



H.R. 10398

The CHC REBASE Act

Community Health Center Reforms Enabling Better Access for Seniors and Elders Act



ADVOCATES FOR
COMMUNITY
HEALTH

PROPOSED LEGISLATION



INTRODUCED
September 15,
2026



HOUSE
*Growing co-
sponsors*



SENATE COMPANION
TBD



COMMITTEE REFERRAL
Energy & Commerce
Ways & Means

WHAT THIS BILL DOES

The CHC REBASE Act updates the traditional Medicare Prospective Payment System (PPS) bundle for community health centers (CHCs), extends telehealth payment parity, and improves the process for health centers to receive Medicare Advantage wraparound payments.



Health centers provide high-quality primary and preventive care to about 4 million Medicare patients at 17,000 locations in rural and underserved areas, regardless of their ability to pay.



Health centers rely on the Medicare PPS for the high-quality services they provide to their patients.



Modernizing Medicare payment policies helps health centers keep pace with rising costs, expand access to care, and meet the evolving needs of Medicare patients.

THE IMPACT

The CHC REBASE Act strengthens and supports health centers' ability to provide high-quality, consistent care to the communities they serve, offering:

- **Updated Medicare Payment:** The bill establishes a process for HHS to update the Medicare PPS bundle to better reflect the current cost of care and the growing range of services health centers provide.
- **Telehealth Payment Parity:** The bill provides Medicare payment parity for FQHC telehealth and in-person visits, supporting access to primary care and behavioral health services.
- **Improved Medicare Advantage Payments:** The bill directs CMS to modernize the process for FQHCs to request Medicare Advantage wraparound payments and reduce administrative burdens that can delay payment.
- **Access in Rural & Underserved Communities:** The bill directs GAO to study access to FQHCs for Medicare Advantage patients in rural and underserved areas.

HOW THE BILL WORKS

1. Modernize Traditional Medicare PPS for Community Health Centers:

By updating Medicare payment rates and reviewing covered services, the bill aligns reimbursement with the cost, complexity, and range of care provided by FQHCs. Input from patients, providers, and health center leaders will help ensure these changes are grounded in real-world experience.

2. Sustain Access to Telehealth Services:

Telehealth can make the difference between receiving care and going without it. Paying eligible telehealth services through the regular FQHC and Rural Health Clinic payment systems will help health centers continue providing convenient, reliable access to care.

3. Simplify Medicare Advantage Payments and Improve Access:

By standardizing Medicare Advantage wraparound payments and creating a pathway to review payment decisions, the bill helps reduce unnecessary administrative barriers. It also examines whether Medicare Advantage networks are providing rural and underserved patients with adequate access to FQHC care.

OUR ASK:

Please cosponsor H.R. 10398, the CHC REBASE Act, to strengthen Medicare payments for community health centers, maintain access to telehealth, and improve care for seniors in rural and underserved communities.