



NATIONAL RURAL  
HEALTH ASSOCIATION

# Advocacy Report

2025





# NRHA Advocacy



Through advocacy efforts, NRHA educates Congress and the Administration on health care issues important to rural America. NRHA connects thousands of rural health stakeholders with local, state, and federal lawmakers, ensuring that our policy requests are heard by those with the power to enact change at every level.

## Key NRHA Legislation in 119th Congress

### Infrastructure:

- S. 502/H.R. 6240: *Rural Hospital Closure Relief Act*
- S. 335: *Rural Hospital Support Act*
- S. 3250/H.R. 6804: *Rural Hospital Flexibility Act*
- S. 2879/H.R. 5454: *Medicare Advantage Prompt Pay Act*
- S. 2372/H.R. 4581: *340B Patients Act*
- S. 1816/H.R. 3514: *Improving Seniors' Timely Access to Care Act*
- S. 1643/H.R. 2232: *Protecting Access to Ground Ambulance Medical Services Act*
- S. 1282: *Rural Hospital Development Technical Assistance Program Act*
- H.R. 538: *Critical Access Hospital Relief Act*
- H.R. 4559: *Prompt and Fair Pay Act*
- H.R. 44: *Rural 340B Access Act*
- H.R. 3684: *Save America's Rural Hospitals Act*
- H.R. 1805: *Assistance for Rural Community Hospitals Act (ARCH) Act*
- H.R. 1417: *Rural Health Care Facility Technical Assistance Program Act*

### Workforce:

- S. 575/H.R. 1317: *Improving Care and Access to Nurses Act*
- H.R. 6468: *Rural Residency Planning and Development Authorization Act*
- H.R. 3885: *Community Training, Education, and Access for Medical Students Act*
- H.R. 3670: *Indian Health Service Provider Expansion Act*
- H.R. 2220: *PARA-EMT Act*
- H.R. 1153: *Rural Physician Workforce Production Act*

### Rural Opportunity:

- S. 46/H.R. 247: *Health Care Affordability Act*
- S. 403/H.R. 3102: *Rural Health Focus Act*
- S. 380/H.R. 1254: *Rural Obstetrics Readiness Act*
- S. 2709/H.R. 5081: *Telehealth Modernization Act*
- S. 2301/H.R. 2493: *Improving Care in Rural America Reauthorization Act*
- S. 2121/H.R. 2483: *SUPPORT for Patients and Communities Reauthorization Act*
- S. 1261/H.R. 4206: *CONNECT for Health Act*
- H.R. 6407: *Rural Communities Opioid Response Authorization Act*
- H.R. 1627: *Telehealth Response for E-prescribing Addiction Therapy Services Act*

### Resolutions:

- H. Res. 891, National Rural Health Day House Resolution: Reps. Harshbarger (R-TN) and Tokuda (D-HI) introduced a resolution to recognize November 20, 2025, as "National Rural Health Day" with 38 bipartisan cosponsors.
- S. Res. 507, National Health Day House Resolution: Sens. Barrasso (R-WY), Bennet (D-CO), Blackburn (R-TN), and Smith (D-MN) introduced the Senate resolution to recognize November 20, 2025 as "National Rural Health Day" with 29 bipartisan cosponsors.
- S. Res. 143, a resolution recognizing May 29, 2025, as "Mental Health Awareness in Agriculture Day," was agreed to in the Senate, raising awareness around mental health in the industry and reducing stigma associated with mental health.

## NRHA's 2025 advocacy pillars

- **Investing in a strong rural health safety-net**
- **Building a robust rural health care workforce**
- **Addressing declining rural life expectancy and rural health opportunity**

## 2025 by the numbers

- Introduced and/or endorsed **123 bills** during the 119th Congress.
- Held **165 meetings** with members of Congress or their staff.
- Organized an annual Hill Day for the NRHA-led Rural Health Action Alliance.
- Reviewed **30 proposed, final, and interim final rules** and requests for information.
- Submitted comments on 10 proposed regulations and requests for information.
- Supported NRHA members' participation in the rulemaking process by creating 2 comment templates.
- Hosted **6 listening sessions** for NRHA members on proposed rules and developments on Capitol Hill.
- Introduced **8 new advocacy campaigns, with 1,121 communications sent to Congress** by rural advocates. In 2025 alone, 785 new rural advocates utilized our advocacy campaigns.
- Sent 74 email blasts to congressional staff on urgent rural health issues.
- Social media engagement: **Twitter** 2,394 followers, 210 new posts, 25.2K impressions, 1.2K engagements. **Instagram** 189 new followers since 2024, 51 new posts, 20,141 page views in last 90 days. **Facebook** 90 new followers, 18,391 page views, 429 interactions (+2,158%).
- Outreach to State Rural Health Associations: 11 presentations to the State Association Council, 25 presentations to 14 State Associations Advocacy Committees.
- NRHA members from 48 States visited with their congressional delegation during the 2025 Policy Institute fly-in event

# Legislative Victories

The 119th Congress convened for its first session in January 2025. In the past year, NRHA built new relationships with Members of Congress, strengthened existing partnerships on and off the Hill, and put forth critical rural health legislation. Through **over 160 meetings** with congressional offices, NRHA helps to develop, introduce, and endorse **123 pieces of legislation** that are poised to have an impact on healthcare in rural America. On the issues most important to our membership, NRHA collaborated with bipartisan Members of Congress in both chambers to move forward impactful change for rural Americans.

## 2 Appropriations.

In the spring, the Trump Administration released its fiscal year (FY) 2026 budget request that proposed to defund core rural health programs including the Medicare Rural Hospital Flexibility Program, the State Offices of Rural Health, the Rural Residency Planning and Development program, and Area Health Education Centers. NRHA developed an aggressive strategy to ensure funding was reallocated by Congress that included:

- Direct outreach to members of appropriations committees and committee staff
- Multiple letters to Congress and the Administration on the critical need to fund rural health programs.
- Compiling 10 years of funding data on rural programs to show Hill offices the impact of these programs in their state and district
- Creating new one pagers on key programs for congressional offices
- Distributing template letters for NRHA members to use to contact their delegation
- Developing an appropriations toolkit as a one stop shop for advocacy resources for NRHA members
- Partnering closely with the National Organization of States Offices of Rural Health (NOSORH) to advocate for fully funding the rural health safety net,

Thanks to our members' tireless advocacy, both the House and Senate Appropriations Committees proposed to reverse President Trump's cuts and fully fund these programs. Across the board, both Committees proposed substantial funding increases for rural health programs at the Federal Office of Rural Health Policy. In a tight funding environment, rural health programs saw level or increased funding while many other agencies faced major cuts.



## 1 Focus on Rural Health.

Rural health interest spiked among Congress in 2025 during reconciliation negotiations and with the creation of the Rural Health Transformation Program (RHTP) in H.R.1, known as the *One Big Beautiful Bill Act* (Public Law 119-21). NRHA was instrumental in the creation of this unprecedented federal investment in rural health, directing \$50 billion toward prevention, access, workforce, technology, and innovation. This resource will be essential in supporting rural providers, improving chronic disease outcomes and prevention, building a robust rural health workforce, and bringing innovation to rural healthcare.

NRHA shared our vision for rural health with Congress during two House Bipartisan Rural Health Caucus meetings. In May, NRHA joined a "Rural Health 101" briefing that taught health staffers about key rural health provider types and designations and the primary challenges that they face. NRHA also presented to members of Congress on how site neutral payment policies would harm rural hospitals.

In both the House and Senate, key health care committees zeroed in on challenges associated with providing and accessing care in rural areas. NRHA advised Congress on rural specific issues during hearings and markups. In total, NRHA submitted **5 statements for the record** in response to hearings and worked with congressional staff to develop rural-focused hearing questions, including on rural health appropriations with Secretary Kennedy testifying.

- In July, NRHA worked with the House Energy and Commerce Health Subcommittee to hold a hearing to examine H.R. 2493, the *Improving Care in Rural America Reauthorization Act*.
- NRHA provided information on healthy rural aging to the Senate Special Committee on Aging for their hearing on the *Older Americans Act* (OAA).
- NRHA served as a resource for members of Congress on rural health for hearings on the affordability of healthcare in America in the Senate Finance Committee and on chronic disease in the House Ways and Means Committee.
- NRHA was proud to support the Senate (S. Res. 507) and House (H. Res. 891) joint resolutions to declare November 20, 2025, as National Rural Health Day.
- The House Bipartisan Rural Health Caucus held a special-order hour hearing for National Rural Health Day, where 11 members of the Caucus gave statements on behalf of supporting rural health.

## 3 Rural Program Authorizations.

NRHA worked closely with congressional champions to pass the *Improving Care in Rural America Reauthorization Act* (S. 2301/H.R. 2493), which reauthorizes the Rural Health Care Services Outreach programs. The Outreach programs help to expand the delivery of health care in rural communities, create strong consortiums of organization partnerships, use innovative evidence informed models in the delivery of health care services, and improve rural population health. This bill passed out of both the House and Senate committees of jurisdiction. NRHA continues to work with Congress to get reauthorization of these programs across the finish line in the early New Year.

Other key authorization bills NRHA led the introduction of include the *Rural Communities Opioid Response Program (RCORP) Authorization Act* H.R. 6407 and the *Rural Residency Planning and Development Authorization Act* (H.R. 6468). These two bills would both authorize, for the first time, these successful Federal Office of Rural Health Policy pilot programs. NRHA worked with NOSORH in the introduction of the *Rural Hospital Flexibility Act* (S. 3250/H.R. 6804) would reauthorize the longstanding Medicare Rural Hospital Flexibility Program.

## 4 Supporting Rural Hospitals.

NRHA led the development and introduction of several pieces of legislation to improve the financial viability and success of rural hospitals including bills that would bolster technical assistance programs, make certain rural hospital designations permanent, and improve payment.

NRHA's key hospital bill, the *Save America's Rural Hospitals Act* (H.R. 3684) was updated for the 119th Congress to better reflect current rural hospital priorities. Working with the bill's sponsors, NRHA added new policies to the bill that are most relevant for our rural hospitals. NRHA led a letter of support to Congress urging members to cosponsor this bill and garnered support from 75 other organizations and rural hospitals. Additionally, NRHA sent a letter to Congress on the importance of financial stability and support for rural hospitals through the rural hospital sustainability package of proposed legislation NRHA helped to get introduced.

## 5 Health Insurance Coverage.

In 2025, health insurance coverage was a significant focus of Congress spanning from cuts to the Medicaid program, to renewal of the enhanced premium tax credits under the Health Insurance Marketplace, to the harms of Medicare Advantage on rural providers and beneficiaries.

NRHA was instrumental in vocalizing the grave impacts Medicaid cuts in the reconciliation package, H.R. 1, would have on rural communities. In response to Medicaid cuts, NRHA sent multiple letters to Congress, held approximately 30 meetings to discuss the rural implications, actively engaged with two Medicaid coalitions (including joining the Modern Medicaid Alliance steering committee), mobilized partners for a sign on letter to Congress with 12 other rural organizations, and sent 10 email blasts directly to 300+ congressional staff. NRHA joined participated in a meeting with Senate Democratic leadership on H.R. 1 impacts, attended recurring update meetings with Committee staff, and presented at a meeting on provider taxes for Senate health staff.

Off the Hill, NRHA collaborated with Manatt to release reports projecting the impact of Medicaid cuts on rural hospitals and the potential offset provided by the Rural Health Transformation Program. NRHA launched the report through a successful press briefing that included outreach to 1,290 members of local, state, and national media outlets. NRHA mobilized our membership to speak on Medicaid's importance in rural communities through template letters, an NRHA Member Perspective piece, and listening sessions attended by over 250 registrants.

NRHA served as the leading rural voice during calls for a permanent extension of Marketplace enhanced premium tax credits (ePTCs). NRHA worked with Congress to educate members on the role of ePTCs in rural communities, submitting a statement for the record to the Senate Finance Committee hearing on lowering healthcare costs, and organized a sign-on letter with 28 other organizations. NRHA was also a key member of the Keeping Americans Covered, a coalition representing patients, consumers, doctors, hospitals, health insurers and employers, all working together to keep health care affordable for millions of Americans.

NRHA worked to protect rural beneficiaries and providers as Medicare Advantage (MA) enrollment continues to grow and outpace traditional Medicare enrollment. NRHA endorsed the *Prompt and Fair Pay Act* (H.R. 4559) and the *Medicare Advantage Prompt Payment Act* (S. 2879/H.R. 5454), which tackled MA payment parity and timely payments for providers.

## 6 Rural Health Clinics.

NRHA collaborated with the National Association of Rural Health Clinics (NARHC) to lead introduction of three bipartisan bills to modernize and strengthen the Rural Health Clinics (RHC) program. NRHA and NARHC submitted a letter to Congressional leadership encouraging support for this package. The legislation in the package includes the *Rural Behavioral Health Improvement Act* (H.R. 5217), the *Modernizing Rural PA and NP Utilization Act* (H.R. 5199), and the *Rural Health Clinic Location Modernization Act* (H.R. 5198). NRHA and NARHC also worked closely together to introduce the *RNs for Rural Health Act* (H.R. 3878) which would allow registered nurses to bill Medicare for Annual Wellness Visits at RHCs.

## 7 Telehealth.

NRHA supported several pieces of legislation that would preserve and expand Medicare telehealth flexibilities from the COVID-19 public health emergency, while lifting up rural providers. This includes the *Telehealth Modernization Act* (S. 2709/H.R. 5081) and the *CONNECT for Health Act* (S. 1261/H.R. 4206). Both bills include a crucial change to telehealth payment policy that would pay RHCs and FQHCs the same amount for telehealth visits as in-person visits. NRHA partnered with bill sponsors to move these telehealth bills forward and build cosponsor support. Between October and the end of 2025, bipartisan cosponsors on the *CONNECT Act* grew by 100. NRHA engaged our members in the cosponsor push by creating a template letter to send to congressional delegations asking for their support.

## 8 340B Reform.

NRHA offered critical insight on a 340B reform hearing in the Senate and led introduction of the *Rural 340B Access Act* (H.R. 44), legislation to allow Rural Emergency Hospitals (REHs) to participate in the 340B program. NRHA also supported introduction of the *340B Patients Act* (S. 2372/H.R. 4581) protecting contract pharmacy arrangements.

## 9 Rural Health Workforce.

Throughout 2025, Congress showed increased interest in rural Graduate Medical Education (GME) and opportunities to grow rural physician training. NRHA supported the introduction of several key pieces of legislation that seek to bolster and ensure expansion of rural GME programming to increase the rural workforce. Toward the end of 2025, the House introduced the *Rural Residency Planning and Development (RRPD) Act* (H.R. 6468), which authorizes the successful RRPD program that provides startup funding to rural hospitals to launch residency programs. NRHA successfully added language to more accurately define “rural hospitals” in the *Rural Physician Workforce Production Act* (H.R. 1153). Additionally, NRHA continues to advocate for a long-term extension of the *Consolidated Appropriations Act of 2021* Sec. 131 extender opportunity, which allows hospitals to reset artificially low Medicare graduate medical education full-time equivalent (FTE) caps or low FTE per resident amount (PRA) funding.

## 10 Rural Emergency Medical Services.

In the 119th Congress, NRHA has provided leadership and support on nine bills that would help to improve emergency medical services in rural areas. Notably, NRHA supported the introduction of the *PARA-EMT Act* (H.R. 2220), which addresses EMS staffing shortages and makes it easier for experienced veterans to transition from medics to becoming certified paramedics and EMTs. NRHA championed the *Protecting Access to Ground Ambulance Medical Services Act* (S. 1643/H.R. 2232), which extends additional reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.

## 11 Rural Behavioral Health.

Substance use disorder (SUD) treatment and prevention, in addition to mental health challenges, continued to be a priority for NRHA in 2025. Congress passed the NRHA-endorsed *SUPPORT Act* (S. 2121/H.R. 2483), which reauthorized key prevention, treatment, and recovery programs for patients with substance use disorders, including programs that support the behavioral health workforce.



# 12 Rural Maternal Health.

NRHA saw successful bipartisan, bicameral introduction of the *Rural Obstetrics Readiness Act* (S. 380/H.R. 1254), which would create a grant program to ensure rural hospitals without a dedicated labor and delivery unit are equipped to handle obstetric emergencies. NRHA provided feedback to Senator Grassley (R-IA) in a response to his request for information (RFI) on how to incorporate a low-volume payment adjustment for home health models for pregnant and postpartum women. On the appropriations side, both the House and Senate Appropriations Committees proposed increased funding for the Rural Maternity and Obstetrics Management Strategies program that exceeded both NRHA's request and the President's FY 2026 Budget request.



## Legislative Branch Advocacy by the Numbers.

In 2025, NRHA helped **introduce and endorse 123 bills** during the first session of the 119th Congress that supported legislative solutions to NRHA's three main pillars: rural health infrastructure, workforce, and rural opportunities. NRHA **held 165 meetings** with members of Congress or their staff and **sent 74 email blasts** to congressional staff on urgent rural health issues.

In addition to working with our rural health champions on Capitol Hill, NRHA regularly provides subject matter expertise on rural health policy through other avenues, such as filing official responses to requests for information and sending letters to committees of jurisdiction.

- Sent **15 letters** to congressional leadership.
- Submitted **5 statements** for the record in response to hearings.
- Weighed in on **2 requests for information** regarding rural obstetric care and rural Graduate Medical Education (GME) reform.

# Administrative & Regulatory Victories



Representatives of NRHA met with HHS Secretary Kennedy and other senior leadership officials to discuss crucial issues facing rural health care. During this meeting, NRHA and its members welcomed the open exchange of ideas regarding strengthening access to care, addressing workforce shortages, and improving health status in rural America. Shortly following that discussion, NRHA met with the Centers for Medicare and Medicaid Services (CMS) Administrator, Dr. Mehmet Oz, where NRHA staff and selected NRHA members uplifted issues facing rural providers and communities that rely upon Medicare, Medicaid, and the Marketplace for coverage and payment. During this meeting NRHA discussed implementation of the Rural Health Transformation Fund, ongoing efforts to bolster the rural healthcare workforce, and strengthening the foundation for rural hospitals and infrastructure.

In 2025, the Trump Administration introduced plans to deregulate and improve efficiency throughout the Department of Health and Human Services (HHS) including CMS and other federal agencies. This involved soliciting stakeholder input on how to lessen regulatory burdens for rural patients and providers. NRHA provided comments on annual Medicare payment rules including the Inpatient Prospective Payment System (IPPS), the Outpatient Prospective Payment System (OPPS), and the Medicare Physician Fee Schedule. Each of these proposals had significant provisions to shape health care delivery in our rural communities.

## Executive Branch Advocacy by the Numbers.

NRHA reviewed 30 proposed, final, and interim final rules and requests for information (RFIs). Of these, NRHA submitted **10 comments** on proposed rules from CMS, the Health Resources and Services Administration (HRSA), and the Drug Enforcement Administration. NRHA hosted **2 listening sessions** on proposed rules for members and created **2 comment templates** for members to submit responses. NRHA submitted responses to **4 RFIs** from HHS, CMS, the Office of Management and Budget (OMB), and the Department of Agriculture.

Throughout 2025, NRHA **sent a total of 14 letters** to CMS, CMS' Innovation Center, HHS, MedPAC, HRSA, and the Department of Homeland Security.

Key issues that NRHA addressed in its Executive Branch advocacy:

- Rural Health Transformation Program implementation
- 340B Rebate Model Pilot Program
- Improving Medicare reimbursement for rural providers, including hospitals
- Deregulation for rural providers and patients
- Concerns regarding the new H-1B visa policy
- Workforce reductions at HHS
- Community health worker reimbursement

# NRHA also advocated for and achieved the following wins:



## 1 Rural Health Transformation Program.

NRHA established itself as a leading resource and voice on the RHTP at the federal level. NRHA provided technical assistance to members through listening sessions, detailed summaries of the program and the notice of funding opportunity and state RHTP applications. NRHA launched an [RHTP hub](#) on our website that houses all key resources on the program and continually updates this page with the most up-to-date information. NRHA was the first organization to compile a comprehensive summary of all available state RHTP applications in our [RHTP State Application Summary](#) guide and complementary [interactive map](#). NRHA emerged as a significant voice in both the national and D.C.-based media, speaking on the RHTP and NRHA's efforts to outlets such as [Politico](#), [KFF Health News](#), and [PBS News Hour](#). The association also participated in a [live Politico Health Care Affordability event](#) to discuss the opportunity presented by the RHTP and other pressing rural health issues.

## 2 Prioritizing Rural Health with the New Administration.

The Trump presidency transition came with changes in leadership within the Administration and federal agencies, as well as the implementation of new programs and rules. NRHA sought to ensure the executive branch and new Secretary of HHS prioritized rural health. NRHA [outlined our vision for rural health](#) to HHS, proposing several policy opportunities for the Administration to consider in order to help enhance access to care in rural communities.

One main initiative of the Trump Administration is enhancing efficiency and lowering regulatory burdens and excess costs across federal agencies. With this in mind, NRHA sent a [response](#) to the OMB RFI on deregulation, a [response](#) to HHS' deregulatory RFI on deregulation, and a [response](#) to CMS' RFI on regulatory relief. Overall, NRHA emphasized that streamlining and minimizing regulatory requirements will ease rural health care delivery and facilitate greater access to care across rural America.

## 3 Wins for Rural Health Clinics and FQHCs.

In the calendar year (CY) 2026 Medicare Physician Fee Schedule rule, CMS finalized several policy improvements for rural providers, including finalization of policies that NRHA [advocated for](#) in the proposed rule. This includes allowing RHCs and FQHCs to serve as distant site telehealth providers under Medicare through December 31, 2026, even without congressional action.

NRHA also submitted [letters](#) and [letters of support](#) to MedPAC on Critical Access Hospital (CAH) and RHC Medicare beneficiary cost sharing. MedPAC officially recommended a policy to Congress to reduce the coinsurance burden on rural beneficiaries at CAHs, an initiative that NRHA has long supported to address inequities in rural coverage.

## 4 Workforce

NRHA consistently advocated against CMS' Minimum Staffing Standards for Long-Term Care Facilities rule that called for all nursing facilities to meet minimum quantitative staffing standards for registered nurses (RNs) and nurse aides, as well as a 24/7 RN onsite requirement, with limited exceptions for rural facilities. NRHA weighed in on the detrimental impacts of this rule for rural nursing homes multiple times with the agency. Ultimately, CMS repealed the final rule in December 2025. This comes as a huge win for rural healthcare as rural nursing homes already struggle with staffing without complying with strict mandates.



# State Advocacy



As state legislatures entered the 2025 cycle, NRHA significantly expanded its state advocacy efforts in recognition of the growing influence of state-level policy on rural health outcomes. Through deeper collaboration, enhanced support for State Rural Health Associations (SRHAs), and targeted policy assistance, NRHA strengthened members' ability to respond to federal actions with state-level implications. Working alongside SRHA partners, NRHA staff provided timely policy updates and guidance to lawmakers and community organizations to help manage fiscal pressures, address coverage challenges, and respond to new policy opportunities emerging from Washington.

## **State Rural Health Association Support.**

Throughout the year, NRHA has collaborated with over a quarter of the SRHAs to establish regular federal and state-level update calls, ranging from monthly to biannual. These updates provided SRHAs with valuable insights and input into federal developments in Washington and created opportunities for NRHA members to voice policy concerns related to their state legislatures and regulatory agencies. In response, NRHA supported SRHAs by drafting comment letters, facilitating roundtable discussions, and participating in policy planning groups to improve communication with lawmakers and address state-level policy issues.

For the first time, NRHA tracked state legislation and launched a [state-level legislative tracker](#) on our advocacy webpage in preparation for the 2025 state legislative cycle.

## **Letters, Gubernatorial Proclamations, and Testimony Aids.**

NRHA staff collaborated with SRHA leaders on a series of public comments and letters of support for state-level legislation on topics such as state budgets, responses to H.R. 1, RHTP applications and requests for information, telehealth advancement, and oral health, including community water fluoridation. Additional support was provided on the preparation of statements before lawmakers, including public comments, letters, and testimony for committee hearings at both the state and federal levels.

In partnership with NOSORH, NRHA staff prepared draft language for a proclamation honoring National Rural Health Day, ensuring all State Associations were equipped for the occasion. This year, 33 Governors issued proclamations honoring National Rural Health Day.

## **NRHA Policy Institute Fly-In Congressional Engagement.**

NRHA members from 48 States visited with their congressional delegation during the 2025 Policy Institute advocacy hill visits. During the conference, NRHA members and attendees met with 216 congressional offices, including meetings included Speaker Johnson and the Chair of the House Energy and Commerce Committee. In preparation, NRHA developed state-specific fact sheets for the event. These materials have been used throughout the year by SRHA Executive Directors during visits to Capitol Hill and extended the impact of Policy Institute by serving as key leave-behind materials for SRHA Advocacy Days with state lawmakers. Additionally, new this year were state coverage fact sheets that provided advocates and congressional offices with information about Medicaid, Medicare Advantage, and Marketplace enrollment in their states.

## **NRHA State Government and Partner Engagement.**

The expanding state policy portfolio has enabled more NRHA staff to engage directly with state associations, including more time on the ground at state-level meetings and events. New state legislative and regulatory tracking have strengthened NRHA's rapid response by equipping staff with a deeper, real-time understanding of state legislatures and regulatory changes allowing the team to deliver more informed and actionable analysis to members at conferences, meetings, and briefings.

This resulted in:

- NRHA staff serving on five in-state panels with state lawmakers to discuss state fiscal health, potential Medicaid rollbacks, and the Rural Health Transformation Program.
- State-specific presentations examining the implications of H.R.1 and the RHTP on rural health coverage and states' ability to respond to emerging challenges and opportunities. This included 12 in-person events following the passage of H.R.1 and six events around National Rural Health Day, conducted in partnership with state-level partners and State Rural Health Associations.
- NRHA delivered 43 additional presentations featuring state-specific content throughout the year, including analyses of state legislation and regulatory priorities.

NRHA strengthened relationships with existing partners and engaged new stakeholders to advance state-level policy efforts through meetings, joint conference presentations, and collaboration on National Rural Health Day resources. Through this work, NRHA served as a state-level voice in expanding dialogue around rural health data, promoting hospital solvency, and protecting critical hospital payers such as Medicaid. In addition, NRHA built new relationships with local agencies and organizations to strengthen its grassroots presence, including partnerships with the National Governors Association, the National Association of Counties, and the Appalachian Funders Network.



# Grassroot Engagement

In 2025, NRHA's made a concerted effort to amplify the rural voice and the association's presence in Washington, D.C. through improvements in our grassroots advocacy available to NRHA members. NRHA's advocacy webpages saw a total of **49,217 views this year**, averaging around 129,000 clicks throughout site page visits.

## PROJECTS

## DETAILS

### Collecting Rural Stories.

In light of the massive changes to healthcare moving through Congress with the potential to unbalance the rural healthcare environment, NRHA created a "Rural Stories" advocacy tool. This survey tool is for members to share their personal experiences in rural healthcare and allows NRHA to collect these stories and share with key stakeholders, like members of Congress. These stories, with permission from members, are used to enhance NRHA's advocacy efforts on the Hill and on social media. NRHA collected **93 stories** from members that highlighted the importance of Medicaid in rural communities, discussed the strengths of rural healthcare, and the need to protect access to care and rural facilities.

### Advocacy Press Engagement.

NRHA has expanded our press and media engagement tremendously through 2025. This year, NRHA created and launched our [Government Affairs Advocacy Press Center](#), which houses NRHA's advocacy related press releases and statements, NRHA Member Perspective Spotlights, public comments, signup for NRHA Rural Roundup newsletter, and external media requests.

This year, NRHA released:

- [10 Press Releases and Statements](#)
- [4 NRHA Member Perspective Papers](#)

This year, NRHA's media and press engagement generated the following footprint:

- 6,096 total article engagement
- 6.82M journalist reach
- 210.13K total print media engagement
- 810 total mentions in media (TV, video, podcasts, radio)

### Advocacy Campaigns.

In 2025, NRHA increased its focus on making advocacy simpler for members by introducing **8 new advocacy campaigns**. In 2025 alone, **785 new rural advocates** utilized our advocacy campaigns (compared to 349 new advocates in 2024). Advocacy campaigns allow NRHA members to end pre-drafted messages, with the option of personalizing, straight to their members of Congress. NRHA aided advocates by developing talking points for each advocacy campaign so they could share their personal stories.

2025 Advocacy Campaigns include:

- Urge Congress Against Cuts to Medicaid
- Urge Congress to Extend Rural Health Care Programs
- Urge Congress to authorize vital rural health programs
- Urge Congress to Invest in Rural Health
- Urge Congress to Reject Site-Neutral Payment Reforms
- Urge Congress to Renew Enhanced Premium Tax Credits
- Support Rural Hospitals: Cosponsor H.R. 3684, Save America's Rural Hospitals Act
- Rural Stories Advocacy Resource

## Coalition Building.

On National Rural Health Day 2020, NRHA launched the Rural Health Action Alliance (RHAA), an NRHA-led coalition of associations with focus on rural health care. In 2025, NRHA hosted 8 in-person coalition meetings and a RHAA Hill Day to discuss common rural health priorities.

NRHA enhanced its focus on collaborating with partner organizations in D.C. and across rural America through organizing and leading several sign-on and joint letters to Congress and the Administration. These efforts brought healthcare focused organizations with an interest in rural health together to work towards common goals, which is a crucial component of successful advocacy.

In 2025, NRHA released 11 policy papers addressing critical issues in rural health care. These documents, authored and approved by association members, set the policies and positions that NRHA advocates for at a national level. Our NRHA Rural Health Fellows and members provide valuable expertise and recommendations to inform policymakers, health care providers, and advocates working to improve health care in rural America.

The 2025 NRHA policy papers include:

- *Medicaid redetermination: Impact of public health emergency unwinding on Medicaid disenrollment rates in rural America* policy brief, examines how the return to regular Medicaid operations after the public health emergency (PHE), otherwise known as the Medicaid unwinding, has raised concerns about the Medicaid redetermination process for rural populations and providers.
- *Bridging the gap: A policy framework for sustainable community paramedicine in rural America* policy brief, examines the need for a national policy that compensates non-physician licensed health care providers for community paramedicine services to ensure rural communities have access to health care.
- *Morbidity and mortality related to intimate partner violence in the perinatal period* policy brief, examines barriers from accessing perinatal care to receiving screening and being referred to support services for Intimate Partner Violence (IPV) in rural settings.
- *Rural workforce recruitment and retention factors* policy brief, examines four key non-institutional factors affecting rural health care workforce recruitment and retention.
- *Preventing violence against rural health care workers* policy brief, examines addressing and preventing violence against rural health care workers.
- *Rural independent pharmacies sustainability strategy* policy brief, examines rural independent pharmacies and how they are suffering from unique challenges that threaten their sustainability.
- *Impacts of tariffs on rural health infrastructure* policy brief, examines the tariffs proposed under the Trump Administration and the concerns for the health sector they could impose on rural providers' supply of pharmaceuticals and medical equipment and health care costs.
- *Role of enhanced premium tax credits in rural America* policy brief, examines ePTCs, Marketplace coverage and their impact on rural communities.
- *Community health workers and rural age-friendly care* policy brief, provides an in-depth examination of the role of CHWs in enhancing access, quality, and affordability of health care for older adults, specifically in rural areas.
- *Older Americans Act: Greatest economic and social needs of rural older adults* policy brief, stresses rural older adults' pressing economic and social needs and presents actionable recommendations to enhance their well-being through improved policy measures under the OAA.
- *Nourishing rural America: Policy pathways for food and nutrition security* policy brief, examines the major food and nutrition policies currently in place and emerging and highlights the extent to which these frameworks either alleviate or worsen rural food insecurity and nutrition-related health disparities.

## Fellows' and Members' Policy Papers.



## PROJECTS

## DETAILS

### Hill Alerts.

NRHA regularly engages with Capitol Hill through our Hill Alerts. These emails are a direct line to congressional staff and share NRHA's priorities in a timely manner as issues are being discussed in Congress. This year, we sent **74 Hill Alerts** on topics such as funding rural health programs, the 340B Drug Pricing program, the Rural Health Transformation program, Medicaid, rural provider reimbursement, and workforce issues.

### Grassroots Advocacy Calls.

As an NRHA member benefit, NRHA continued to host monthly grassroots advocacy calls to inform advocates about state and federal health policy as it relates to rural health in an effort to facilitate grassroots advocacy. The association hosted **11 grassroots advocacy calls** in 2025. Invitations to participate are distributed to over 525 members.

### Rural Roundup.

The NRHA Rural Roundup, a weekly tool to promote rural policy activity, distributes critical legislative and regulatory developments through over **50 iterations** to over 1,000 individuals on our mailing list.

### Social Media.

NRHA has tailored our Twitter, Instagram, and Facebook, messaging to be reflective of our national advocacy and provide ways for our members to get involved. We have increased the number of social media campaigns on all social media platforms, especially during November's National Rural Health Month. Additionally, NRHA launched a Policy Institute specific social media and [advocacy kit](#) for 2025. By the numbers (as of 12/16/2025):

- Twitter
  - 2,394 followers
  - 210 new posts
  - 25.2K impressions
  - 1.2K engagements
- Instagram
  - 783 followers (+189 since 2024)
  - 51 new posts
  - 20,141 page views in last 90 days
- Facebook
  - 730 followers (+90 net followers)
  - 18,391 page views
  - 429 interactions (+2,158%)

# 2026 and Beyond



As the 119th Congress enters its second session and the Trump Administration continues implementation of its priorities, 2026 will be a pivotal year for rural health.

## 1

### **Ensure Rural-Friendly Implementation of H.R.1.**

Following Congress passing H.R.1, CMS will begin implementing healthcare provisions through notice and comment rulemaking, sub-regulatory guidance, and engagement with stakeholders. Major changes to the Medicaid program, like new work requirements and financing restrictions, will be key parts of CMS' 2026 agenda. NRHA will be tracking closely on how CMS implements these policies and advocated on behalf of rural providers and patients.

## 2

### **Track RHTP Implementation Progress.**

RHTP program awards will be disbursed by CMS to states starting January 1, 2026. With all 50 states submitting an application, widespread rural health innovation will begin nationwide next year. As the leading voice on the program, NRHA will work with states to track implementation, gather best practices, and hold policy-makers accountable for appropriate rural investments.

## 3

### **Preparing for the 2026 State Legislative Cycle.**

In 2026, 46 states are due to convene or continue regular legislative sessions with at least two Governors signaling potential special sessions. In response, NRHA will maintain its focus on 10 key state policy issue areas:

- Rural Health Workforce
- Rural Facility Closure Intervention
- The 340B Drug Pricing Program
- Medicaid Preservation and Expansion
- Rural Health Provider Reimbursement
- Rural Emergency Hospitals
- Rural Medical Education
- Emergency Medical Services
- Telehealth
- Coverage (Behavioral, Maternal, Oral)

Based on input from SRHA leaders, these issue areas reflect shared state-level priorities. NRHA will continue partnering with SRHAs, lawmakers, and key stakeholders to advance this work and drive policy progress across states. By leveraging the SRHAs' strong relationships, partnerships, and grassroots advocacy networks, NRHA staff will equip members with the resources they need to effectively discuss the challenges in the upcoming state sessions.



# 4

## **Sustain Rural Healthcare Infrastructure.**

Given the historic changes made to Medicaid and the Health Insurance Marketplace, various funding streams that support the rural health infrastructure are significantly altered. In 2026, NRHA will continue its focus to adequate reimbursement and resources for rural health through Medicare, 340B, and other federal programs. NRHA advocates for the following from Congress, which paired with the RHTP, will sustain rural healthcare into the future:

- Make transformative changes to Medicare payment for rural hospitals, including eliminating Medicare sequestration, extending disproportionate share payments for sole community and Medicare-dependent hospitals paid under their hospital specific rate, codifying the low wage index policy promulgated by CMS from 2020 to 2024, and establishing an area wage index floor.
- Medicare-Dependent Hospitals, hospitals receiving a Low Volume Hospital payment adjustment, and rural ground ambulance providers are stuck in an unpredictable cycle of Medicare payment “extenders” reliant upon Congress to reauthorize their designations. NRHA urges a permanent designation, or a minimum 5-year extension in 2026.
- Authorize the Rural Hospital Technical Assistance program at the Department of Agriculture and continue to adequately fund the program, as well as the Rural Hospital Stabilization pilot program at FORHP.
- Make technical changes to the REH designation to make it a more accessible and sustainable option for rural hospitals considering conversion.
- Protect the 340B Drug Pricing Program for rural covered entities, particularly the use of contract pharmacies and the rollback of the new 340B Rebate Model Pilot Program.
- Reform rural Graduate Medical Education to encourage the growth of residency programs and rural track programs at rural hospitals.
- Improve rural hospitals’ ability to respond to obstetric emergencies. In the midst of an obstetric unit closure crisis in rural America, ensuring providers are well-equipped to manage obstetric emergencies without a dedicated labor and delivery unit is crucial.

# 5

## **Stop Implementation of Payment Policies Harmful to Rural Providers.**

Provider payment reforms being discussed in D.C. do not account for how rural providers on the ground would be disproportionately impacted due to their unique funding mechanisms, low volumes of services, and financial instability. Rural hospitals see a higher public payer mix and more uninsured patients and cannot sustain further reductions to Medicare and Medicaid financing. Proposals to substantially reform Medicaid and reduce funding to the states will threaten rural facilities’ viability as they rely on a fragile puzzle of funding sources, including overwhelmingly public payers, 340B savings, state and federal grant funds, and applicable rural payment designations.

Further, NRHA strongly opposes attempts to expand site neutral payment policies. Data from CMS indicates that rural hospitals’ reliance on outpatient services has grown, with outpatient revenue rising from 66% in 2011 to nearly 75% in 2021. Medicare revenue represents a large share of this income, making full Medicare outpatient payments crucial for rural hospitals compared to their urban counterparts. Site neutral policies will burden rural hospitals that rely heavily upon off-campus outpatient departments to meet their communities’ needs and further the healthcare crisis facing rural America.

# NRHA thanks you for your ongoing support of rural health!

## Contact us!

Carrie Cochran-McClain, Chief Policy Officer  
[ccochran@ruralhealth.us](mailto:ccochran@ruralhealth.us)

Alexa McKinley, Government Affairs and Policy Director  
[amckinley@ruralhealth.us](mailto:amckinley@ruralhealth.us)

Zil Joyce Dixon Romero, State Government Affairs Manager  
[zjdromero@ruralhealth.us](mailto:zjdromero@ruralhealth.us)

Sabrina Ho, Government Affairs and Policy Coordinator  
[sho@ruralhealth.us](mailto:sho@ruralhealth.us)

Marguerite Peterseim, Government Affairs and Policy Coordinator  
[mpeterseim@ruralhealth.us](mailto:mpeterseim@ruralhealth.us)

<https://www.ruralhealth.us/advocate>

**NRHA DC Office**  
50 F Street NW, Suite 520  
Washington, DC 20001  
202-639-0550  
[advocay@ruralhealth.us](mailto:advocay@ruralhealth.us)