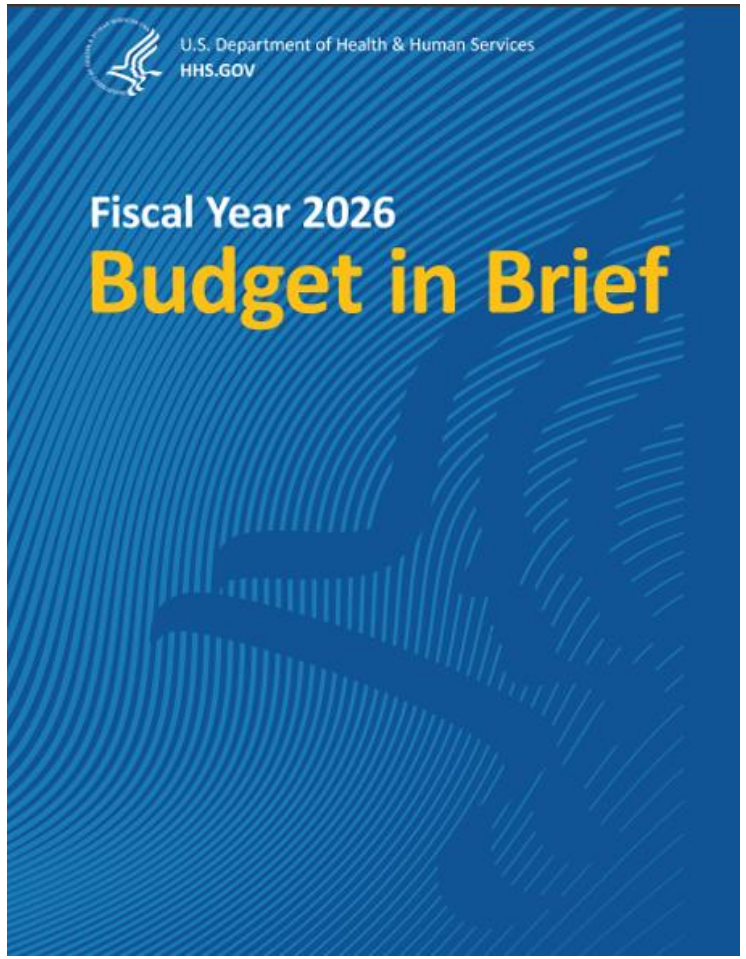
FY26 Appropriations: Timeline

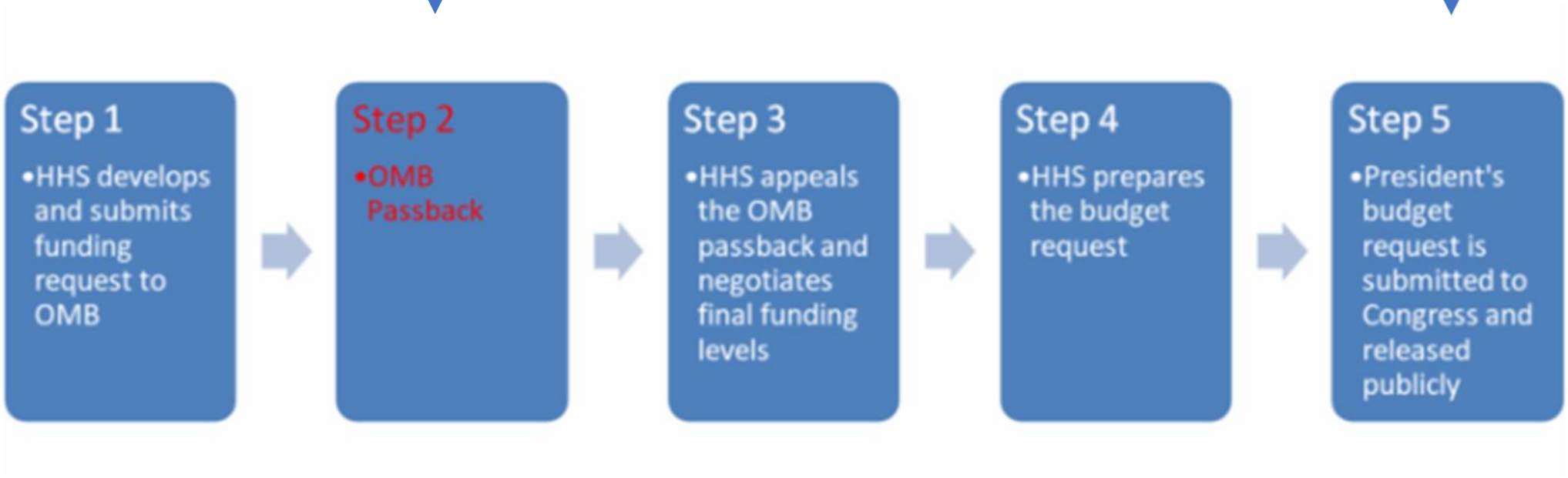
- Late April: A leaked draft of the President's Budget circulated, which included proposed FY 2026 funding levels and information on the HHS reorganization
- May 23rd: House and Senate FY26 Labor-HHS Appropriation Request Deadline
- May 31st at 4:55pm ET: FY26 President Budget Details Released
- July 21st: House Labor-HHS Subcommittee Markup
- July 24th: House Full Appropriation Markup



FY 2026 Appropriations

Where we were

Where we are



FY 2026 President's Budget Request

Based on the President's "skinny budget" released

- HHS would see 26.2% cut from FY 2025 enacted level
  - $7.2 billion for HRSA, a 19.4% decrease
  - $3.0 billion in discretionary funding for CMS, an 18.3% decrease
  - $5.6 billion in discretionary funding for CDC, a 38.9% decrease
  - $240 million in discretionary funding for AHRQ, a 35% decrease
  - $29.3 billion for NIH, a 38% decrease
  - $6.2 billion for SAMHSA, a 14.3% decrease

- What's on the "Block"

FY 2026 President's Budget Request

- **Medicare Rural Hospital Flexibility (Flex) Program**
  - **President's Budget: $0**
  - **NRHA Request:** $75 million. The Flex Program supports Critical Access Hospitals (CAHs) in improving quality, financial stability, and emergency services. Nearly half of rural hospitals currently operate with negative margins, and over 180 have closed or cut inpatient care since 2005. Additional Flex funding is urgently needed to sustain operations, prevent further closures, and support EMS coordination in underserved areas.

FY 2026 President's Budget Request

- **State Offices of Rural Health (SORHs)**
  - **President's Budget: $0**
  - **NRHA Request:** $15 million. SORHs operate in every state and serve as the backbone of rural health planning and coordination. These offices assist rural providers in workforce development, grant access, data analysis, and quality improvement initiatives. Increased investment will enable SORHs to expand technical assistance and strengthen local health infrastructure.

FY 2026 President's Budget Request

- **Rural Hospital Technical Assistance (USDA)**
  - **President's Budget:** $0
  - **NRHA Request:** $5 million. This pilot program provides targeted, on-site technical support to help rural hospitals improve performance and avoid closure. Given the number of hospitals on the brink of shutting down, eliminating this support would severely reduce access to critical care in many regions.

FY 2026 President's Budget Request

Rural Residency Planning and Development Program (RRPD)

- **President's Budget:** $12.7 million
- **NRHA Request:** $14 million. Since 2019, the program has helped launch 48 rural residencies and created over 580 new training positions.

Rural Communities Opioid Response Program (RCORP)

- **President's Budget:** $145 million
- **NRHA Request:** $155 million. RCORP addresses the opioid epidemic and broader substance use challenges in rural areas by funding prevention, treatment, and recovery services.

FY 2026 President's Budget Request

- Unspecified in the Outlined Budget:
  - Rural Health Care Services Outreach, Network, and Quality Improvement Grants
  - Rural Health Research and Policy Development Program
  - CDC Office of Rural Health

- Notations in the HHS Circulated document:
  - Rural is largely mentioned in the "Fighting the chronic disease pandemic" and "food systems" sections.
  - "The budget eliminates the following programs to align investments with the Administration's priorities, streamline the bureaucracy, reset the proper balance between federal and state responsibilities, and save taxpayer funds."

FY26 Presidents Budget

- Significant cuts of 30% or $40b across HHS alone
- AHA's Primary Care Office would be funded at $6.9b
- Eliminates core rural health programs:
  - Medicare Rural Hospital Flexiblity Grants
  - State Office of Rural Health Grants
  - Rural Residency Development Program Grants
  - At-Risk Rural Hospital Program Grants
  - Certified Community Behavioral Health Clinics
  - Significant cuts across workforce programs including Area Health Education Centers, nursing programs, oral health, behavioral health
- Other programs level funded at FY24 levels

FY 2026 President's Budget Request

- Programs that were formerly in HRSA that are were deemed redundant or need to be streamlined and will be eliminated or moved to AHA:

Healthy Start	Newborn Screening for Heritable Disorders	Early Hearing Detection and Intervention
Emergency Medical Services for Children	Ryan White Part F	Rural Hospital Flexibility Grants
State Offices of Rural Health	Rural Hospital Stabilization	Family Planning Programs
15 Workforce Programs, including:	Nursing Workforce Programs	Medical Student Education

FY 2026 Appropriations Requests

	NRHA FY 26 Request	President's FY 26 Budget	HAC FY 2025 Bill	SAC FY 2025 Bill	FY 2025 Enacted
Rural Hospital Flexibility Grants	$75 million	$0	$75 million	$64 million	$64 million
Rural Hospital Stabilization Pilot Program	$15 million	$0	$15 million	$6 million	$4 million
Rural Residency Planning & Development	$14 million	$0	$14 million	$14 million	$13 million
State Offices of Rural Health	$15 million	$0	$13 million	$14.5 million	$12 million
CDC Office of Rural Health	$10 million	$0	$5 million	$5 million	$5 million
Outreach Programs	$109 million	$101 million	$109 million	$106 million	$101 million
RCOP Programs	$155 million	$145 million	$145 million	$155 million	$145 million

Appropriations Resources

- Advocacy campaign: Urge Congress to Invest in Rural Health
- NRHA FY 26 Appropriations requests one pager
- State delegation template letter with state and district data
- Medicare Rural Hospital Flexibility talking points and fact sheet
- State Offices of Rural Health talking points and fact sheets
- Rural Residency Planning and Development fact sheet
- NRHA Congressional FY 2026 appropriations letter

NRHA Appropriations hub

Key Health Legislation

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119th Congress
Initial NRHA Legislative Priorities

NRHA

Infrastructure

- Save America's Rural Hospitals Act
- "Rural Emergency Hospital 2.0"
- USDA Rural Hospital TA Program
- 340B Reforms
- Medicare Advantage

Workforce

- Rural Residency Planning & Development
- Rural Physician Workforce Production Act
- Tax credit for rural health preceptors

Opportunity

- Rural Obstetric Readiness Act
- CDC Office of Rural Health Authorization
- Telehealth Modernization Act

Medicare Extenders

Key rural health and safety net program extensions through October 1, 2025:

- **MDH and LVH Programs** extended ensuring financial stability for rural PPS hospitals.
- **Medicare Ambulance Bonus Payments** continued supporting rural EMS reimbursement.
- **Telehealth Flexibilities** extended allowing RHCs and FQHCs as distance site providers.
- **Funding Extensions** for the National Health Service Corps (NHSC), Community Health Centers (CHC), and Teaching Health Center Graduate Medical Education (THC GME).
- **Medicaid DSH Reduction Delay** preventing funding cuts for rural safety-net hospitals.
- **Hospital Care at Home Waiver** extended allowing in-home acute care services.

Rural Program Authorizations

Medicare Rural Hospital Flexibility Program (118th: S. 5308 / H.R. 10187)

Rural Communities Opioid Response Program (RCORP) (118th: H.R. 9842)

CDC Office of Rural Public Health (119th: S. 403 / H.R. 3102)

Rural Residency Planning and Development (RRPD) Program (118th: S. 5456 / H.R. 7855)

Rural Health Care Services Outreach Program (119th: H.R. 2493)

USDA Rural Health Technical Assistance (TA) Program Authorization (119th: H.R. 1417)

Senate CDC Reform Working Group

- Senate Republican working group to examine legislative reforms to CDC.
- Senators Bill Cassidy, M.D. (R-LA), Ron Johnson (R-WI), Mike Lee (R-UT), Roger Marshall, M.D. (R-KS), Lisa Murkowski (R-AK), Rand Paul (R-KY), and Tim Scott (R-SC)
- Cassidy RFI on CDC reform in 2023.
  - NRHA response.

Senate 340B Working Group

- “Gang of 6” in Senate is working group on 340B reform.
- Stabenow, Cardin retired from Senate after 118th; future of group was unclear at beginning of 119th Congress.
  - Thune (R-SD) now in leadership position and did not return.
- Senators Kaine (D-VA), Mullin (R-OK), and Hickenlooper (D-CO) are joining the Working Group.
  - Returning members: Moran (R-KS), Baldwin (D-WI), Capito (R-WV).
- Group is focused on reviewing and completing draft legislation from last Congress.
- Any movement unlikely until after reconciliation.

Senate 340B HELP Study

- HELP report Congress Must Act to Bring Needed Reforms to the 340B Drug Pricing Program
- Reforms to be considered:
  - Annual reporting requirements for select covered entities
  - Changes to the definition of eligible 340B patient
  - Clarifications on contract pharmacies' fees
  - Common use of the inventory replenishment model

NRHA 340B Advocacy Materials

HHS Reorganization

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Cabinet Nominees

Robert F. Kennedy Jr.	HHS Secretary	Sworn in 2/13
James O'Neill	HHS Deputy Secretary	Pending full Senate Vote
Dr. Mehmet Oz	CMS Administrator	Sworn in 4/7
Tom Engels	HRSA Administrator	Sworn in 2/14
Marty Makary	FDA Commissioner	Confirmed 3/25
Susan Monarez (Acting Director)	CDC Director	Pending Senate Confirmation
Dr. Jay Bhattacharya	NIH Director	Confirmed 3/25
Dr. Casey Means	Surgeon General	Pending Senate Confirmation
Doug Collins	VA Secretary	Sworn in 2/5
Brooke Rollins	USDA Secretary	Sworn in 2/13
Russell Vought	OMB Director	Sworn in 2/6

HHS Reorganization

Centralization & Consolidation:

- Cut 20,000 jobs
- 28 divisions consolidated into 15
- 10 regional offices to 5
- Centralize HR, IT, contracts, IEA
- New Assistant Secretary for Enforcement to provide oversight and to combat waste, fraud, and abuse
- Administration for a Healthy America (AHA) will consolidate elements of the OASH, HRSA, SAMHSA, ATSDR, and CDC
- Disbands Administration for Community Living (ACL) to the Administration for Children and Families (ACF), ASPE, and CMS
- Combine ASPE and AHRQ into the Office of Strategy to conduct research, inform policy, and evaluates the effective

Department for Health and Human Services: *Tentative*

Office of the Secretary	Administration for a Healthy America	Administration for Children & Families	Centers for Medicare & Medicaid Services
Centers for Disease Control & Prevention	National Institutes for Health	Food & Drug Administration	Indian Health Service

Administration for a Healthy America: *Tentative*

Primary Care (HRSA/ CDC)	Maternal & Child Health (HRSA/CDC)	Mental Health (SAMSHA)	Environmental Health (CDC/ NIOSH)
HIV/AIDS (HRSA/OASH)	Health Workforce (HRSA)	Surgeon General	Policy, Research, & Evaluation

AHA- Primary Care: *Tentative*

- Bureau of Primary Care (HRSA)
- Office of Rural Health (HRSA)
- Health Systems Bureau (HRSA)
- Telehealth (HRSA)
- Office of Minority Health (OASH)
- National Center for Injury Prevention & Control (CDC)

Make America Health Again (MAHA)

- Presidential commission led by Health Secretary Kennedy
- $500 million to establish a MAHA Commission focused on fighting chronic disease
  - Initial focus on childhood chronic diseases (e.g. roots of autism)
  - Approach to chronic disease through holistic approaches and overuse of medicine
  - To set priorities for AHA spending
- Initial report released May 22, 2025
  - Explains the potential drivers of childhood chronic disease as poor diet, environmental chemicals, lack of physical activity, chronic stress and overprescribing of medications to children
  - Doesn’t set out specific policy prescriptions; offers up carefully selected studies and proposes new research

FY25 Recission Package?

- GAO reviewing elimination of programs for violation of Impoundment Control Act
  - Rescissions request or propose new legislation to make changes to funding mandates already signed into law
- A $9.3b recission package was expected after Easter recess
  - Cancel Congressional approved FY25 funding levels
  - Will require a simple-majority in each Chamber to pass
- Details still TBD:
  - State Department, USAID, Institute of Peace
  - Corporation for public broadcasting

Rulings, Regs, and Rules…

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Court Challenges

- HHS funding freeze- *appealed, government response May 27th*
- DEI executive orders- *in place, pending court decision*
- Harvard case on NIH grant termination- *oral arguments in July*
- HHS employee termination for probationary workers- *appealed, government brief due May 22nd*
- Other cases on FOIA, DOGE access, HHS datasets and websites

NRHA Administration Priorities: First Year Proposals

- Empower Rural
  - Hold MA plans accountable
  - Establish a Rural Hospital Network Initiative
- Deregulation
  - Remove administrative burdens
  - Address outdated cost report policy
- Rural Health Care Reforms
  - Extend current site neutral exemptions to Medicare-dependent hospitals
  - Modernize Rural Health Clinic program
  - Clarify REH payments under Medicaid
- Rural Workforce Training
  - Allow REHs to serve as NHSC sites
  - All SCH and MDH to receive indirect medical education payments

Executive Orders

- Administration ordered HHS to freeze all external communications
- Issued Regulatory Freeze Pending Review
- Rescinds E.O. “Lowering Prescription Drug Costs for Americans”
- Rescinded several Biden executive orders related to guiding strategies and policies related to the COVID-19 pandemic
- Rescinded a January 2022 executive order that reopened federal health insurance exchanges for open enrollment for a special enrollment period
- Withdraw the US from the World Health Organization
- Rescinded Biden's “Executive Order on Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence
- Dismantle diversity, equity, and inclusion (DEI) initiatives across various sectors.
- Rescinded numbers E.O.s related to non-discrimination and equality in gender and sexual orientation
- Reforming the Federal workforce

More available at https://www.whitehouse.gov/presidential-actions/2025/01/initial-rescissions-of-harmful-executive-orders-and-actions/; https://chcoc.gov/transmittals

Executive Order

Most-Favored-Nation Pricing Targets (May 12, 2025)

- Reducing prescription drug prices by implementing a most-favored-nation (MFN) pricing policy
- Aimed at getting voluntary price concessions from manufacturers
- Facilitate direct-to-consumer purchasing programs for manufacturers that sell their products to American patients at the most-favored-nation price

Lowering Drug Prices (April 15, 2025)

- Conduct survey on acquisition cost for outpatient drugs
- Condition “future grants” on health centers making insulin and epinephrine available at or below 340B discounted price
- HHS Secretary must evaluate to ensure Medicare payment does not shift drug administration from physician offices to hospital outpatient departments

Executive Orders

Making America Healthy by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing

- Directs HHS, Treasury Department, and Labor Department to “rapidly implement and enforce” price transparency regulations.
- Within 90 days, agencies must:
  - Require disclosure of **actual prices, not estimates**.
  - Issue updated guidance or proposed regs ensuring price information is standardized and easily comparable across hospitals and plans.
  - Issue guidance or proposed regs updating enforcement policies designed to ensure compliance with transparent reporting of complete, accurate, and meaningful data.

Regulatory Relief Requests for Information

- Office of Management and Budget RFI: Deregulation
  - Soliciting “ideas for deregulation from across the country.”
  - Asking for commenters to identify rules to be rescinded and provide detailed reasons for rescission
  - NRHA Comment letter here.
- CMS RFI: Unleashing Prosperity Through Deregulation of the Medicare Program
  - Responses due June 10, via form
  - Existing regulatory requirements that can be waived, streamlined?
  - What administrative processes or quality/data reporting are most burdensome?
  - What changes can be made to simplify reporting and documentation requirements?

CY 2026 Medicare Advantage & Part D Final rule

- Prior authorization highlights
  - Cannot approve an inpatient admission during a concurrent review and later deny services based on a lack of medical necessity.
  - Beneficary and provider appeals process clarified.
- Implements several Inflation Reduction Implementation -related provisions affecting Medicare drug coverage.
- Part D payment and price transparency
  - Finalized the Medicare Prescription Payment Plan and auto-enrollment for renewal
  - Requirements for Part D plan sponsors
- Deferred proposals:
  - Did not finalize coverage of GLP-1 receptor agonists
  - Proposals regulating AI in prior authorization were deferred
  - Marketing reforms, including redefining marketing materials and tightening provider directory accuracy requirements

Expansion of Buprenorphine Treatment via Telemedicine Encounter

- Final rule from DEA and HHS effective Feb. 18, 2025.
- Applies to practitioner prescribing Schedule III-V controlled substances for opioid use disorder without in-person exam.
- Practitioners may prescribe 6-month supply of buprenorphine via telemedicine, including audio-only
- Update: In February, delayed until March 21, 2025. **Now delayed again until December 31, 2025.**
  - Patients can still get virtual prescriptions through the end of the year through an extension of COVID-19 flexibilities.

FY 2026 Inpatient Prospective Payment System (IPPS) Proposed Rule

- Issued by CMS on April 11; comments due June 10, 2025, via regulations.gov
- Key Payment Proposals
  - IPPS payments to increase by 2.4% overall, 2.5% for rural hospitals
  - $1.5 billion increase in uncompensated care payments to DSH hospitals
  - MDH and LVH adjustments extended through Sept. 2025
- Wage Index & Transition
  - Proposal to end low wage index policy following court ruling
  - Temporary transition payments for hospitals losing >9.75% in wage index
- TEAM Model launching January 2026

FY 2026 Proposed Medicare Payment Rules

Issued by CMS on April 11; comments due June 10, 2025

- **Skilled Nursing Facilities PPS**
  - 2.8% payment increase
  - Removes 4 SDOH data elements (FY28) & 2 COVID-19 quality measures
- **Inpatient Psychiatric Facilities PPS**
  - 2.4% payment increase; rural adjustment up to 18%
  - Continued 3-year rural-to-urban phase-out
  - Removes same reporting elements
  - Revised IPF ED Visit measure timeline
- **Inpatient Rehabilitation Facilities PPS**
  - 2.6% payment increase (~$295M)
  - Maintains CBSA updates & rural adjustment phase-out
  - Removes same reporting measures
- **Hospice Wage Index & Payment Update**
  - 2.4% payment increase (~$695M); proposed cap at $35,292.51
  - Ongoing CBSA updates with 5% cap on wage index cuts
  - No new quality measures; HOPE data collection starts FY25

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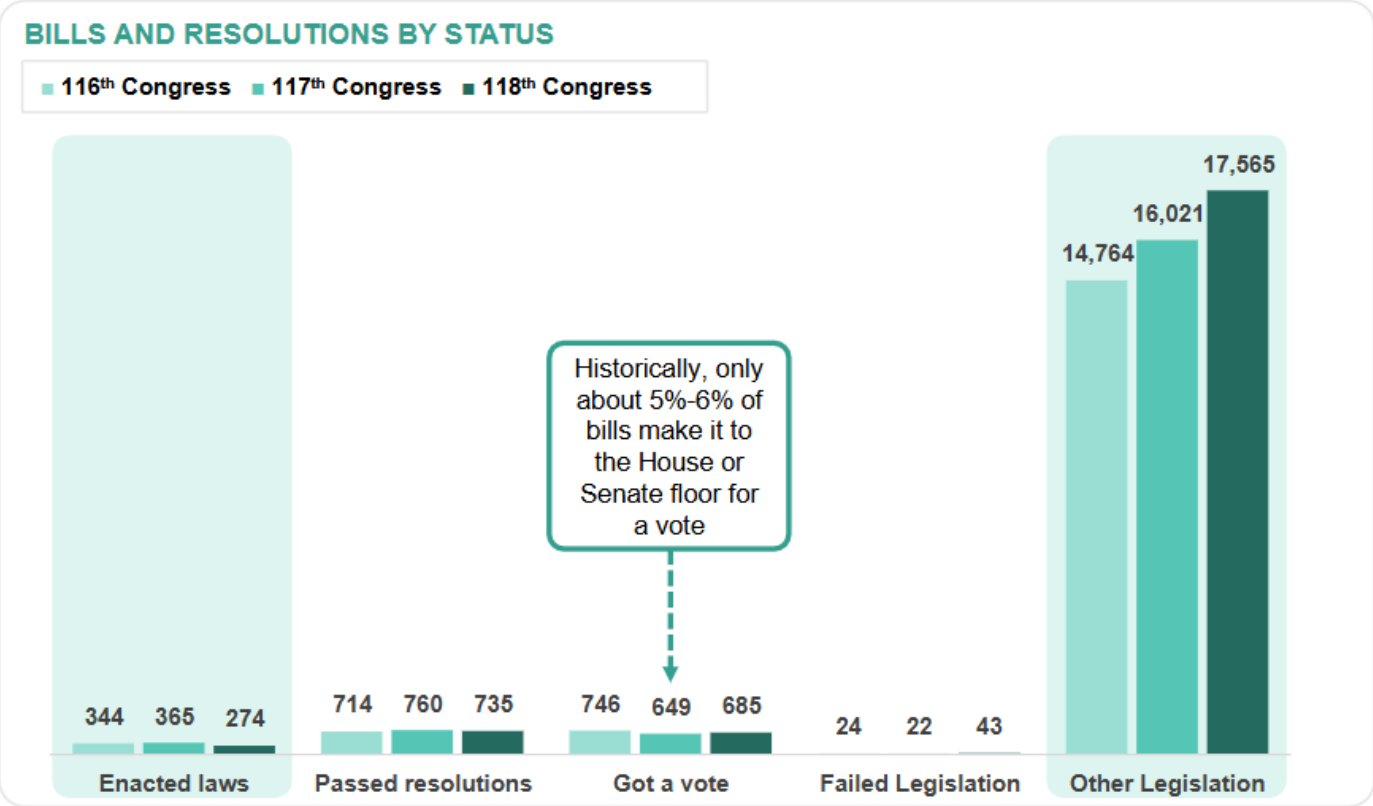
Why Coalition?

Making Change is Hard – By the Numbers



- Over 17,000 bills were introduced in the 118th congress.
- Less than 700 got a vote.
- Less than 275 were made into law.
- So what do we do?

Source: NJ via GovTrack

State Resources

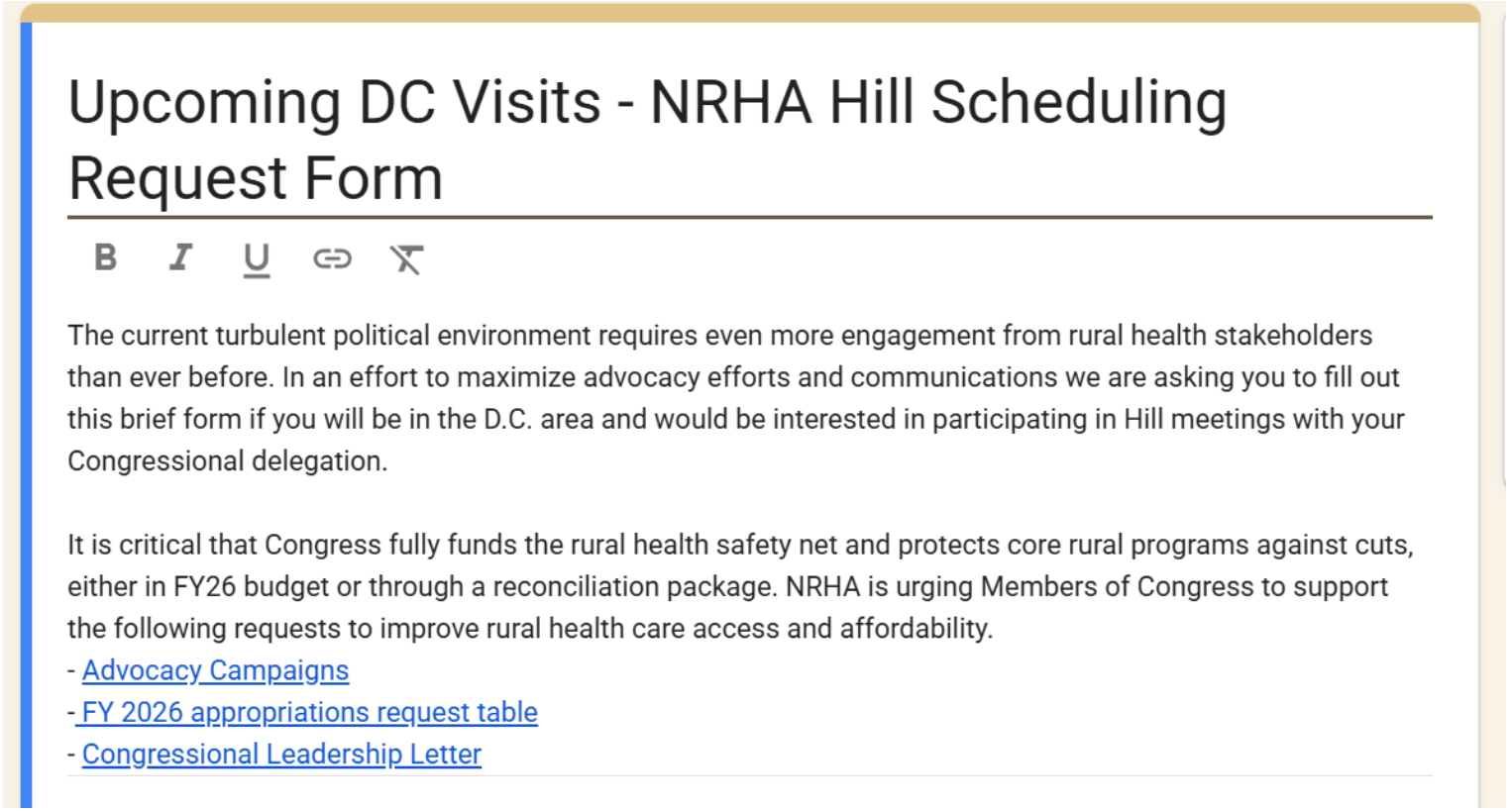
- Policy Requests and Inquiries:
  - If you, your school, or your organization has questions about a specific legislation **NRHA will investigate and summarize the legislation** or help connect you with State Lawmakers.
  - NRHA members **can request a letter of support** for state specific legislation, please email Zil Joyce Dixon Romero at zjdromero@ruralhealth.us with inquiries.
  - **Opinion Editorials.** NRHA Staff is happy to coauthor op-eds with you.
- Advocacy Efforts:
  - NRHA is working with the State Rural Health Associations to address specific state-level issues.
  - Full Presentation on Advocacy vs. Education vs. Lobbying.

VRHA Resources

- The Virginia Rural Health Association is a great resource and partner for NRHA in our continued work as we have conversations with MOC and the Administration.
- The VRHA Advocacy Page is constantly being updated with Advocacy Alerts and notes.
- https://vrha.org/advocacy/

New! Upcoming DC Travels Survey

In an effort to maximize advocacy efforts and communications, we are asking stakeholders to **fill out this brief form** if you will be in the D.C. area and would be interested in participating in Hill meetings with your Congressional delegation.



Upcoming DC Visits - NRHA Hill Scheduling Request Form

The current turbulent political environment requires even more engagement from rural health stakeholders than ever before. In an effort to maximize advocacy efforts and communications we are asking you to fill out this brief form if you will be in the D.C. area and would be interested in participating in Hill meetings with your Congressional delegation.

It is critical that Congress fully funds the rural health safety net and protects core rural programs against cuts, either in FY26 budget or through a reconciliation package. NRHA is urging Members of Congress to support the following requests to improve rural health care access and affordability.

- Advocacy Campaigns
- FY 2026 appropriations request table
- Congressional Leadership Letter

New! Advocacy Press Center

Government Affairs Advocacy Press Center

Our government affairs team is here to help keep you informed with our latest advocacy-related press releases and statements on current rural health news and policies.

Media Requests

For media and press inquiries specific to NRHA's advocacy or government affairs efforts, please contact our government affairs and policy coordinator **Sabrina Ho**.

If you have any media you would like the government affairs team to include or spotlight in our advocacy, please contact our government affairs and policy coordinator **Sabrina Ho**.

For all other general media inquiries and requests, please submit a form on **NRHA's contact us page** or email our senior communications director **Alex Olson**.

Press Releases

The world of healthcare and policy is everchanging. Stay caught up on NRHA's statements and comments on the latest rural news, current events, and policy changes.

View NRHA Press Releases

Statements & Testimonies

NRHA are not only continually advocating for rural health policy changes on the Hill, we are also making sure that the rural voice is included among our Congressional Members' and the Administration's decision-making process. Please find our statements for the records and testimonies for Congressional hearings.

View NRHA Statements & Testimonies

NRHA Public Comments

Congress and the executive branch are a critical partners in the development and implementation of programs supporting rural health care. NRHA provides recommendations on programs and policies by authoring letters and regulatory comments to ensure federal policymakers consider the impact on rural providers and patients.

View NRHA Public Comments

New! NRHA Member Perspective Spotlight

NRHA encourages our members to continue to share their perspectives on emerging rural health issues. Our 'NRHA Member Perspectives Spotlight' showcases opinion pieces from our membership on rural health policy and advocacy-focused priorities.

For NRHA members that wish to write a perspective paper on a rural health issue topic, please reference **NRHA's guidelines** and instructions on the submission process.

Advocacy, Medicaid, Member Perspectives

Critical Condition: How Medicaid Cuts Would Reshape Rural Health Care Landscapes

A defining theme in early 2025 has been reducing federal government expenditures, with the health care sector not being spared from the discussions. The withdrawal or reduction of federal support for Medicaid will have potentially devastating impacts on access to essential healthcare services, particularly for vulnerable rural populations such as the elderly, low-income families, and those with chronic conditions. Thus, the National Rural Health Association (NRHA), along with multiple partners both at the federal and state levels have been advocating for maintaining the federal support for Medicaid.

Read More

NRHA Member Perspectives Spotlight

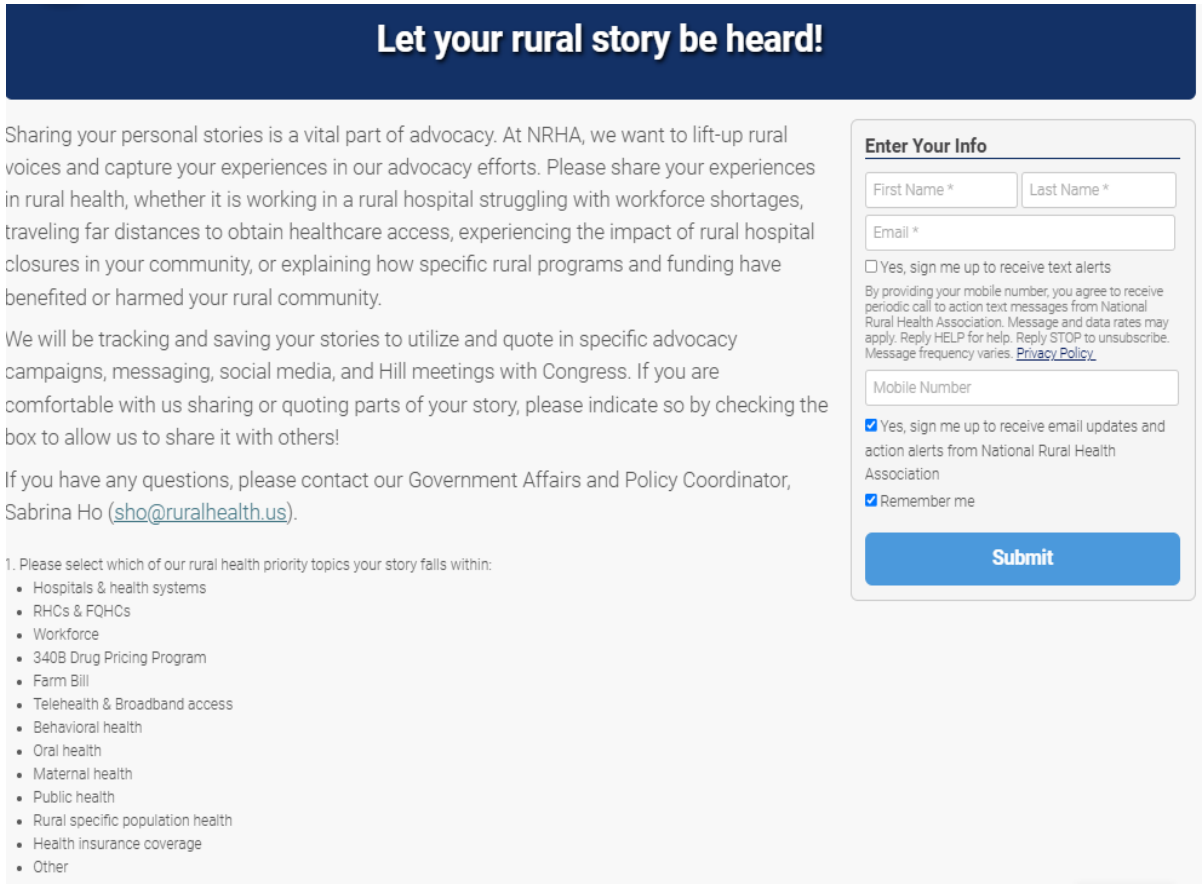
Our NRHA members have shared their perspectives through thought papers on emerging advocacy topics in rural health.

View NRHA Member Perspectives

Advocacy Campaigns

"Rural Stories" Advocacy Resource

- The most impactful advocacy tool you have is your story.
- Share your experiences in rural health.
- NRHA will be tracking and saving your stories to utilize and quote in specific advocacy campaigns, messaging, social media, and Hill meetings with Congress to lift up your voices!



Let your rural story be heard!

Sharing your personal stories is a vital part of advocacy. At NRHA, we want to lift-up rural voices and capture your experiences in our advocacy efforts. Please share your experiences in rural health, whether it is working in a rural hospital struggling with workforce shortages, traveling far distances to obtain healthcare access, experiencing the impact of rural hospital closures in your community, or explaining how specific rural programs and funding have benefited or harmed your rural community.

We will be tracking and saving your stories to utilize and quote in specific advocacy campaigns, messaging, social media, and Hill meetings with Congress. If you are comfortable with us sharing or quoting parts of your story, please indicate so by checking the box to allow us to share it with others!

If you have any questions, please contact our Government Affairs and Policy Coordinator, Sabrina Ho (sho@ruralhealth.us).

1. Please select which of our rural health priority topics your story falls within:
   - Hospitals & health systems
   - RHCs & FQHCs
   - Workforce
   - 340B Drug Pricing Program
   - Farm Bill
   - Telehealth & Broadband access
   - Behavioral health
   - Oral health
   - Maternal health
   - Public health
   - Rural specific population health
   - Health insurance coverage
   - Other

Enter Your Info

First Name * | Last Name *

Email *

☐ Yes, sign me up to receive text alerts

By providing your mobile number, you agree to receive periodic call to action text messages from National Rural Health Association. Message and data rates may apply. Reply HELP for help. Reply STOP to unsubscribe. Message frequency varies. Privacy Policy

Mobile Number

☑ Yes, sign me up to receive email updates and action alerts from National Rural Health Association

☑ Remember me

Submit

NRHA's Legislative Tracker

Legislative Tracker

NRHA is tracking rural health legislation in Congress to advance quality of life across rural America.

NRHA's legislative tracker enables you to view the rural health bills in Congress the association is monitoring, including those we endorse and oppose. Bills are searchable and categorized by topic area. By clicking on a bill, you can find its summary, review cosponsors, and stay up to date on congressional actions.

Through activities such as NRHA's annual **Rural Health Policy Institute** and **ongoing grassroots campaigns**, NRHA members actively participate in advocacy efforts to advance needed rural health legislation.

For further information or to recommend bills for the legislative tracker, **contact NRHA's government affairs team**.

Find Legislation

Federal | Enter Keywords | Search

Hospitals & Health Systems

- H.R. 833: Save America's Rural Hospitals Act | 2023-2024 Regular Session (118th) ✓
- H.R. 1712: Rural Health Innovation Act of 2023 | 2023-2024 Regular Session (118th) ✓
- H.R. 2423: To affirm that the Farm Credit Administration is the sole and independent regulator of the Farm Credit System. | 2023-2024 Regular Session (118th) ✓
- HR 1565: Critical Access Hospital Relief Act of 2023 | 2023-2024 Regular Session (118th) ✓
- S. 803: Save Rural Hospitals Act of 2023 | 2023-2024 Regular Session (118th) ✓
- S. 1110: Rural Hospital Support Act of 2023 | 2023-2024 Regular Session (118th) ✓

Advocacy Priorities

Core Advocacy Materials

- NRHA 2025 Legislative Agenda
- NRHA 2026 Appropriation Priorities
- Rural Medicare Extender Priorities
- Rural Program Reauthorizations
- NRHA Rural Health 101
- Rural Health Advocacy 101

2025 NRHA Advocacy Resources

- Sign up to receive **NRHA's Rural Roundup** & **NRHA Today**.
- **Register** for NRHA's Monthly Grassroots Call.
- Contact your NRHA Government Affairs Team
  - Email: **Carrie Cochran-McClain**, **Alexa McKinley Abel**, **Zil Joyce Dixon Romero**, **Sabrina Ho**
- Engage with NRHA Advocacy online!

National Rural Health Association

National Rural Health Association

advocacy@ruralhealth.us

@NRHA_Advocacy

@NRHA_Advocacy

Comments? Questions?

NRHA
Your voice. Louder.

zjdromero@ruralhealth.us

https://www.ruralhealth.us/advocacy