

# Rural Health Extenders

## Medicare Extenders

### Medicare Dependent Hospital & Low Volume Hospital Designations

*Expiring December 31, 2024.*

Extend MDH and LVH Medicare designations in recognition of their low volumes and significant Medicare population

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

### Medicare Telehealth Flexibilities

*Expiring December 31, 2024.*

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

**S. 2016/H.R. 4189,  
S. 3967/H.R. 7623**

### Rural Ground Ambulance Payments

*Expiring October 1, 2024.*

Extend temporary additional reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services

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

### Safety Net Program Extenders

*Expiring December 2024.*

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**

### 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
- Fifty percent of rural hospitals have negative operating margins
- Over 170 rural hospitals have closed, or stopped inpatient services, since 2010