

S 502

Rural Hospital Closure Relief Act of 2025

Congress: 119 (2025–2027, Current)

Chamber: Senate

Policy Area: Health

Introduced: Feb 10, 2025

Current Status: Read twice and referred to the Committee on Finance. (text: CR S820-821)

Latest Action: Read twice and referred to the Committee on Finance. (text: CR S820-821) (Feb 10, 2025)

Official Text: <https://www.congress.gov/bill/119th-congress/senate-bill/502>

Sponsor

Name: Sen. Durbin, Richard J. [D-IL]

Party: Democratic • **State:** IL • **Chamber:** Senate

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Lankford, James [R-OK]	R · OK		Feb 10, 2025
Sen. Smith, Tina [D-MN]	D · MN		Feb 10, 2025
Sen. Capito, Shelley Moore [R-WV]	R · WV		Feb 24, 2025
Sen. Hyde-Smith, Cindy [R-MS]	R · MS		Feb 24, 2025
Sen. Lujan, Ben Ray [D-NM]	D · NM		Apr 1, 2025
Sen. Wicker, Roger F. [R-MS]	R · MS		May 8, 2025
Sen. Schiff, Adam B. [D-CA]	D · CA		Oct 27, 2025

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 11, 2025

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
119 HR 6240	Related bill	Nov 20, 2025: Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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.

Rural Hospital Closure Relief Act of 2025

This bill temporarily allows additional hospitals to qualify as critical access hospitals (CAHs) that receive special payment under Medicare.

Currently, in order to qualify as a CAH under Medicare, a hospital must either (1) be located more than 35 miles (or 15 miles in mountainous regions or areas with only secondary roads) from another hospital, or (2) have been certified prior to January 1, 2006, by the state as a necessary provider of services in the area.

The bill allows a hospital to also qualify if the hospital is a small, rural hospital that (1) serves a health professional shortage area, or a high number of low-income individuals or Medicare beneficiaries; (2) has experienced financial losses for two consecutive years; and (3) attests to having a strategic plan to address financial solvency and to committing to provide a service that is in high demand in the hospital's service area. This authority expires nine years after the bill's enactment.

The Government Accountability Office must study the effects of the bill's implementation. In addition, the Medicare Payment Advisory Commission must study and recommend payment systems for rural hospitals under Medicare. The Centers for Medicare & Medicaid Services must subsequently establish a mechanism and issue guidance on how newly designated CAHs may transition to different payment models under Medicare, including any new payment models recommended by the commission.

