



The National Rural Health Association is a national nonprofit and nonpartisan membership organization with more than 21,000 members consisting of a diverse group of individuals and organizations, all of whom share the goal of improving rural health. NRHA strives to improve the health of the 60 million who call rural America home.

Our mission is to provide leadership on rural health issues through advocacy, communications, education and research.

We Fight for a Strong Rural Health Infrastructure

Since 2010, 142 rural hospitals have shuttered their doors, including dozens since the onset of COVID-19. Over 40% of rural hospitals are operating with negative margins and therefore vulnerable to closure. While federal pandemic relief eased closure rates it didn't address key factors impacting rural hospital viability. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin ends, affecting the larger community. Investing in a strong rural health infrastructure is critical to the future of rural areas.

We Fight for a Robust Rural Workforce

The COVID-19 pandemic exacerbated the workforce shortage in rural America. Rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers for decades. Maintaining an adequate supply of primary care providers has been, and remains, one of the key challenges in rural health care. Nearly 70% of rural, or partially rural, counties are Health Professional Shortage Areas, and close to one in ten counties have no physicians at all. With far fewer providers per capita, the maldistribution of health care professionals between rural and urban areas results in unequal access to care.

We Fight for Rural Health Equity

Rural populations often encounter barriers to health care that limit their ability to obtain the care they need. COVID-19 has devastated the financial viability of rural practices, disrupted rural economies, and eroded availability of care. Medical deserts are appearing across rural America leaving many without timely access to care. Addressing rural inequities and declining life expectancy rates are a top priority for NRHA in 2023. The federal investment in rural health programs is a small portion of federal health care spending, but it is critical to rural Americans. These safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in rural America.

2023 Rural Health Champion Award Winners

Senator Cindy Hyde-Smith (R-MS)

Senator Jeff Merkley (D-OR)

Representative Abigail Spanberger (D-VA)

2023 Legislative Staff Award Winners

Santiago Gonzalez (Senator Bennet (D-CO)

Joel Keralis (Representative Smith (R-NE)

2023 Advocate of the Year

Jed Hansen, Nebraska Rural Health Association



National Rural Health Association
www.ruralhealth.us
[@NRHA_Advocacy](https://twitter.com/NRHA_Advocacy)



2023 Requests to Support the Rural Health Infrastructure

1. Address Rural Hospital Closure Crisis

The rural hospital closure crisis has devastated access to health care services for hundreds of thousands of rural Americans and catalyzed the collapse of rural economies across the nation. The Save America's Rural Hospital Act works to **ensure critical rural providers are equipped to support their patients**. Of note, the bill permanently eliminates Medicare sequestration for rural hospitals, makes permanent Low-Volume Hospitals and Medicare-Dependent Hospitals designations, reverses cuts to reimbursement of bad debt, makes permanent increased Medicare payments for ground ambulance services in rural America, provides a fix to provider-based rural health clinics cost-based reimbursement, eliminates the 96-hour Physician Certification Requirement for Critical Access Hospitals (CAHs), and reauthorizes the Medicare Rural Hospital Flexibility Program.

Request: NRHA urges support for reintroduction of H.R. 6400, the Save America's Rural Hospitals Act, to ensure critical changes to strengthen the rural health safety net.

2. Reestablish Critical Access Hospital Necessary Provider

The creation of **necessary provider criteria has been a lifeline for many rural hospitals to convert to CAH status**. Under necessary provider designation, states may certify hospitals that do not meet the federal mileage requirements but are important to the delivery of health care services, as necessary providers thereby qualifying them for CAH conversion. The Rural Hospital Closure Relief Act is the most cost-effective, quickest way to stabilize the most vulnerable rural hospitals to ensure that small rural hospitals doors remain open.

Request: NRHA urges support for reintroduction of S.644, the Rural Hospital Closure Relief Act, to ensure stabilization of small rural hospitals.

3. Modernize Rural Health Clinic Program

The Rural Health Clinic (RHC) program was created in 1977 to address the shortage of health care providers serving in rural communities and has since become an important part of the rural health care safety net. The *Burden Reduction Act* will **modernize the RHC program and provide important regulatory relief for RHCs** including relief from outdated staffing, laboratory requirements, and definitional requirements related to census definition and primary care thresholds.

Request: NRHA urges support of S.198, the Rural Health Clinic Burden Reduction Act, to ensure critical changes to the RHC program.

4. Ensure the 340B Drug Pricing Program Remains a Viable Lifeline

Throughout the last few years, several large drug manufacturers have taken actions to undermine and threaten the longevity of the 340B Drug Pricing Program. For rural providers, the **340B Drug Pricing Program serves as a valuable lifeline to ensure they are able to provide necessary services to patients in their communities**. NRHA urges Congress to provide the Administration with the authority to stand-up to these manufacturers and protect the program.

Request: NRHA urges support for reintroduction of H.R. 4390, the Protect 340B Act of 2021, to ensure equitable treatment of covered entities and pharmacies participating in the 340B Drug Pricing Program.



2023 Requests to Strengthen the Rural Health Workforce



1. Expand the Medicare Graduate Medical Education (GME) Program

The rural health workforce is overwhelmed and under resourced. The absence of qualified, robust providers is one of the largest obstacles rural communities have faced over the years, only further exacerbated by the COVID-19 pandemic. As we look in 2023, **it is imperative that Congress provides adequate resources to ensure the next generation of physicians can train in rural communities.** It is critical that all safety net rural providers, like sole community hospitals and Critical Access Hospitals (CAHs), can train medical students at their facilities.

Request: NRHA urges support for reintroduction of S. 1893, the Rural Physician Workforce Production Act, to ensure rural providers are adequately represented in the Medicare GME program.

2. Address Mandatory Funding Cliff for National Health Service Corps Loan Repayment Program

As rural health care providers continue to rebound from the ongoing COVID-19 pandemic, **it is critical to ensure a reliable workforce is available in rural communities.** The National Health Service Corp (NHSC) mandatory funding of \$292m in FY23 will expire in FY24 if Congress does not act to authorize mandatory funding for the NHSC for FY24 and beyond.

Request: Support supplemental appropriation funding for workforce programs like the National Health Service Corps and the Nurse Corps Loan Repayment Programs.

3. Expand the Nursing Workforce to Ensure Rural Communities Have Access to Care

Rural providers are facing a shortage of nursing professionals. As Congress continues to evaluate ways **to improve the rural health safety net, it is imperative that the nursing workforce is enhanced.** NRHA urges Congress to allow advanced practice registered nurses (APRN) to practice at the top of their license and broaden the scope of services to meet the needs of rural patients.

Request: NRHA urges support for reintroduction of H.R. 8812, the Improving Care and Access to Nurses Act (ICAN) Act, to allow advanced practice registered nurses to practice at the top of their license and alleviate the workforce shortages in rural areas.



2023 Requests to Address Rural Health Equity



1. Expand Access to Maternal Health Services

NRHA compels Congress to continue the dialogue on Capitol Hill to expand access to maternal health care services and reduce rural maternal mortality rates. Rural hospitals that provide birthing services are closing at an alarming rate resulting in worse maternal health outcomes in rural areas compared to their urban counterparts. In rural areas pregnant and postpartum patients are presenting to hospitals without birthing services for routine care, precipitous birth, or other obstetric emergencies. **It is essential to prepare these rural emergency departments to improve the quality of maternal health care needed in these rural sites.**

Request: NRHA urges introduction of legislation to ensure that rural communities have access to the resources they need to improve maternal health outcomes.

2. Permanently Expand Telehealth Provisions

NRHA applauds the inclusion of telehealth in the Consolidated Appropriations Act of 2023. The two-year extension provides stability for rural health as the public health emergency unwinds. **It is imperative that Congress makes these flexibilities permanent to ensure that rural providers are able to continue providing care through telehealth.** In particular, NRHA is supportive of continuing the ability for Federally Qualified Health Centers and Rural Health Clinics to provide distant-site telehealth services at equitable payment rates.

Request: NRHA urges support of reintroduction of S. 1512 / H.R. 2903, the CONNECT for Health Act of 2021 or S. 1988 / H.R. 5425, the Protecting Rural Telehealth Access Act to ensure that rural providers are able to continue providing services via telehealth.

3. Expand Access and Increase Funds for Emergency Medical Services

Emergency Medical Services (EMS) play a critical role in rural areas where travel times to the nearest medical providers are higher. A fully optimized EMS force is crucial to ensuring good patient outcomes. Due to workforce shortages and growing financial barriers, it is becoming increasingly difficult for EMS to respond to emergencies in a timely manner. **It is crucial Congress funds rural EMS and provides adequate resources to save rural lives in medical emergencies.**

Request: NRHA urges support of reintroduction of S. 2037, the Protecting Access to Ground Ambulance Medical Services Act of 2021, to modify Medicare payment of ground ambulance services in rural areas.

4. Addressing Obesity and Chronic Conditions

Obesity is one of the leading causes of morbidity and mortality in rural America. NRHA urges Congress to consider rural-specific programming and equitable coverage options to improve access to the full range of obesity prevention and treatment services. No one solution will address obesity and chronic disease in rural America; however it is important that our most vulnerable and underserved populations have access to all the resources necessary to lead a healthy lifestyle.

Request: NRHA urges support of reintroduction of H.R. 5625, the Halt Obesity in America Act, to expand eligibility for the High Obesity Program.