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INSIGHTS

House Ways and Means
Committee Marks Up
Telehealth and Rural Health
Bills

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On May 8, 2024, the House Ways and Means Committee held a hearing to [mark up](#) six bills related to telehealth and rural health care. These bills included legislation to extend telehealth flexibilities put in place in response to COVID-19, extend enhanced payments for rural hospitals, and create or amend existing rural health care programs. Republican and Democratic representatives agreed about the importance of extending these COVID-19 telehealth flexibilities. Republican representatives praised today's rural health bills as being necessary to address health care challenges in rural America. Democratic representatives argued that the bills were too narrowly focused and that some of them could give certain rural providers an unfair advantage over others. Other Democratic representatives expressed concerns that some of the bills would encourage further private equity involvement in health care at the expense of patient quality. The hearing also touched on broader health care issues, including the nursing home staffing mandate, the Inflation Reduction Act, Medicare Advantage payments to hospitals, and Medicaid expansion.

OPENING STATEMENTS

[Chairman Jason Smith \(R-MO\)](#)

[Ranking Member Richard Neal \(D-MA\)](#)

LEGISLATION INCLUDED IN THE MARKUP

- [H.R.8261](#), The Preserving Telehealth, Hospital, and Ambulance Access Act (Schweikert, Thompson): This bill extends certain COVID-19 telehealth flexibilities until December 31, 2026. It also extends increased hospital adjustments for certain low-income hospitals, the Medicare-Dependent Hospital Program, add-on payments for ambulance services through FY25, and extends the hospital at home demonstration. The bill pays for the extensions with PBM reforms, an extension of adjustments to hospice caps, and an extension on clinical lab payment changes. Passed 41-0.
 - Rep. Lloyd Doggett (D-TX) offered an amendment he argued would address concerns that the bill does not do enough to address provider waste, fraud, and abuse, especially related to hospice care, medical devices, and clinical lab tests. Reps. Greg Murphy (R-NC), David Schweikert (R-AZ), and Brad Wenstrup (R-OH) said they are willing to work with Rep. Doggett to address fraud but expressed concerns about his approach to grant more

authority to the Centers for Medicare and Medicaid Services (CMS). Failed 23-17.

- Rep. Terri Sewell (D-AL) offered an amendment to extend the low-volume hospital, Medicare-dependent hospital, and ground ambulance add-on payment provisions for two years instead of 9 months. Rep. Carol Miller (R-WV) and Rep. Wenstrup said they support a longer-term extension for these provisions but oppose Rep. Sewell's amendment because it does not include an offset. Failed 23-17.
- [H.R.7931](#), the PEAKS Act (Miller, Caraveo): This bill would allow critical access to hospitals located within 15 miles of mountainous terrain to receive Medicare reimbursement for ambulance services. Passed 24-18.
 - Rep. Bill Pascrell (D-NJ) offered an amendment that would ban CAH hospitals owned by private equity firms from taking advantage of the additional reimbursement. Rep. Miller countered that private equity ownership of rural hospitals is not widespread. Failed 24-18.
- [H.R.8245](#), the Rural Hospital Stabilization Act (Feenstra): This bill authorizes funding for grants to rural hospitals to help improve access to care (\$20 million a year for FY26-FY29). Passed 24-18 o Rep. Linda Sánchez (D-CA) offered an amendment that would make federally qualified health centers eligible for grants under this bill. Rep. Randy Feenstra (R-IA) pointed out that this grant program already exists as a pilot program, and this bill just makes it law. He also argued that there are already existing programs to help underserved hospitals. Failed 23-18.
- [H.R.8244](#), the Ensuring Seniors' Access to Quality Care Act (Estes, Connolly): This bill allows nursing homes that have had to suspend CNA education programs because of penalties to resume those programs if the penalties are not directly related to patient care once they meet quality standards. Passed 25-18.
- [H.R. 8235](#), the Rural Physician Workforce Preservation Act (Murphy): This bill requires unallocated graduate medical education (GME) slots created in the Consolidated Appropriations Act of 2021 and the Consolidated Appropriations Act of 2023 to be redistributed to rural hospitals. Passed 24-16.
- [H.R. 8246](#), the Second Chances for Rural Hospitals Act (Arrington): This bill would allow hospitals otherwise eligible for the Rural Emergency Medical designation that closed as of Jan 1, 2014, to apply for the program. Passed 24-16.

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