

119TH CONGRESS
1ST SESSION

H. R. 1805

To amend title XVIII of the Social Security Act to extend Medicare-dependent hospital and Medicare low-volume hospital payments, and to direct the Comptroller General of the United States to carry out a report on Medicare rural hospital classifications.

IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2025

Mrs. MILLER of West Virginia (for herself and Ms. SEWELL) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To amend title XVIII of the Social Security Act to extend Medicare-dependent hospital and Medicare low-volume hospital payments, and to direct the Comptroller General of the United States to carry out a report on Medicare rural hospital classifications.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Assistance for Rural
5 Community Hospitals Act” or the “ARCH Act”.

1 **SEC. 2. EXTENDING MEDICARE-DEPENDENT HOSPITAL AND**
2 **MEDICARE LOW-VOLUME HOSPITAL PAY-**
3 **MENTS.**

4 (a) MDH EXTENSION.—

5 (1) EXTENSION OF PAYMENT METHODOLOGY.—

6 Section 1886(d)(5)(G) of the Social Security Act (42
7 U.S.C. 1395ww(d)(5)(G)) is amended—

8 (A) in clause (i), by striking “April 1,
9 2025” and inserting “October 1, 2031”; and

10 (B) in clause (ii)(II), by striking “April 1,
11 2025” and inserting “October 1, 2031”.

12 (2) CONFORMING AMENDMENTS.—

13 (A) EXTENSION OF TARGET AMOUNT.—

14 Section 1886(b)(3)(D) of the Social Security
15 Act (42 U.S.C. 1395ww(b)(3)(D)) is amend-
16 ed—

17 (i) in the matter preceding clause (i),
18 by striking “April 1, 2025” and inserting
19 “October 1, 2031”; and

20 (ii) in clause (iv), by striking “fiscal
21 year 2024 and the portion of fiscal year
22 2025 beginning on October 1, 2024, and
23 ending on March 31, 2025” and inserting
24 “fiscal year 2031”.

25 (B) PERMITTING HOSPITALS TO DECLINE
26 RECLASSIFICATION.—Section 13501(e)(2) of

1 the Omnibus Budget Reconciliation Act of 1993
2 (42 U.S.C. 1395ww note) is amended by strik-
3 ing “fiscal year 2024, or the portion of fiscal
4 year 2025 beginning on October 1, 2024, and
5 ending on March 31, 2025” and inserting “fis-
6 cal year 2031”.

7 (b) LVH EXTENSION.—Section 1886(d)(12) of the
8 Social Security Act (42 U.S.C. 1395ww(d)(12)) is amend-
9 ed—

10 (1) in subparagraph (C)(i)—

11 (A) in the matter preceding subclause (I),
12 by striking “through 2024 and the portion of
13 fiscal year 2025 beginning on October 1, 2024,
14 and ending on March 31, 2025” and inserting
15 “through 2031”;

16 (B) in subclause (III), by striking
17 “through 2024 and the portion of fiscal year
18 2025 beginning on October 1, 2024, and ending
19 on March 31, 2025” and inserting “through
20 2031”; and

21 (C) in subclause (IV), by striking “the por-
22 tion of fiscal year 2025 beginning on April 1,
23 2025, and ending on September 30, 2025, and
24 fiscal year 2026” and inserting “fiscal year
25 2032”; and

1 (2) in subparagraph (D)—

2 (A) in the matter preceding clause (i), by
3 striking “through 2024 or during the portion of
4 fiscal year 2025 beginning on October 1, 2024,
5 and ending on March 31, 2025” and inserting
6 “through 2031”; and

7 (B) in clause (ii), by striking “through
8 2024 and the portion of fiscal year 2025 begin-
9 ning on October 1, 2024, and ending on March
10 31, 2025” and inserting “through 2031”.

11 **SEC. 3. GAO REPORT ON MEDICARE RURAL HOSPITAL**
12 **CLASSIFICATIONS.**

13 Not later than 180 days after the date of the enact-
14 ment of this Act, the Comptroller General of the United
15 States shall submit to Congress a report on Medicare rural
16 hospital classifications that includes the following informa-
17 tion:

18 (1) The total number of hospitals that, with re-
19 spect to any of the 5 fiscal years preceding such
20 date of enactment, had any of the following classi-
21 fications:

22 (A) Classification as a critical access hos-
23 pital (as defined in section 1861(mm)(1) of the
24 Social Security Act (42 U.S.C.
25 1395x(mm)(1))).

1 (B) Classification as a rural emergency
2 hospital (as defined in section 1861(kkk)(2) of
3 such Act (42 U.S.C. 1395x(kkk)(2))).

4 (C) Classification as a rural referral center
5 (as described in section 1886(d)(5)(C) of such
6 Act (42 U.S.C. 1395ww(d)(5)(C))).

7 (D) Classification as a sole community
8 hospital (as defined in section
9 1886(d)(5)(D)(iii) of such Act (42 U.S.C.
10 1395ww(d)(5)(D)(iii))).

11 (E) Classification as a medicare-dependent,
12 small rural hospital (as defined in section
13 1886(d)(5)(G)(iv) of such Act (42 U.S.C.
14 1395ww(d)(5)(G)(iv))).

15 (F) Classification as a low-volume hospital
16 (as defined in section 1886(d)(12)(C)(i) of such
17 Act (42 U.S.C. 1395ww(d)(12)(C)(i))).

18 (2) An analysis of the extent to which there is
19 overlap between the criteria for any two or more of
20 the classifications described in paragraph (1).

21 (3) Recommendations for—

22 (A) simplification with respect to such
23 classifications and any such overlap; and

24 (B) changes with respect to the criteria for
25 such classifications that would promote finan-

1 cial sustainability for rural hospitals and im-
2 prove access to health care for individuals in
3 rural areas.

4 (4) The projected effects of allowing sole com-
5 munity hospitals (as described in paragraph (1)(D))
6 and medicare-dependent, small rural hospitals (as
7 described in paragraph (1)(E)) to use a cost report-
8 ing period beginning during fiscal year 2021 for the
9 purpose of calculating adjusted payments under sec-
10 tion 1886(d)(5) of the Social Security Act (42
11 U.S.C. 1395ww(d)(5)).

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