

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, almost 200 rural hospitals have shuttered their doors or discontinued inpatient services. Nationally, nearly 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 80% of rural America is medically underserved.

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 payment 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, almost 200 rural hospitals have shuttered their doors or discontinued inpatient services. Nationally, nearly 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

Sens. Welch (D-VT), Merkley (D-OR), Reps. Matsui (D-CA), & Trahan (D-MA)

The 340B PATIENTS Act (S. 2372/H.R. 4581) and PROTECT 340B Act (H.R. 2534 in 118th Congress) 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/H.R. 6240)

Sens. Durbin (D-IL), Smith (D-MN) & Lankford (R-OK), Reps. Vindman (D-VA) & Moylan (R-GU)

Updates the Critical Access Hospital (CAH) 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 REH 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), Schrier (D-WA), & Bacon (R-NE)

Ensures rural training opportunities are adequately represented in the Medicare GME program. Provides adequate resources to train the future of rural health physicians, and ensures all safety net rural hospitals, like SCHs and CAHs, can train residents at their facilities.

→ **Rural Residency Planning and Development Act (H.R. 6468)**

Reps. Miller (R-WV), Tokuda (D-HI), Smith (R-NE), & Carter (D-LA)

Authorizes Rural Residency Planning and Development grant program to expand the number of rural residency training programs in family medicine, internal medicine, general surgery, psychiatry, and obstetrics. The pilot, began in 2019, has created 61 accredited rural residency programs and 746 resident positions.

→ **Rural America Health Corps Act (H.R. 1127)**

Reps. Kustoff (R-TN) & Budzinski (D-IL)

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 by removing barriers in the Medicare program.

→ **Strengthening Pathways to Health Professions Act**

Reps. Tokuda (D-HI), Miller (R-WV), Panetta (D-CA), & Steube (R-FL)

Excludes certain health professions education scholarships and loan payments from gross income.





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.

→ **Comprehensive Alternative Response for Emergencies (CARE) Act (S. 3145/H.R. 2538)**

Sens. Collins (R-ME), Welch (D-VT), Reps. Carey (R-OH) & Doggett (D-TX)

Authorizes a pilot to allow seniors to receive at-home emergency medical services to treat minor medical incidents by reimbursing EMS providers delivering treatment in place.

→ **Bipartisan Premium Tax Credit Extension Act (H.R.5145)**

Reps. Kiggans (R-VA) & Suozzi (D-NY)

The Bipartisan Premium Tax Credit Extension Act would extend Affordable Care Act Marketplace ePTCs through 2026.

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

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

Authorizes an Office of Rural Health 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), Reps. Carter (R-GA), & Figures (D-AL)

Reauthorizes Rural Health Outreach Services grant programs which improve rural health through community driven initiatives focused on quality improvement, health care access, and coordination of care to foster sustainable solutions for chronic disease prevention and management in rural areas.

→ **CONNECT for Health Act (S. 1261/H.R. 4206)**

Sens. Schatz (D-HI), Wicker (R-MS) & Reps. Thompson (D-CA), Schweikert (R-AZ)

Makes permanent expansion of Medicare telehealth access by removing geographic restrictions, allowing home as an originating site, extending COVID-19 telehealth flexibilities, allows audio-only services, and rural health clinic and community health center payment parity.

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

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

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.

1/25/2026

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