NATIONAL RURAL HEALTH ASSOCIATION

WHO WE ARE

The National Rural Health Association (NRHA) is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, clinics, long-term care, providers, and patients.

WHAT WE DO

NRHA serves rural communities by advancing rural health issues and seeking to solve rural health care challenges. NRHA helps rural citizens build, maintain, and improve institutions to meet their health care needs by providing research, education, communication, and advocacy.

INVESTING IN A STRONG SAFETY NET

Since 2010, over 180 rural hospitals have shuttered their doors or discontinued inpatient services. Nationally, 50% of rural hospitals are operating with negative margins and therefore vulnerable to closure.

CREATING A ROBUST RURAL HEALTH WORKFORCE

Maintaining an adequate supply of primary care providers remains one of the key challenges in rural health care. Nearly 70% of rural counties are Health Professional Shortage Areas.

BUILDING RURAL HEALTH OPPORTUNITY

Medical deserts are appearing across rural America leaving many without timely access to care. Addressing rural health gaps and declining life expectancy rates are a top priority for NRHA.

RURAL HEALTH OPPORTUNITY

Ensuring rural residents have the same opportunities to access care as urban and suburban counterparts.

WORKFORCE

Assisting rural communities by testing new models of team-based care, reforming rural Graduate Medical Education (GME), and supporting workforce programs.

HOSPITAL CLOSURE CRISIS

Testing new payments models of care, while providing stabilizing relief for rural providers across the safety net.

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Investing in a Strong Rural Safety Net

Since 2010, over 190 rural hospitals have shuttered their doors or discontinued inpatient services. Nationally, 50% of rural hospitals are operating with negative margins and therefore vulnerable to closure. 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.

Save America's Rural Hospitals Act (H.R. 3684)

Reps. Graves (R-MO) & Budzinski (D-IL)

Works to support rural hospitals through:

- Permanently eliminating Medicare sequestration for rural hospitals,
- Making permanent Low-Volume Hospitals (LVH) and Medicare-Dependent Hospitals (MDH) designations,
- Reversing cuts to reimbursement of bad debt,
- Extending Disproportionate Share Payments (DSH) and allowing rebasing for MDH and Sole Community Hospitals (SCHs),
- Codifying the low wage index policy,
- Eliminating 96-hour average length of stay and physician certification regulations for critical access hospitals
- Removing 3-day stay before post-acute care
- Making permanent increased Medicare payments for ground ambulance services in rural areas,
- Reauthorizing the Flex program.

Protect Rural Access to 340B

Reps. Spanberger (D-VA), Johnson (R-SD), & Matsui (D-CA), and Sen. Welch (D-VT)

The PROTECT 340B Act (H.R. 2534 in 118th Congress) and 340B PATIENTS Act (S. 2372/H.R. 4581) would protect providers from discrimination on the basis of participating in 340B and preserve critical contract pharmacy arrangements.

Rural Hospital Closure Relief Act (S. 502)

Sens. Durbin (D-IL) & Lankford (R-OK)

Updates the Critical Access Hospital 35- mile distance requirements and enables states to certify a hospital as a "necessary provider" under certain circumstances.

Rural Emergency Hospital Improvements

Sens. Moran (R-KS) & Smith (D-MN), Reps. Bergman (R-MI) & Dingell (D-MI)

The Rural Emergency Hospital (REH) Improvement Act (S. 4322 in 118th Congress) and Rural 340B Access Act (H.R. 44) make key changes to the REHs designation to make it a more accessible and sustainable option for rural hospitals considering conversion.

Rural Health Clinic Modernization

Reps. Mann(R-KS) & Tokuda (D-HI)

Includes three bills aimed at modernizing and providing regulatory relief for RHCs:

- **Rural Behavioral Health Improvement Act (H.R. 5217):** Removes limitations on the delivery of behavioral health services at RHCs.
- **Rural Health Clinic Location Modernization Act (H.R. 5198):** Preserves RHC eligibility standards that allows RHCs to operate in communities with under 50,000 residents.
- **Modernizing Rural PA and NP Utilization Act (H.R. 5199):** Aligns physician assistant and nurse practitioner supervision requirements with state scope of practice laws.

Building a Robust Rural Healthcare Workforce

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.

Rural Physician Workforce Production Act (H.R. 1153)

Reps. Harshbarger (R-TN), Cuellar (D-TX), Schrier (D-WA), & Bacon (R-NE)

Allows rural hospitals, Critical Access Hospitals, Sole Community Hospitals, and Rural Emergency Hospitals to receive payment for time by spent by a resident in a rural training location. Ensures rural providers are adequately represented in the Medicare Graduate Medical Education (GME) program.

Rural Health Preceptor Tax Fairness Act

Reps. Pettersen (D-CO) and Molinaro (R-NY)

(H.R. 8738 in the 118th Congress)

Creates a $1,000 non-refundable tax credit for health preceptors (licensed medical professionals supervising medical and nursing students during clinical rotations) in rural areas, creating increased financial incentive for medical professionals in rural communities to take on precepting duties.

Rural America Health Corps Act

Sens. Blackburn (R-TN) & Durbin (D-IL), Reps. Kustoff (R-TN) & Budzinski (D-IL)

(S. 940/ H.R. 1711 in the 118th Congress)

Establishes a student loan repayment program for eligible providers who agree to work for five years in a rural area with a shortage of primary, dental, or mental health care providers.

Improving Care and Access to Nurses Act (S. 575/H.R. 1317)

Sens. Merkley (D-OR) & Lummis (R-WY), Reps. Joyce (R-OH) & Bonamici (D-OR)

Allows Advanced Practice Registered Nurses (APRNs) to practice at the top of their license and broaden the scope of services to meet the needs of rural patients.

Rural Residency Planning and Development Program

Sen. Smith (D-MN), Reps. Caraveo (D-CO) and Miller (R-WV)

(S. 5456/H.R. 7855 in 118th Congress)

Authorizes the Rural Residency Planning and Development program that awards funding to support start-up costs to establish new rural residency programs.

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Building Rural Health Opportunity

Rural populations often encounter barriers that limit their ability to obtain the care they need. Recent years have 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 health gaps and declining life expectancy rates are a top priority for NRHA. The federal investment in rural health programs is a small portion of health care spending, but 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.

Protecting Access to Ground Ambulance Medical Services Act (S. 1643/H.R. 2232)

Sen. Cortez Masto (D-NV) & Rep. Tenney (R-NY)

Extends temporary additional reimbursement for ground ambulance services in rural areas for three years to ensure access to vital emergency services.

Telehealth Modernization Act

Sen. Scott (R-SC), Reps. Carter (R-KS) and Blunt Rochester (D-DE)

(S. 3967/H.R.7623 in the 118th Congress)

Expand coverage of telehealth services through Medicare and making permanent COVID-19 telehealth flexiblities.

Rural Health Focus Act (S. 403/H.R. 3102)

Sens. Merkley (D-OR), Hyde Smith (R-MS) and Reps. Guest (R-MS), Gluesenkamp Perez (D-WA)

Authorizes the Office to serve as a focal point for rural public health and to implement a strategy to meet the unique public health challenges of rural populations across CDC programs and data.

Improving Care in Rural America Reauthorization Act (S. 2301/H.R. 2493)

Sens. Scott (R-SC), Smith (D-MN), Lummis (R-WY), & Kaine (D-VA), Reps. Carter (R-GA), Figures (D-AL), Rulli (R-OH), & Schrier (D-WA)

Supports rural, community-driven initiatives that promote improved access to care, enhance care coordination, and foster sustainable solutions for chronic disease prevention and management in rural areas.

Health Care Affordability Act (S. 46/H.R. 247)

Sens. Hassan (D-NH) & Baldwin (D-WI), Rep. Underwood (D-IL)

Makes permanent enhanced tax credits for Marketplace plans, including technical edits to ensure that no household pays above 8.5% of their incomes towards health care premiums.

Rural Obstetrics Readiness Act (S. 380/H.R. 1254)

Sens. Hassan (D-NH), Collins, (R-ME), Britt (R-AL), Smith (D-MN) and Reps. Kelly (D-IL), Meuser (R-PA), Schrier (D-WA), Kim (R-CA)

Helps rural hospitals without obstetric units prepare to handle the obstetric emergencies through training programs, grants for equipment and training, and a tele-consultation pilot program.

7/24/25

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