

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 8245  
OFFERED BY M. \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Rural Hospital Sta-  
3 bilization Act”.

**4 SEC. 2. RURAL HOSPITAL STABILIZATION PILOT PROGRAM.**

5 Section 1820(g) of the Social Security Act (42 U.S.C.  
6 1395i-4(g)) is amended by adding at the end the following  
7 new paragraph:

8 “(8) RURAL HOSPITAL STABILIZATION PILOT  
9 PROGRAM.—

10 “(A) IN GENERAL.—Beginning January 1,  
11 2026, the Secretary, acting through the Direc-  
12 tor of the Office of Rural Health Policy, shall  
13 award grants to—

14 “(i) hospitals, critical access hospitals,  
15 and rural emergency hospitals that are lo-  
16 cated in a rural area, as such term is used  
17 for purposes of section 711 of this Act (in  
18 this paragraph referred to as ‘rural hos-

1           pitals’) that have submitted applications to  
2           the Secretary, for purposes of assisting  
3           such hospitals in ensuring local access to  
4           services; and

5           “(ii) experienced technical assistance  
6           providers that have submitted applications  
7           to the Secretary, for purposes of assisting  
8           such rural hospitals in planning to apply  
9           for grants under this paragraph and using  
10          any amounts received under such a grant.

11          “(B) PRIORITIZATION FACTORS.—In mak-  
12          ing grants to rural hospitals under this para-  
13          graph for a fiscal year (and determining the  
14          amount of each such grant), the Secretary shall  
15          consider the following factors:

16                 “(i) The average daily census of the  
17                 hospital.

18                 “(ii) The distance between the hos-  
19                 pital and the next nearest hospital.

20                 “(iii) The financial circumstances of  
21                 the hospital, as determined by such hos-  
22                 pital’s most recently filed Medicare cost re-  
23                 port (or other applicable source of informa-  
24                 tion).

1                   “(iv) The risk that the hospital will  
2                   close.

3                   “(v) The risk that the hospital will re-  
4                   duce or stop offering a class of services.

5                   “(C) USE OF FUNDS.—

6                   “(i) HOSPITALS.—Amounts received  
7                   by a rural hospital under a grant under  
8                   this paragraph shall be used to sustain, en-  
9                   hance, or expand the classes of services of-  
10                  fered by such hospital, or to begin offering  
11                  a new class of service, and may be used  
12                  for—

13                           “(I) minor renovations to build-  
14                           ings;

15                           “(II) training with respect to the  
16                           delivery of new or existing services;

17                           “(III) recruiting or hiring new  
18                           staff or supplementing compensation  
19                           of existing staff; and

20                           “(IV) equipment acquisition or  
21                           refurbishment.

22                   “(ii) EXPERIENCED TECHNICAL AS-  
23                   SISTANCE PROVIDERS.—Amounts received  
24                   by an experienced technical assistance pro-

1 vider under a grant under this paragraph  
2 shall be used to assist rural hospitals—

3 “(I) in applying for a grant  
4 under this paragraph; and

5 “(II) with respect to a rural hos-  
6 pital that has been awarded a grant  
7 under this paragraph, in using  
8 amounts received under such grant in  
9 accordance with the requirements of  
10 clause (i).

11 “(D) REPORTS TO CONGRESS.—

12 “(i) INITIAL REPORT.—Not later than  
13 January 1, 2029, the Secretary shall sub-  
14 mit to Congress a report on the grants  
15 awarded under this paragraph that in-  
16 cludes the following information:

17 “(I) The names of all experienced  
18 technical assistance providers that re-  
19 ceived a grant under this paragraph  
20 and, with respect to each such experi-  
21 enced technical assistance provider, an  
22 analysis of the use of the amounts re-  
23 ceived under such grant.

24 “(II) The names and locations of  
25 all rural hospitals that received a

1 grant under this paragraph and, with  
2 respect to each such hospital—

3 “(aa) the use of the  
4 amounts received under such  
5 grant;

6 “(bb) an analysis of the fi-  
7 nancial circumstances of such  
8 hospital, as determined by such  
9 hospital’s most recently filed  
10 Medicare cost report (or other  
11 applicable source of informa-  
12 tion)—

13 “(AA) at the time of  
14 the receipt of such grant;  
15 and

16 “(BB) at the time the  
17 report is submitted under  
18 this clause;

19 “(cc) an analysis of the  
20 classes of services offered by the  
21 hospital—

22 “(AA) prior to the re-  
23 ceipt of such grant; and

24 “(BB) following such  
25 receipt, as determined at the

1 time the report is submitted  
2 under this clause; and

3 “(dd) an analysis of any new  
4 classes of services offered by the  
5 hospital following the receipt of  
6 such grant.

7 “(ii) SUBSEQUENT REPORT.—Not  
8 later than 2 years after the initial report  
9 is submitted under clause (i), the Secretary  
10 shall submit to Congress a subsequent re-  
11 port on the grants awarded under this  
12 paragraph that includes updates to the in-  
13 formation described in subclauses (I) and  
14 (II) of such clause.

15 “(E) FUNDING.—There are authorized to  
16 be appropriated from the Federal Hospital In-  
17 surance Trust Fund under section 1817 for  
18 making grants under this paragraph,  
19 \$20,000,000 for each of fiscal years 2026  
20 through 2029, to remain available until ex-  
21 pended.”.

