

PLENARY SESSION

Policy Perspectives
**The Road Ahead:
Policy Trends Shaping the Future**



Introduction by:
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**SEPTEMBER 1
4:30PM-5:00PM**

**REGENCY BALLROOM
C, D, & E**



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The Roads Ahead: Policy Trends Shaping the Future

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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



Overview

- Political landscape and this year's policy priorities
 - Reauthorizations
 - Appropriations
 - Price transparency
 - Medicare Advantage
 - 340B
 - Rural Health Transformation Program
- What will the rest of this Congress look like?
- What do we anticipate Congressional priorities to be next year?
- Where does telehealth fit in?

Political Landscape in D.C.

- Second session of the 119th Congress
- Continue to have narrow margins in Congress
 - House: 217 R vs. 213 D (5 open seats)
 - Senate: 53 R vs. 47 D
- Midterm elections: Nov. 2026
 - Affordable healthcare will be a focus in the midterm elections
 - Any bipartisanship unlikely



Broad Policy Landscape

- Affordability messaging will continue through election season
- How does this manifest in health care?
 - Anti-consolidation practices
 - Price transparency for insurers and providers
 - Drug policy reform
 - Lowering premiums
- Policy priorities differ by party and by chamber

Healthcare 2026: Admin Priorities

- Crushing Fraud, Waste, and Abuse
 - Example: Moratorium on new DME, hospice, and home health agencies
- Affordability
 - TrumpRx: Drug Pricing Policy Framework, GENEROUS model
 - Site Neutrality: Provider based attestation OPPS
- MAHA: Incentives for primary care intervention
 - CMS Innovation Center models: ACCESS; ACO LEAD
 - Revised Dietary Guidelines; AHA reorganization in HHS
- This continues to be a Congressional focus, as the Vice President recently meeting with Congressional leadership

2026 Policy Priorities

- **Rural Health Program Authorizations**

- **H.R. 1 Implementation:**

- Medicaid financing – provider taxes and state directed payments
- Medicaid work requirements and other eligibility changes
- Rural Health Transformation Program
- Coverage impacts

- **FY 27 Appropriations**

- **Supporting Rural Health:**

- Sustainable Medicare reimbursement
- 340B
- Medicare Advantage reform
- EMS
- Farm Bill
- Provider-Specific Policies

Rural Health Extenders

- **Medicare-dependent hospital designation: December 31, 2026**
- **Low-volume hospital payment adjustment: December 31, 2026**
- Medicare telehealth flexibilities: December 31, 2027
- Medicare rural ambulance add-on payments: December 31, 2027
- Hospital at home: September 30, 2030
- Medicaid disproportionate share hospital cuts delayed: September 30, 2027

Fiscal Year 2027 Appropriations

- The appropriations process typically starts in February and ends in September
- President's Budget Released in February
- Senate and House Appropriations Committees create 12 appropriations bills
- These bills are marked up and passed by committee and then the chamber
- The two chambers “conference” these two separate bills

Fiscal Year 2027 Appropriations

- The House Appropriations Committee has passed all 12 of their appropriations bills, including the Labor, Health and Human Services, and Education bill which funds rural programs
 - Great news here overall
- We have yet to see bill text or a markup for the Senate bills

Program	NRHA FY 2027 Request	FY 2027 HAC	President's FY 2027 Budget
Medicare Rural Hospital Flexibility Program	\$70.277M	\$75M	\$0
State Offices of Rural Health	\$15M	\$15M	\$0
Rural Residency Planning and Development	\$14M	\$19M	\$14M
Rural Hospital Stabilization Program	\$20M	\$30M	\$0
Rural Hospital Provider Assistance Program	\$125M	\$100M	\$0
Rural Health Care Outreach Services	\$120M	\$120M	\$110.975M
CDC Office of Rural Health	\$10M	\$7M	--
Rural Community Opioid Response	\$147M	\$145M	\$145M



The Power of Connection
August 31, September 1, and September 2, 2026



FY 2027 Appropriations

- The House has passed a continuing resolution (CR), [H.R. 9770](#), that would fund the government through December 4th, 2026
- Senate has introduced their own CR with some [presidential anomalies](#) included, however their text prohibits implementation of a rule from the Office of Management and Budget (OMB) that would allow senior political appointees to review discretionary grants.
- The House has also passed a [Budget Resolution](#), which can pass the Senate via the reconciliation process, only requiring 51 votes as opposed to the Senate's normal 60 vote threshold
 - \$95 billion dollar package with \$12 billion for Agriculture

FY 2027 Appropriations- What's Next

- The Senate plans to release their own Budget Resolution, but have not been able to come to a consensus yet.
 - They have stated they will not accept the House version
- There are preliminary talks of a Reconciliation 4.0, with discussion of further action regarding fraud in Medicaid.
 - Senator Ron Johnson, the new Chairman of the Senate Budget Committee, held a hearing entitled “Medicaid: The Reality”, and has stated intent to hold more hearings surrounding fraud in social services
 - He has previously advocated for ending the 90% federal match rate for Medicaid expansion states

FY 2027 Appropriations- What's Next

- House was scheduled to vote today on the Senate's CR
 - Potentially will recess until elections after this week
- Conversations around appropriations reforms
 - Two-year model
 - New guidelines for government shutdowns in an effort to avoid funding lapses

Price Transparency Bills

- Senate HELP: [S.2355](#), *Patients Deserve Price Tags Act*. Passed 21-1
- House Energy and Commerce: [H.R. 9393](#), *Lower Costs, More Transparency Act* (Guthrie [R-KY]) Advanced 42-0.
- House Ways & Means: [H.R. 9645](#), *Health Care Price Certainty for All Americans Act* (Smith [R-MO]) Passed 25-15.

PDPT	LCMT	HCPCA
Quarterly Updates	Yearly updates	Yearly updates
Price estimator tool not allowed	Price estimator tool not allowed	Price estimator tool allowed
Secretary provides CAP/CMP to all noncompliant hospitals immediately	Secretary may provide a CAP to noncompliant hospitals, must provide CMP if continued	Secretary may provide a CAP to noncompliant hospitals, must provide CMP if continued
All CMS shoppable services	300 shoppable services	300 shoppable services
No hardship exemptions	Hardship exemptions	Hardship exemptions
No TA required	TA required if requested	TA required if requested

340B Drug Pricing Program Rebate Model

- Pilot program to allow manufactures to offer rebates to covered entities rather than upfront discounts
 - HRSA published a request for information (RFI) on a future 340B rebate model program.
- In the 2027 **Outpatient Prospective Payment System proposed rule**, CMS proposes to accelerate repayment of redistributed 340B savings from 0.5% to 3.0% per year.

340B Legislation

- **340B Drug Pricing Integrity and Affordability for Patients Act**- discussion draft from Senator Bill Cassidy [R-LA]
 - a **5-contract-pharmacy cap** applied to DSH hospitals, free-standing cancer hospitals, and rural referral centers. New eligibility gate requiring that the site be located in a **shortage-designated area** (HPSA)
- **H.R. 9599 — SECURE 340B Act (Reps. Peters [D-CA] and Joyce [R-PA])** more favorable to covered entities on several fronts.
 - **Contract pharmacies (Sec. 3).** No cap on the number of contract pharmacies, no geographic/service-area restriction, and affirmative manufacturer obligations to offer and deliver drugs to whatever contract pharmacy arrangement the entity sets up.
 - **Child sites (Sec. 4).** Eligibility runs through clinical/financial integration, licensure, and Medicare provider-based compliance — **no HPSA/shortage-area geographic gate** Sliding-scale financial assistance tied to Federal Poverty Level thresholds (similar concept to Cassidy) **plus** new medical debt protections specific to DSH/cancer/SCH/RRC hospitals

Medicare Advantage Trends

- Increase in legislation focused on payer transparency
 - **Improving Seniors' Timely Access to Care Act ([S. 1816](#)/ [H.R. 3514](#))**: MA plans must establish prior authorization guidelines and submit information to CMS- including average approval/denial rates and response time.
- Most legislation focused on reporting and prior authorization
- **MA Prompt Pay Act ([H.R. 5454](#))**: Requires MA plans to pay clean claims within 14 days
- Prompt payment conversations continuing on how to clearly define clean claims, timely filing, and payment accuracy

Rural Health Transformation Program

- NRHA is tracking Requests for Proposals and monitoring award agreements on our website
- Advocating for CMS to publicly share state reporting data
 - Award agreements and amounts
 - State progress compared to their initial applications
 - Contracts and vendors
- Have submitted formal [letter](#) to CMS

NRHA RHTP Center

<https://www.ruralhealth.us/programs/center-for-rural-health-innovation-and-system-redesign/rural-health-transformation-program>

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RHTP Year 1 Awards Resources

This page contains resources on the Rural Health Transformation Program Year 1 Awards, including CMS RHTP state application abstracts and award summaries for year 1, CMS RHTP recent FAQs, and NRHA implementation resources and summaries from year 1 awards. [Read More](#)

RHTP Application Resources

This page contains all resources pertaining to the Rural Health Transformation Program applications, including application scoring factsheets, tracking systems for state applications, state application guides, and application data resources. [Read More](#)

RHTP Pre-Application Resources

This page contains all resources during the pre-application process for the Rural Health Transformation Program, including all CMS Notice Of Funding Opportunity (NOFO) summaries, state NOFO submissions tracking resources, and CMS FAQs on the NOFO. [Read More](#)

RHTP Legislative Resources

This page contains all legislative resources in relation to the Rural Health Transformation Program (RHTP), including legislative solutions and reports from NRHA and partner organizations. [Read More](#)

RHTP Press Releases & Statements

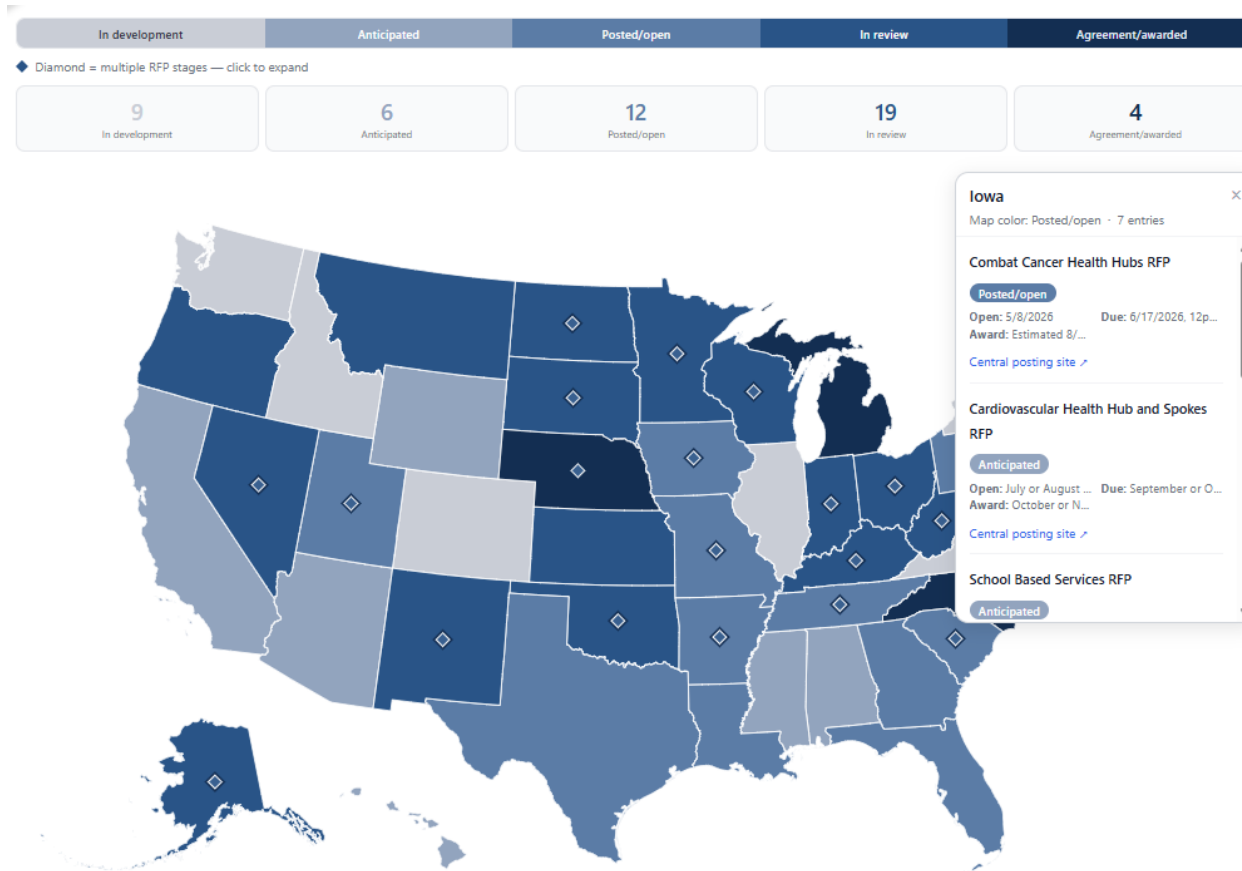
Stay up to date on all NRHA's press releases, reports, statements, and other news on the Rural Health Transformation Program. [Read More](#)



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NRHA RHTP Center: RFP Announcements



State	RFP opportunity	Stage	Site	Open date	Due date	Award / notif.
Iowa	Combat Cancer Health Hubs RFP	Posted/open	Site 2	5/8/2026	6/17/2026, 12pm CT	Estimated 8/7/2026
Iowa	Cardiovascular Health Hub and Spokes RFP	Anticipated	Site 2	July or August 2026	September or October 2026	October or November 2026
Iowa	School Based Services RFP	Anticipated	Site 2	7/1/2026	9/1/2026	October or November 2026
Iowa	Mobile Integrated Health RFP	Anticipated	Site 2	7/1/2026	9/1/2026	October or November 2026
Iowa	Maternal Health Hub and Spoke RFP	Anticipated	Site 2	7/1/2026	9/1/2026	October or November 2026
Iowa	High-risk OB and Neonatal Transport RFP	Anticipated	Site 2	7/1/2026	9/1/2026	October or November 2026
Iowa	Communities of Care Co-Location RFP	Anticipated	Site 2	7/1/2026	9/1/2026	October or November 2026

Other hot topics

- Tax-credit legislation
 - A growing appetite for business or physician tax benefits in response to H.R. 1's success with no tax on tips or overtime
- Graduate Medical Education
 - Some discussions around slot reform and improving the RTP program
- **S. 5164 *Rural Emergency Hospital (REH) 2.0 Act*** (Sens. Moran [R-KS] and Smith [D-MN])
 - builds on the REH designation to improve sustainability and access for rural hospitals

Other hot topics

- Site neutrality
 - Will likely be a bigger battle next Congress, but legislation and regulatory notices continue to chip away
- Farm Bill
 - Passed the House but failed to pass out of the Senate Agriculture Committee
 - Mainly due to disagreements over the cost-sharing penalties that H.R. 1 mandates for states with error rates above 6%
 - **S. 4141: Rural Hospital Revitalization Act**: Provides 0% interest loans through USDA's Community Facilities Programs to eligible hospitals for renovations or new constructions.

Telehealth Modernization Act

- *Telehealth Modernization Act* (**Sens. Scott** [R-SC] and **Schatz** [D-HI] and **Reps. Carter** [R-GA] and **Dingell** [D-MI])
- Remove geographic site restrictions to allow patients access from any location.
- Protect access to telehealth for patients in rural communities by allowing audio-only telehealth services for those without internet access or smart devices.
- Expand the use of telehealth to additional practitioners approved by HHS
- Waive the requirement that patients be seen in person within six months of receiving telehealth services for mental or behavioral health. Extend the use of telehealth to meet face-to-face requirements for hospice care and home dialysis.
- Extend the Acute Hospital Care at Home Program to allow patients to receive acute level care at home.

Telehealth Landscape

- General support for telehealth services and recognition of its benefits
- Concerns around telehealth center on potential areas for fraud, waste, or abuse
- Continuing reauthorizations and expansion of services will be necessary
 - Coupling expansion with broadband capabilities continues to be an important conversation. Often, these two jurisdictions do not fall with the same Member or Committee, therefore coordination is important

Telehealth Landscape

- Changes proposed in the 2027 Physician Fee Schedule
 - Exempting telehealth appointments from a 2.5% reduction in the work RVUs (a method of calculating the provider payments)
 - Adding new telehealth billing codes, including for pediatric speech therapy and ACP services and creating new modifiers to track telehealth platform contractual relationships.
 - Requiring an initiating visit for Remote Therapy Monitoring (RTM) and prohibiting third parties from monitoring RTM or Remote Patient Monitoring services

Telehealth Landscape

- Consolidated Appropriations Act of 2026
 - Extending the waiver of the in-person visit requirement for RHC and FQHC mental health telehealth and extending their authority to bill for non-behavioral telehealth visits through December 31, 2027
 - Increasing the telehealth originating site facility fee payment by 2.5%, based on the Medicare Economic Index (MEI)
 - Continuing to allow teaching physicians to be virtually present for services involving residents

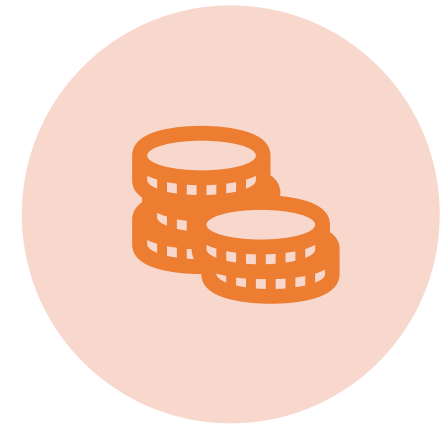
2027 Predictions



WORKFORCE



TELEHEALTH



PRICE
TRANSPARENCY

Finishing out the year

- Election year means anything could happen!
- This month could see hearings, legislation, and votes move quickly
- Congress will be in recess in for most of October
- There will be a “lame duck” session after November. This is when larger packages and any extenders are likely to be passed

Lame duck

Following midterm elections, Congress will be in **lame duck session**: Period following elections but before new Congress (120th) is sworn in

Potential lame duck topics

- Pharmacy benefit manager reforms
- Hospital price transparency
- Artificial intelligence
- Site neutrality
- Waste, fraud, and abuse



How can you shape federal trends?

- Comment on CMS Regulatory Guidance (Physician Fee Schedule, Inpatient and Outpatient Prospective Payment Systems, etc.)
 - Review summaries and submit provisions you support or are concerned about directly to CMS
- Engage with Congress
 - Use tele-meetings
 - Educate and share your story with your Congressional offices
 - Establish a relationship with health staffers

How can you shape federal trends?

- Share how telehealth has transformed health in your community
 - How can RPM/RTM services further transform care?
- Give real examples of challenges facing your workforce and health facilities
- Offer solutions to office concerns or challenges
- Engage in appropriations conversations early in the year

2026 NRHA Advocacy Goodies

- Sign up to receive NRHA's Rural Roundup & NRHA Today.
- Register for NRHA's Monthly Grassroots Call.
- Engage with NRHA Advocacy online!



One stop scan of our
advocacy goodies here!



National Rural
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Questions?