

## HR 833

### Save America's Rural Hospitals Act

**Congress:** 118 (2023–2025, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Feb 6, 2023

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Dec 17, 2024)

**Official Text:** <https://www.congress.gov/bill/118th-congress/house-bill/833>

## Sponsor

**Name:** Rep. Graves, Sam [R-MO-6]

**Party:** Republican • **State:** MO • **Chamber:** House

## Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Huffman, Jared [D-CA-2]	D · CA		Feb 6, 2023
Rep. Neguse, Joe [D-CO-2]	D · CO		May 23, 2023
Rep. Tokuda, Jill N. [D-HI-2]	D · HI		May 23, 2023
Rep. Sorenson, Eric [D-IL-17]	D · IL		Mar 19, 2024
Rep. Golden, Jared F. [D-ME-2]	D · ME		Dec 3, 2024

## Committee Activity

Committee	Chamber	Activity	Date
Budget Committee	House	Referred To	Feb 6, 2023
Energy and Commerce Committee	House	Referred to	Feb 17, 2023
Ways and Means Committee	House	Referred to	Dec 17, 2024

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

## Save America's Rural Hospitals Act

This bill establishes and otherwise modifies payment requirements for rural health care providers under Medicare and Medicaid.

For example, the bill allows additional hospitals to qualify as critical access hospitals (CAHs) that receive special payment under Medicare. A hospital may qualify if it is a small, rural hospital that (1) serves a health professional shortage area, or a high number of low-income individuals or Medicare or Medicaid beneficiaries; (2) has experienced financial losses for two consecutive years; and (3) attests to having a strategic plan to address financial solvency.

In addition, the Center for Medicare and Medicaid Innovation must test a new delivery and payment model for rural hospitals that promotes financially sustainable access to care and must establish a corresponding transition process for CAHs.

The bill also permanently (1) increases payments for Medicare-dependent hospitals and low-volume hospitals, (2) increases payments for Medicaid primary care services in rural areas, and (3) removes the 96-hour physician certification requirement for inpatient CAH services under Medicare. It also exempts Medicare payments to rural hospitals from sequestration.

## Actions Timeline

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- **Dec 17, 2024:** Referred to the Subcommittee on Health.
- **Feb 17, 2023:** Referred to the Subcommittee on Health.
- **Feb 6, 2023:** Introduced in House
- **Feb 6, 2023:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.