

# Rural Health Clinic Updates from Washington, D.C.

**Sarah Hohman, MPH, CRHCP**

Director of Government Affairs

National Association of Rural Health Clinics

The National Association of Rural Health Clinics | 1009 Duke Street Alexandria, VA 22314 | 866-306-1961 | [NARHC.org](http://NARHC.org)



# NARHC Policy Survey Results

- Thank you to those that participated!
- RHCs served approximately 40.1 million patients in 2025
- Medicare Advantage remains top challenge for RHCs
- 1 in 10 RHCs utilize mobile units
  - Barriers include lack of resources to purchase and maintain, lack of staffing, and need for more TA
  - <https://www.narhc.org/narhc/Mobile-Care-for-Rural-Clinics.asp>



# H-1B Visa Policy Latest Updates

- Bipartisan House members introduced the [H-1Bs for Physicians and the Healthcare Workforce Act \(H.R.7961\)](#)
  - Would exempt health care workers from the \$100,000 fee
  - To encourage your Members of Congress to support:  
<https://www.votervoice.net/NARHC/campaigns/136569/respond>



# 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



# Montana Implementation

- Medicaid Eligibility Checks
  - Requires **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 **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
    - Most states beginning January 1, 2027
    - **Montana work requirements begin July 1, 2026**
      - **FAQs:** <https://dphhs.mt.gov/medicaidchanges/faqs>
      - Providers play a key role in limiting coverage losses amongst beneficiaries who meet Medicaid criteria

# Enhanced Affordable Care Act Subsidies Expiration and Coverage Impacts

- As of 2025, approximately [2.8 million rural Americans](#) relied on plans purchased through the ACA marketplace, 80% in zero-premium plans due to enhanced subsidies
- Expiration of these subsidies have increased premiums significantly
  - These individuals are expected to forego coverage, resulting in a higher uninsured population (4 million more Americans)
  - Thus far, 1.4 million fewer have enrolled in 2026 coverage
    - **6% decline thus far in Montana**



# Rural Health Transformation Program (RHTP)

- Montana received \$233 million in 2026
  - General information:  
<https://dphhs.mt.gov/RuralHealthTransformationProgram/>
    - Stakeholder event: <https://dphhs.mt.gov/assets/RuralHealthTransformation/RHTP-Stakeholder-Committee-20260122.pdf>
  - Current funding opportunities: [https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=StateOfMontana&tab=PHX\\_NAV\\_SourcingOpenForBid&tmstamp=1777560503071](https://bids.sciquest.com/apps/Router/PublicEvent?CustomerOrg=StateOfMontana&tab=PHX_NAV_SourcingOpenForBid&tmstamp=1777560503071)
    - Montana is seeking contractors to help administer the program, and a vendor to assist with data analysis



# FY2027 Government Funding

- The federal government's fiscal year begins October 1
  - In January, Congress passed a FY26 budget – mostly stable funding for rural health programs
- In April, the Trump Administration released its FY27 funding request
  - HHS reorganization
  - 12.5% decrease to HHS programs from FY26 – elimination of State Offices of Rural Health and other programs
  - Proposes ~\$125 million for nutrition services for Community Health Centers, not Rural Health Clinics
  - Urge stable funding and nutrition funding for RHCs:  
<https://www.votervoice.net/NARHC/Campaigns/136366/Respond>



# CMS Survey Proposal

- CMS recently released a proposal which would essentially allow for RHCs to complete a self-attestation of continued compliance every 6 years to opt out of surveys, following the initial.
- NARHC is preparing comment in discussion with the Policy Committee and welcomes your thoughts!
- [Federal Register :: Agency Information Collection Activities: Proposed Collection; Comment Request](#)



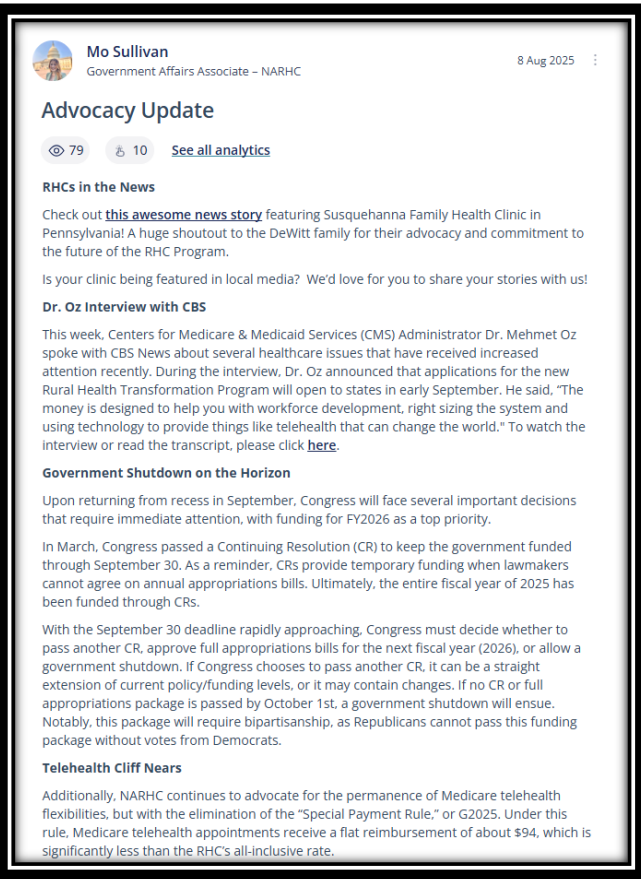
# Medicaid Doula Coverage

- Montana is preparing an amendment to add doula care to the Medicaid program



# Stay “In the Know” on RHC Issues

- [NARHC.org](http://NARHC.org)
  - Email Listserv
  - Discussion Forum
    - Weekly policy updates!
  - NARHC News
  - [Biweekly Office Hours](#)
  - Resources
    - TA Webinars
    - Policy and Advocacy
- [State rural health organizations & offices of rural health](#)
- [Federal Office of Rural Health Policy \(FORHP\) Weekly Updates](#)
- [RHlhub](#)
- [CMS RHC Center](#)



# Thank You and Questions!

Sarah Hohman, MPH, CRHCP

Director of Government Affairs

National Association of Rural Health Clinics (NARHC)

[Sarah.Hohman@narhc.org](mailto:Sarah.Hohman@narhc.org)

