OREGON OFFICE of RURAL HEALTH

43rd Annual Oregon
Rural Health Conference
October 7- 9, 2026

OPPORTUNITY Just knock.

OHSU

2026 Oregon Rural Health Conference Presentation Slides

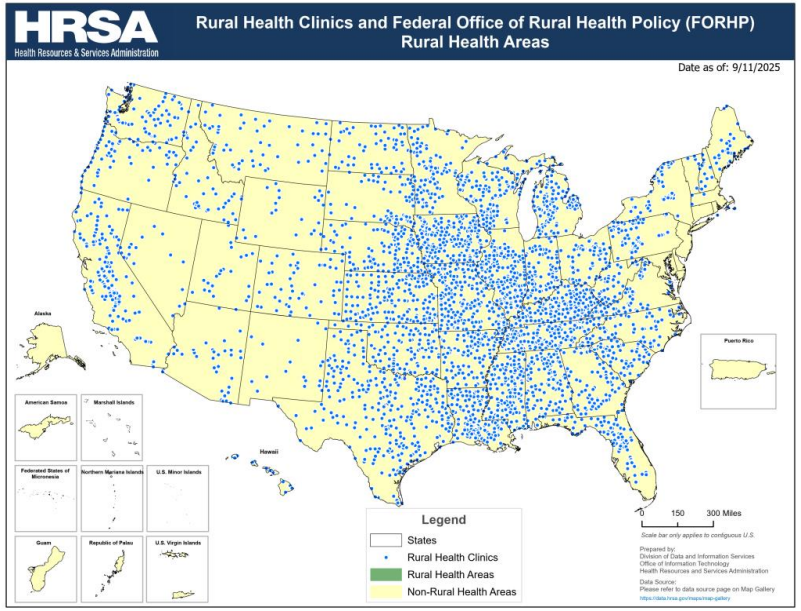
RHC Federal Regulatory and Legislative Updates

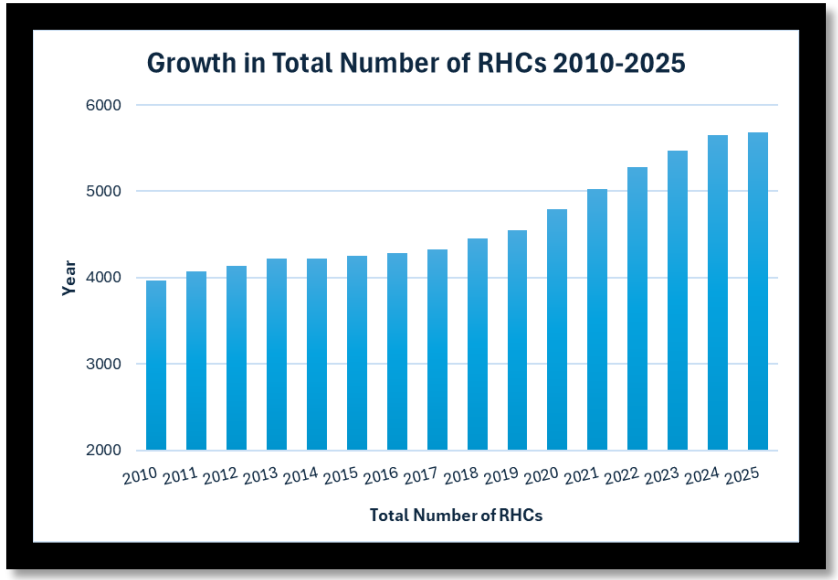
Sarah Hohman, MPH, CRHCP
Director of Government Affairs
National Association of Rural Health Clinics



Status of the RHC Program

- There are over 5,800 RHCs across 45 states and one territory
  - 102 in Oregon!
- RHCs provide care to over 40 million Americans annually
- Many RHCs have closed, many more have opened
  - Tracking *why*







Legislative Updates

Midterm Election Year Dynamics

- More time in states and districts
- Fewer legislative vehicles, fewer opportunities to get on the legislative calendar, fewer Congressional hearings and markups
  - 19,528 bills introduced
  - 120 became law
  - "This has literally been the most productive and successful and aggressive Congress." Speaker of the House Mike Johnson

- Lots of predictions about what's to come in the 120th Congress (2027-2028)



Early Predictions

- Democrats have history, Republicans have money approaching midterms
  - Who can better address affordability?
  - Pay attention to 36 gubernatorial offices on the 2026 ballot too!

- Democrats: reviving ACA subsidies, undoing Medicaid reforms, adding dental, vision, hearing coverage to Medicare, capping certain out-of-pocket costs
- Republicans: Pharmacy benefit manager reforms, Medicaid into federal block grants, price transparency, fraud, waste, and abuse in federal programs



Monitoring Implementation of H.R.1

- Reminders:
  - Most significant health care reforms since the Affordable Care Act // $1T in less health care spending over the next 10 years than would have otherwise been spent
  - Most significant cost "savings" result from fewer covered lives – Congressional Budget Office estimates a loss of health insurance coverage for approximately 10 million Americans by 2034
    - Greatest impacts from Medicaid work requirements and increased frequency of eligibility checks



Medicaid Reform Implementation

- Medicaid Eligibility Checks
  - Requires **expansion states** to increase eligibility checks on the Medicaid expansion population – currently checked annually, changing to every 6 months
  - Begins January 1, 2027

- Medicaid Work / Community Engagement Requirements
  - Requires **expansion states** to implement work requirements for those 19-64 who don't meet an exemption
    - 80 hours per month
    - Exemptions include: serving as a caretaker for disabled individuals or those under 14, pregnant women, members of a tribe, **'medically frail' individuals**, those enrolled in school
    - NARHC article with additional resources



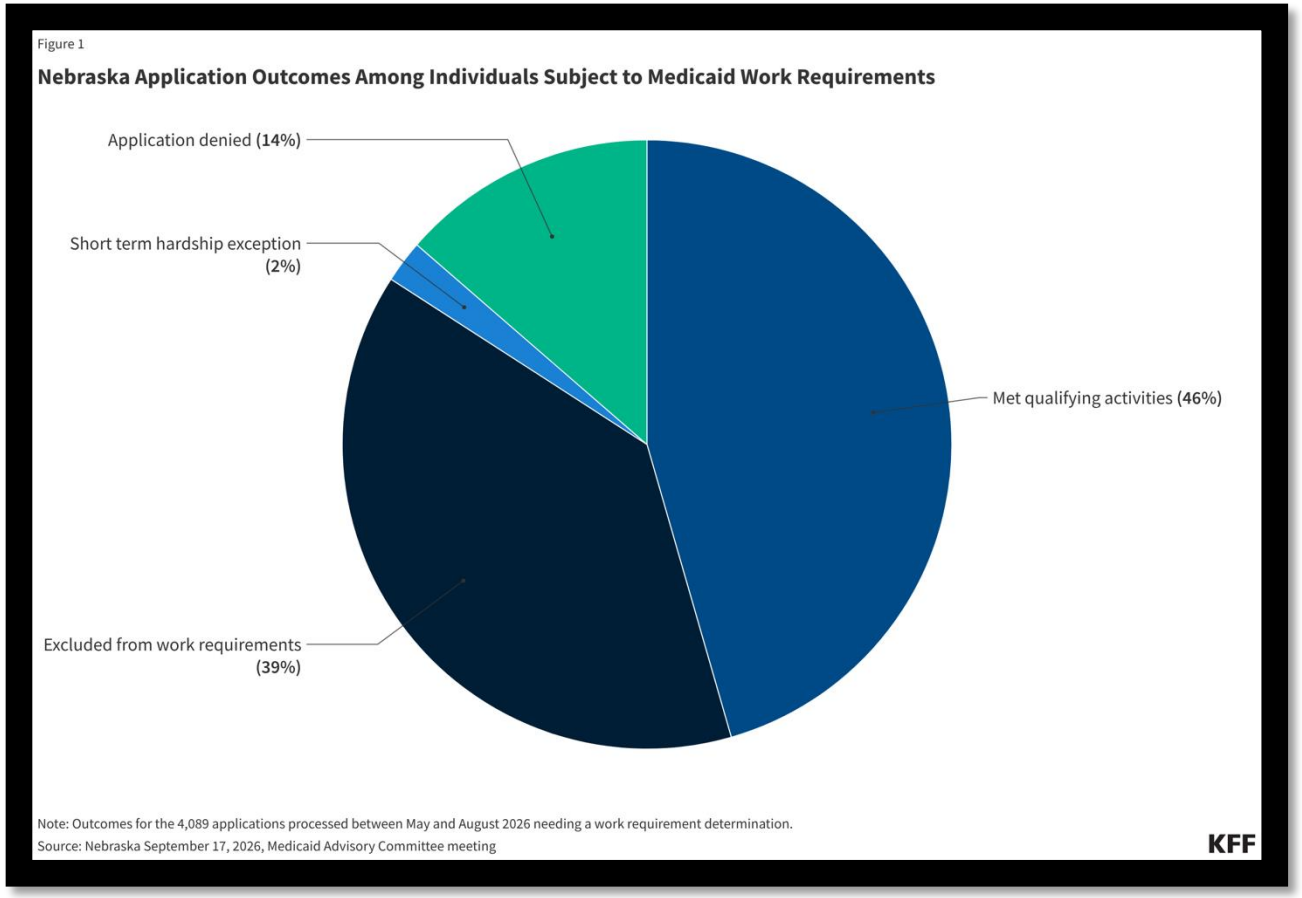
RHC Role in Implementation

- *States* will establish processes to verify work/exemption
- *States* were required to begin outreach to beneficiaries in September (at the latest) through at least two modalities (phone, mail, etc.)

- How can your *RHCs* support your patients in enrollment, eligibility awareness, etc.?
  - Help promote Oregon Health Authority resources
  - Engage Community Health Workers and other care navigators
    - What investments *now* will keep your payor mix steady *later*?



Early Lessons from Other States



Coverage losses: 7%

- 92% did not respond to verification compliance requests
- 8% affirmatively noncompliant

Additional scrutiny of medical frailty verification

- Fewer exclusions?

Medicare Telehealth Policy

Mental Health Telehealth

- Permanently covered, reimburses at parity with in-person encounters
- Occasional in-person requirement continues to be delayed (currently through January 1, 2028)

Medical Telehealth

- Flexibilities extended over 17 times in short durations since initially granted in 2020
  - Current extension through 12/31/2027
- Fee-for-service providers receive reimbursement parity for in-person and telehealth services, RHCs/FQHCs **do not**



Telehealth Policy Cont.

- Beginning October 1 2026, RHCs now bill individual HCPCS codes for services performed via this modality
  - G2025 is retired!
  - Does not change *payment*, just coding
  - Modifiers: 93 for audio-only, 95 for audio-visual telehealth



The Future of Telehealth Policy

- Short-term extensions risk disruptions in care for patients and discourages investment in telehealth technologies
  - Congress prefers these because they only have to "pay for" the length of the extension
- Currently, as rurality increases, telehealth utilization decreases
- Telehealth as a complement to in-person care
- Advocacy remains focused on permanence or significantly longer extensions + payment fixes
  - CONNECT for Health Act (S.1261/H.R.4206)
  - Telehealth Modernization Act (S.2709/H.R.5081)



Medicare Advantage Latest

- CMS finalized a base rate increase of 2.48% for Medicare Advantage plans in 2027, much higher than the proposed rate of 0.09%
- Monthly premiums expected to average $12 in 2027, higher out-of-pocket costs and fewer benefits, 1 million lose access as plans leave markets
  - Enrollment expected to drop below 50% of all eligible beneficiaries in 2027 for the first time since 2022

- Trump Administration primarily favorable towards MA:
  - Considering a Project 2025 policy that would make MA enrollment the default (over traditional Medicare)
  - Voluntary industry pledge from insurers to reform and reduce prior authorizations



MA Conversation on Capitol Hill

- Legislation:
  - H.R.5454 Medicare Advantage Prompt Pay Act
  - H.R.4559 Prompt and Fair Pay Act
  - S.1816/H.R.3514 Improving Seniors' Timely Access to Care Act of 2025
- Lots of conversation, little action and enforcement of existing policies



What stressors are keeping Oregon RHCs up at night?

- Federal, state, or local policy issues?
- Are you engaged in advocacy?
- Do you have strong relationships with your local and state media outlets?

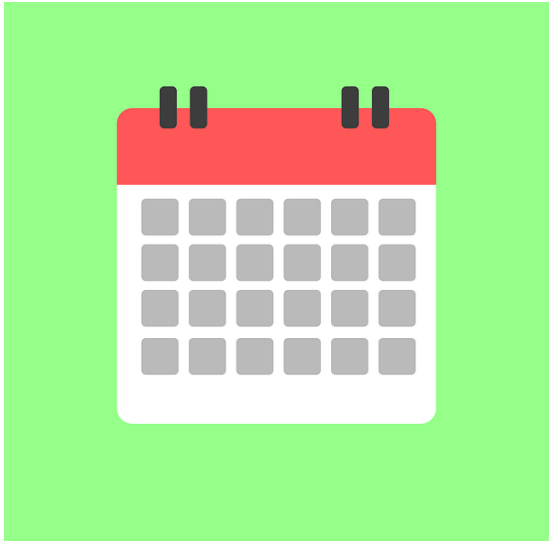




Regulatory Updates

Annual Rulemaking Process

- July – Medicare Physician Fee Schedule Proposed Rule is released
- July-September – Open Comment Period
  - NARHC comments 2027 MPFS
- November – Final Rule issued
- January – Provisions take effect



2027 MPFS Proposed Rule – RHC Impacts

- Diabetes Self-Management Training and Medical Nutrition Therapy Services will be considered qualified preventive services covered and paid the All-Inclusive Rate as stand-alone billable visits under the RHC benefit
  - Provider Information on DSMT from CMS (not RHC specific)

- Remote Physiologic Monitoring / Remote Therapeutic Monitoring
  - Requires initiating visit
  - Requires employed clinical staff to provide RPM/RTM services, no third-party vendor



Other RHC Regulatory Priorities

- CMS did not extend several new billing opportunities created for fee-for-service providers to RHCs, including:
  - Shared Medical Appointments
  - Health Coaching

- NARHC submitted comments about how these exclusions are out of alignment with Make America Healthy Again (MAHA) priorities

- CMS also did **not:**
  - Amend the definition of an RHC medical visit to allow for Annual Wellness Visits (other than IPPEs) to be eligible for same day billing
  - Allow for those AWVs to be completed by RNs, as they are in non-RHC settings
  - Change the limitation on group visits in the RHC setting





Rural Health Transformation Program & RHCs



Early Successes

- Massive investment in rural health
- Increased conversation and interest in rural health by general public
- Many states are making RHC specific funding investments aligned with prior NARHC efforts
  - Behavioral health, telehealth, care management



Early Challenges

- Incredibly quick timelines at all stages
- Dollars flowing to non-rural entities
- Strict and complex criteria/applications impede RHC participation opportunities
- Increasing contention between providers due to limited dollars
- **Limited opportunities to review reports, more difficult to ensure accountability**



How You Can Help!

Complete Policy Survey

Help identify the most pressing issues facing Rural Health Clinics.

Send Voter Voice Messages

Use NARHC's advocacy platform to contact your Members of Congress.

Attend Policy Summit

Meet with policymakers and advocate directly for rural health priorities.

Host Member of Congress

Show lawmakers firsthand how policy impacts rural care.

Apply to Bill Finerfrock Fellowship

Join the next generation of rural health policy leaders.

Easy Action

High Impact



2026 NARHC Policy Summit | Washington D.C.

















Host your Members of Congress



Representative Stephanie Bice (R-OK) visits Xpress Wellness in Edmond, OK in July 2026



Senator Maggie Hassan (D-NH) visits Rowe Health Center in Woodsville, NH in August 2026



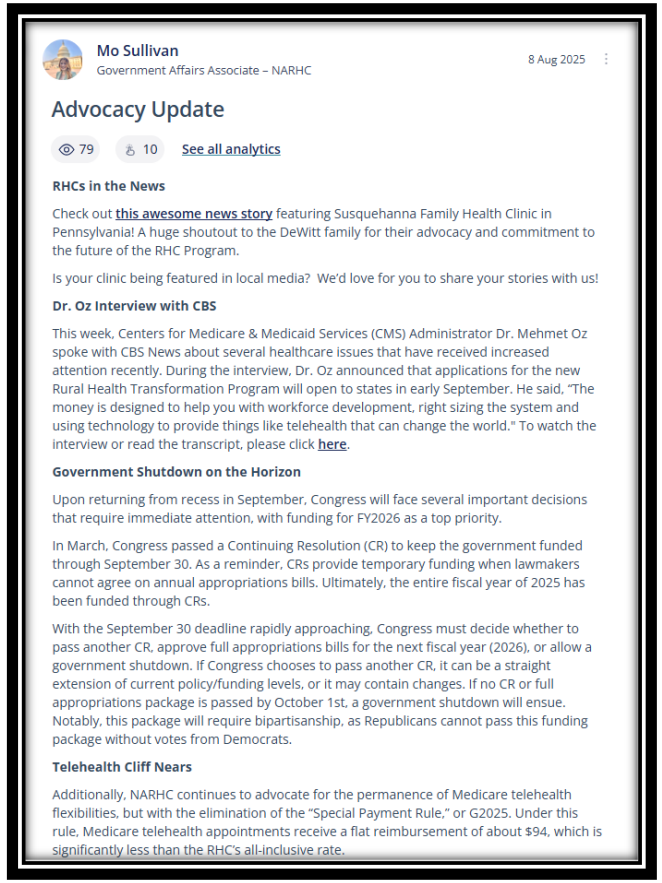
Representative Jim Costa (D-CA) visits Cherry Clinic in Cutler, CA in August 2026



Stay “In the Know” on RHC Issues

- NARHC.org
  - Email Listserv
  - Discussion Forum
    - Weekly policy updates!
  - NARHC News
  - Resources
    - Webinars
    - Policy and Advocacy
- State rural health organizations & offices of rural health
- Federal Office of Rural Health Policy (FORHP) Weekly Updates
- RHIhub
- CMS RHC Center







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