NARHC 2026 Policy Summit

POLICY PRIORITY 2: TELEHEALTH

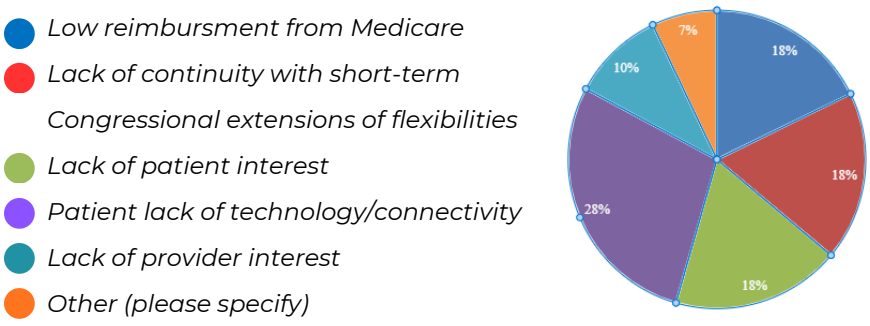
POLICY ISSUES

- RHCs are subject to a "special payment rule" that reimburses Medicare telehealth visits at a flat rate of $97.53 & bills one single code, G2025, for all 280+ billable telehealth services.
- Most other Medicare providers (those billing fee-for-service) receive payment parity for telehealth and in-person services since 2020.
- The payment rate for G2025 is lower than an RHC's all-inclusive rate, which disincentivizes investment in telehealth technologies.
- Limited data can be gathered from G2025 as it obscures and distorts claims data. As discussions about the future of telehealth continue, RHCs lack reliable data to demonstrate which telehealth services are used most frequently, while traditional providers have 6 years of usable data to contribute to these conversations.
- The special payment rule requires RHCs to separate costs associated with telehealth on their annually filed cost report, which generates significant administrative burden for RHCs. Rural, safety-net providers already face greater workforce challenges compared with traditional provider types, making this policy especially burdensome.
- What was intended to be a "temporary" special payment rule has now been in effect for nearly 6 years. As a result, RHCs have been operating without adequate telehealth reimbursement for an extended period, facing ongoing financial strain. Repeated short-term extensions offer no security, only prolonging the flawed rule and creating persistent uncertainty about the future of RHC telehealth.
- **In early 2026, Congress passed another extension of the special payment rule policy for RHCs while maintaining parity for traditional provider types. These current flexibilities will remain in effect through the end of 2027.**

SUPPORTING DATA

Illustrative Example: Telehealth Billing for Level 4 E/M ~ The Most Commonly Billed Medicare Code

Facility	Service	Billed As	Medicare Reimbursement
Traditional PFS Office	CPT Code Level 4 E/M	99214	$135.61 (+geographic adjustments)
Rural Health Clinic	CPT Code Level 4 E/M	G2025	$97.53 (no geographic adjustment)



SOLUTIONS

Legislative solutions include the CONNECT for Health Act of 2025 (S.1261 and H.R.4206), the Save America's Rural Hospitals Act (H.R.3684), the Telehealth Modernization Act (S. 2709 and H.R.5081), and the HEALTH Act (H.R.5496).

Establish a Fair Telehealth Reimbursement policy

NARHC urges Congress to work towards a policy that fixes this disparity for our outpatient, safety-net providers.

Support the CONNECT for Health Act

NARHC supports the CONNECT for Health Act (S.1261 and H.R.4206), which permanently provides RHCs with reimbursement parity for telehealth visits just like other providers have been receiving already.

Support Other Teleheath Bills

NARHC also supports other legislative efforts to address this telehealth barrier, including the HEALTH Act (H.R.5496), the Telehealth Modernization Act (S. 2709 and H.R.5081), and the Save America's Rural Hospitals Act (H.R.3684).

CONSIDERATIONS/HILL DAY PREP CHECKLIST

If this policy priority speaks to you, we encourage you to have the following information prepared for your Hill Day meetings:

Bring Your Data

Suggestions include:

- [ ] **% of visits done via telehealth services**
- [ ] **# of G2025 billing visits**
- [ ] **Your All-Inclusive Rate (AIR) to demonstrate the financial loss between that and G2025 reimbursement ($97.53)**
- [ ] **# of Annual Wellness Visits (AWV) obscured by G2025 system**
- [ ] Additional detail demonstrating the annual loss to your facilities because of this disparity
- [ ] Example stories regarding Medicare telehealth reimbursement impacting patient access

THANK YOU FOR ADVOCATING— your voice helps protect access to care in rural America.