National Rural Health Association

Talking Points: Urge Congress to Extend Rural Healthcare Bills and Programs.
It is crucial that Congress continues to extend critical programs that improve rural healthcare infrastructure, the rural healthcare workforce, and equitable rural healthcare access.

Resources:

- NRHA Critical Healthcare Extenders and Programs one-pager

1. **Medicare Telehealth Flexibilities Extenders**:
   - Telehealth is not a substitute for all clinical interactions, but if used appropriately, it may supplement care provided in rural areas, improve access to important health care services, and alleviate travel burdens.
   - Telehealth enables remote primary care providers to have timely access to specialists at larger facilities, and specialists to be able to serve a larger geographic area.
   - Factors such as improved patient satisfaction and health outcomes, provider cost-savings, and avoided transportation barriers are among the benefits of telehealth utilization.
   - [PERSONAL STORY ON TELEHEALTH IMPACT IN YOUR HOSPITAL/ CLINIC HERE]
   - These bills seek to extend Medicare telehealth flexibilities through 2026. The Bills would remove geographic originating site restrictions for two years and continue the hospital-at-home program for an additional five years. Additionally, TMA would permanently remove geographic requirements for telehealth services and permit the continued use of audio-only technology.
     - H.R. 7623: Telehealth Modernization Act of 2024
     - S.2016/ H.R. 4189, The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act
   - NRHA Resources:
     - Rural Telehealth legislative priorities one-pager

2. **Medicare Dependent Hospitals (MDHs) and Low-Volume Hospital (LVH) Extenders:**
   - Medicare-dependent hospital (MDH) program and low-volume hospital (LVH) programs serve as critical lifelines for rural hospitals.
     - MDHs: allow hospitals with 100 or fewer beds that serve a high proportion of Medicare patients to receive a slightly enhanced reimbursement compared to the normal payment rate larger hospitals

receive under the Centers for Medicare and Medicare Services (CMS) prospective payment system. These payments allow MDHs greater financial stability and leave them better able to serve their communities.
    - LVH: gives rural hospitals with low volumes between a 0-25% payment boost on a sliding scale based on their low volumes.
- Fifty percent of rural hospitals are operating with negative margins. Designations like these provide critical support for struggling rural hospitals.
- [PERSONAL STORY OR EXAMPLE OF EXPERIENCES ON THE IMPACT OF MDH AND LVH MEDICARE DESIGNATION HERE]
- These bills seek to extend MDHs and LVH Medicare designations in recognition of their low volumes and significant Medicare population.
    - S. 1110, The Rural Hospital Support Act: this would permanently extend the MDH program and add an additional base year that hospitals may choose for calculating payments.
    - H.R. 6430, The Assistance for Rural Community Hospitals (ARCH) Act: this would help rural hospitals continue serving their patients and communities by extending the current MDH and LVA programs by five years.
- NRHA Resources:
    - Rural Hospitals legislative priorities one-pager

3. **Rural Ground Ambulance Payments Extenders**
    - Rural EMS providers are faced with greater physical distances when responding to calls, difficulty recruiting and retaining their workforce, and higher fixed costs over a lower volume of services.
    - Four out of five counties (82%) have at least one ambulance desert, being 25 minutes or more from services. This comprises 4.5 million people in impacted rural areas
    - [PERSONAL STORY OR EXAMPLES OF EMS AND ACCESS TO EMERGENCY CARE EXPERIENCES HERE]
    - These bills seek to extend temporary additional Medicare reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.
        - S. 1673/ H.R. 1666, The Protecting Access to Ground Ambulance Medical Services Act of 2023
    - NRHA Resources:
        - Rural EMS legislative priorities one-pager

4. **Safety Net Program Extenders**
    - 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.
    - Community based GME programs can help sustain and retain the rural workforce as it is shown that many residents that practice their education in rural areas end up staying in rural areas.
    - Community Health Centers sites care for one in seven rural residents and provide essential safety net services in rural communities.
    - [PERSONAL STORY ON IMPACT OF FUNDING ON TRAINING AND WORKFORCE AT YOUR HOSPITAL/ CLINIC HERE]
    - These bills seek to extend federal funding for critical programs providing training and services in underserved rural areas.
        - S. 2308, The Community Health Care Reauthorization Act: will extend funding for teaching health centers that operate GME programs, community health centers, and the National Health Service Corps.
        - H.R. 2559, The Strengthening Community Care Act of 2023: extends funding through FY2028 for the Community Health Center Fund (CHCF) and the National Health Service Corps (NHSC) Fund. The CHCF supports grants for health center facilities that provide care to medically underserved populations.
    - NRHA Resources:
        - NRHA Legislative Agenda – workforce section

5. **Site-neutral payments**
    - The goal of site-neutral payments is for Medicare to pay the same rate for the same service, whether it is provided in a hospital outpatient department (HOPD), ambulatory surgical center (ASC), or freestanding physician office, subject to patient safety and quality safeguards.
    - HOWEVER, site-neutral payment reforms would adversely affect patients' access to services by reducing hospital revenues, raising particular concerns about access for rural and low-income populations.
    - Revenue losses would be larger for some hospitals than for others. For example, MedPAC estimated that its approach would lead to relatively large decreases in Medicare revenues for smaller and rural hospitals.

- Outpatient provider-based departments (PBDs) may be the only source of care in many rural communities and thus are critical to keeping care local and ensuring that rural patients can receive the services that they need. Any decline in payments threatens a rural provider's ability to keep their doors open.
- [PERSONAL STORY ON THE IMPACT OF SITE-NEUTRALITY FOR YOUR HOSPITAL/ CLINIC HERE]
- **We oppose implementation of site-neutral payments given rural hospital vulnerabilities as proposals would cost rural hospitals $272 million in the next 10 years.**
- Resources:
    - Site neutral one pager

6. **Medicaid Disproportionate Share Hospital (DSH) cuts**
    - The Medicaid Disproportionate Share Hospital (DSH) program provides essential financial assistance to hospitals that care for our nation's most vulnerable populations, including rural communities. These hospitals also provide critical community services, such as trauma and burn care, maternal and child health, high-risk neonatal care and disaster preparedness resources.
    - Even with this critical supplemental funding, hospital costs for providing care to vulnerable populations are not fully met. Medicaid, on average, covers only 87 cents of every dollar spent treating patients. Now is not the time for additional cuts to funding when many hospitals are facing financial hardship.
    - [PERSONAL STORY ON THE IMPACT OF DSH CUTS IN YOUR HOSPITAL/ CLINIC HERE]
    - **We support further delay of Medicaid Disproportionate Share Hospital (DSH) cuts for FY25, beyond the current extension to January 1, 2025.**
    - Resources:
        - AHA Medicaid DSH Program Factsheet

Talking Points: Urge Congress to Improve Rural Emergency Hospitals.

- The Rural Emergency Hospital (REH) designation serves as a second-chance lifeline for many rural hospitals that are facing closure. By converting to an REH, rural hospitals are able to continue to provide and maintain access to essential emergency and outpatient hospital services within communities that cannot sustain inpatient hospital operations.
- Currently, 30 rural hospitals have converted to an REH since January 2023.
- However, technical improvements are needed to the designation in order to make conversation more feasible for rural hospitals facing closure.
- [PERSONAL STORY OR EXAMPLE OF BENEFITS OF REH CONVERSION HERE.]
- It is important for Congress to pass these vital pieces of legislation to protect access to care in rural communities.
- Key legislation
    - S. 4322, the Rural Emergency Hospital Improvement Act. Introduced by Sens. Moran (R-KS) and Smith (D-MN), this bill incorporates many technical improvements to the REH statute that NRHA members have brought to our attention.
    - H.R. 8144, the Rural 340B Access Act. Introduced by Reps. Bergman (R-MI) and Dingell (D-MI), this bill adds REHs as eligible covered entities in the 340B Drug Pricing Program, making conversion a more viable option for rural hospitals.
- NRHA Resources
    - Rural REH legislative priorities one-pager

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National Rural Health Association

Talking Points: 2025 Urge Congress to Invest in Rural Health (FY 2025 Appropriations).

- Since 2010, 170+ rural hospitals have closed or discontinued inpatient services. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin exits, affecting the larger community.
- In this economic environment, it is critical Congress uses every tool to equip rural providers with the stability they need to keep their doors open. Currently, more than 50 percent of rural hospitals operating on negative margins like those that closed.
- Rural providers suffer from long-standing challenges, including workforce shortages, low patient volumes, higher prevalence of chronic diseases, a lower socio-economic population, and challenging payer mixes.
- [PERSONAL STORY OF THE IMPACT OF RURAL HEALTH AND IMPORTANCE OF FUNDING]
- Some key legislation and programs to highlight:
    - **The Small Hospital Improvement Program (SHIP)** is used to assist rural hospitals with purchase of HIT and equipment, etc. In FY25, NRHA calls for an increase in funding to support small rural hospital readiness against **cyber security** attacks to address the growing threats.
    - **Rural Hospital Stabilization Pilot Program** improves health care in rural areas by providing in-depth technical assistance (TA) to rural hospitals to enhance and/or expand service lines to meet local need
    - The **CDC Office of Rural Health** enhances implementation of CDC's rural health portfolio, coordinates efforts across CDC programs, and has developed a strategic plan for rural health that maps the way forward.
    - The **Rural Maternal and Obstetric Management Strategies (RMOMS)** programs to help improve rural maternal health outcomes.
    - The **Rural Residency Planning and Development Program** supports the development of new rural residency programs to address the ongoing workforce shortages faced by rural communities.
    - **Rural Communities Opioid Response Program (RCORP)** addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD).

- NRHA Resources:
    - NRHA Legislative Agenda
    - NRHA FY25 Appropriations Asks Table

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National Rural Health Association

Talking Points: Urge Congress to Invest in Rural Health Infrastructure.

- Since 2010, nearly 170 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.
- [PERSONAL STORY OF HOSPITAL CLOSURE AND RURAL INFRASTRUCTURE HERE]
- These bills seek to make critical changes to existing Medicare and other federal programs to support rural hospital viability:
    - H.R. 833 – Save America's Rural Hospital Act (Reps. Graves (R-MO) and Huffman (D-CA)): Works to ensure critical rural hospitals are equipped to support their patients through a number of provisions.
    - S. 1571 - Rural Hospital Closure Relief Act of 2023 (Sens. Durbin (D-IL) and Lankford (R-OK)): Provides flexibility around the 35-mile distance requirement and enables states to certify a hospital as a "necessary provider" in order to obtain Critical Access Hospital designation.
    - S. 1110/ H.R. 6430 – Rural Hospital Support Act of 2023 (Sens. Casey (D-PA) and Grassley (R-IA)) and Assistance for Rural Community Hospitals (ARCH) Act: Makes permanent low-volume hospital (LVH) and Medicare-dependent hospital (MDH) designations.
    - H.R. 4713 - Rural Hospital Technical Assistance Program Act (Reps. Kilmer (D-WA) and Jackson (R-TX)): Authorizes the USDA Hospital Technical Assistance Program to identify and address hospital needs to improve financial performance and quality outcomes.
    - S. 803/ H.R. 3635 – Save Rural Hospitals Act of 2023 (Sens. Warner (D-VA), Blackburn (R-TN), Reps. Sewell (D-AL) and Ferguson (R-GA)): Establishes a national area wage rate under the Medicare Area Wage index for hospital payments to adjust for geographic differences in labor costs.
    - H.R. 1565 – Critical Access Hospital Relief Act of 2023 (Reps. Smith (R-NE) and Sewell (D-AL)): Repeals the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare.
- NRHA Resources:
    - Rural Hospitals legislative proprieties one-pager
    - NRHA Legislative Agenda

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National Rural Health Association

Talking Points: Urge Congress to Invest in a Robust Rural Health Workforce.

- The rural health workforce is understaffed and overworked, and the COVID-19 pandemic has only exacerbated these issues. Maintaining an adequate supply of primary care providers has been, and remains, one of the key challenges in rural health care.
- Rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers for decades. 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.
- [PERSONAL STORY ABOUT EXPERIENCE OF HEALTHCARE WORKFORCE IN RURAL AREAS HERE]
- These bills seek to support critical workforce programs, including necessary changes to Graduate Medical Education, employment-based visas, student loan payment:
    - S. 230/ H.R. 834, the Rural Physician Workforce Production Act, introduced by Sen. Jon Tester (D-MT), Sen. John Barrasso (R-WY), Rep. Diana Harshbarger (R-TN) and Rep. Henry Cuellar (D-TX) to ensure rural training opportunities are adequately represented in the Medicare Graduate Medical Education (GME) program. The legislation provides adequate resources to train the future of rural health providers, and ensures all safety net rural providers, like sole community hospitals and Critical Access Hospitals (CAH) can train medical students at their facilities.
    - H.R. 2569, the Doctors of Community (DOC) Act, introduced by Reps. Pallone (D-NJ), Vasquez (D-NM), and Ruiz (D-CA) to permanently authorize the Teaching Health Center Graduate Medical Education (THCGME) program to support the training of primary care and dental residents in rural and underserved communities.
    - S. 3211/ H.R. 6205, Healthcare Workforce Resilience Act, introduced by Sens. Durbin (D-IL), Cramer (R-ND), Reps. Schneider (D-IL), Caraveo (D-CO), Bacon (RNE), Cole (R-OK). Addresses workforce shortages by allowing nurses and physicians in the U.S. on a temporary work visa to obtain permanent status by recapturing unused employment-based visas.
    - S. 2418/ H.R. 2713, Improving Care and Access to Nurses Act, introduced by Sens. Merkley (D-OR), Lummis (R-WY), Reps. Joyce (R-OH), Bonamici (D-OR). This legislation would improve health care access for Medicare and

Medicaid beneficiaries by removing federal barriers to practice for nurse practitioners (NPs) and other advanced practice registered nurses (APRNs).

- S. 940/ H.R. 1711 Rural America Health Corps Act, introduced by Sens. Blackburn (R-TN) and Durbin (D-IL), Reps. Kustoff (R-TN) and 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.

- NRHA Resources:
  - NRHA Legislative Agenda – workforce section

National Rural Health Association

Talking Points: Urge Congress to Block CMS's Minimum Staffing Standards Rule.

- Rural facilities are already facing historic nursing shortages, inflation, and inadequate reimbursement, leading to a wave of rural facility closures. A blanket, unfunded staffing mandate will threaten the viability of rural nursing homes and further jeopardize access to post-acute care for rural residents.
- Poor outcomes and quality cannot be fixed solely by imposing staffing mandates. In fact, nursing home closures are often unrelated to the quality of care provided considering that almost 40% of closures since 2020 were 4- or 5-star facilities.
- In reality, minimum staffing standards are more likely to close a facility than improve outcomes, impacting already dire access in rural communities. Between 2008 and 2018, nearly 500 rural nursing homes shuttered resulting in 10.1% of rural counties becoming nursing home deserts.
- A federal mandate will not create qualified and interested workers where they do not currently exist in rural areas. If rural nursing homes cannot meet these requirements, or the eligibility criteria for exemptions, they will be forced to close.
- [PERSONAL STORY OF STAFFING ISSUES AND IMPACT THIS RULE WOULD HAVE FOR NURSING HOMES HERE]
- We urge Congress to support legislation that rescinds this rule:
    - Support of House Joint Resolution 139 and Senate Joint Resolution 91 to attempt to overturn CMS' minimum staffing rule
- NRHA Resources:
    - NRHA Statement on minimum staffing standards rule
    - NRHA letter to CMS on minimum staffing standards rule

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Talking Points: Urge Congress to Reduce Burden in Rural Health Clinics.

- The Rural Health Clinic Program (RHC) program is intended to increase access to primary care in rural areas. RHC status allows primary care providers to get enhanced reimbursement rates for Medicare and Medicaid services.
- Over 5,400 Rural Health Clinics operate access 45 states. Approximately 60% of rural Americans are served by RHCs with 37 million patients served each year.
- [PERSONAL STORY OF USEFULNESS OF RHCs FOR HEALTHCARE ACCESS HERE]
- This bipartisan bill will provide necessary updates to modernize the 30-year old law governing rural health clinics across the country:
    - S. 198/H.R. 3730, the Rural Health Clinic Burden Reduction Act, introduced by Senators Barrasso (R-WY) and Bennet (D-CO) and Reps. Smith (R-NE) and Blumenauer (D-OR) to modernize the RHC program. 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.
- NRHA Resources:
    - NRHA Rural Health Clinics legislative priorities one-pager

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National Rural Health Association

Talking Points: Encourage your Member of Congress to Join the Rural Health Caucus.

- Rural Americans currently experience a lower life expectancy and poorer health status in comparison to their urban counterparts. With about 1 in 5 Americans living in rural areas where the health infrastructure and workforce are a constant struggle, it is important to invest in these communities to improve overall access to quality and affordable care.
- The Congressional Bipartisan Rural Health Caucus provides a forum for Members of Congress to highlight challenges and advocate for policy solutions related to the delivery of health care and mental health services in rural and remote communities.
- Co-led by Rep. Diana Harshbarger and Rep. Jill Tokuda, there are currently 61 Members within the Caucus and counting.
- [PERSONAL STORY OF THE IMPACT OF HEALTHCARE ACCESS IN RURAL AREAS HERE]
- The Caucus will host member meetings, briefings, and events designed to inform and educate Members of Congress about some of the most pressing rural health care issues and highlight potential policy solutions to enhance the quality and efficiency of health care services in rural areas, including:
    - Stemming hospital closures,
    - Ensuring fair and adequate reimbursement rates,
    - Strengthening the health workforce,
    - Reducing health inequities, and
    - Expanding telehealth and other innovative care delivery models.
- [PERSONAL ASK TO YOUR MEMBER OF CONGRES TO JOIN THE CAUCUS (AS APPROPRIATE)]

National Rural Health Association

Talking Points: Urge Congress to Protect 340B

- The 340B Program is an essential source of discounted outpatient drugs for many rural hospitals serving vulnerable populations who may lack insurance or be low income.
- For rural safety-net hospitals operating on thin financial margins, the funds saved through the 340B program help to maintain critical operations and service lines. Rural provider participation comprises five percent of 2022 program purchases; a small component of the overall program, but one that has significant impact on rural health systems and patients.
- Since 2010, over 170 rural hospitals have shut their doors or ceased inpatient services. Half of rural hospitals are operating with negative margins and therefore vulnerable to closure. Specific services, such as obstetrics and chemotherapy, continue to vanish at an alarming rate.
- When a rural hospital or service line closes, the impact can be devastating for a community.
- The significant restrictions on covered entities by manufacturers in recent years are having a disproportionate impact on rural safety net providers. The loss of 340B savings limits providers' ability to invest in new services for the community and provide high quality care at a time when rural hospitals need it most.
- [PERSONAL STORY OF RURAL PHARMACY AND DRUG PRICING EXPERIENCES HERE]
- Important program preservations include:
    - Retain rural access: Preserving the original intent of the 340B program – to stretch scare federal resources – must be the core of any legislative proposal.
    - Protect contract pharmacy arrangements: Prohibit manufacturer limitations on the number and location of contract pharmacies with which rural covered entities may work.
    - End discrimination: Place clear statutory restrictions on PBMs' and payers' ability to treat 340B participants differently.
    - Limit reporting requirements: Avoid imposing burdensome and duplicative reporting requirements on rural entities covered.
- Key legislation:
    - H.R. 7635, the 340B PATIENTS Act, introduced by Rep. Matsui (D-CA), would prohibit manufacturers from placing unfair limitations on rural covered entities' contract pharmacy arrangements and stop the erosion of 340B savings.

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  - H.R. 2534, the PROTECT 340B Act, introduced by Reps. Spanberger (D-VA) and Johnson (R-SD) ensures equitable treatment of covered entities and pharmacies participating in the 340B Program.
  - S. 4587/H.R. 8144, Rural 340B Access Act, introduced by Sen. Peters (D-MI), Reps. Bergman (R-MI) and Dingell (D-MI), allows Rural Emergency Hospitals (REHs) to participate in the 340B program. Currently, REHs are not eligible covered entities in the 340B statute.
- NRHA Resources:
  - 340B Drug Pricing Program legislative priorities one-pager
  - 340B Discount Drug Program Reform Policy Principles

National Rural Health Association

Talking Points: Urge Congress to Invest in Rural Communities in Farm Bill

- The Farm Bill is an opportunity to improve health care, build rural community and economic development, and enhance the overall quality of life in rural communities.
- NRHA's Farm Bill reauthorization advocacy efforts are focused on rural development, broadband and telehealth, behavioral health, and nutrition.
- [PERSONAL STORY OF EXPERIENCES IN TELEHEALTH, BEHAVIORAL HEALTH, AND NUTRITION IN RURAL AREAS HERE]
- The proposed Farm Bills seek to support critical rural-related programs, including:
    - House bill H.R. 8467, Farm, Food, and National Security Act and proposals from both the Senate Agriculture majority and minority. NRHA is working with members of Congress to pass a bipartisan package that includes robust investments in rural communities.
    - Key provisions to include to support the rural health safety net:
        - H.R. 4713, the Rural Hospital Technical Assistance Program Act, would continue the activities of the existing Rural Hospital Technical Assistance Program at USDA and broaden the program to include other rural healthcare facilities. The program helps rural facilities prevent closure, strengthen essential health care services, and improve financial performance of safety net rural providers.
        - H.R. 5989, the Rural Health Care Facilities Revitalization Act, would provide eligible health care facilities the opportunity to refinance debt obligations upon agreeing to undergo financial and managerial planning aimed at improving long-term viability.
        - H.R. 4603, the Rural Wellness Act, would prioritize behavioral health projects in certain Rural Development grant programs and extends current substance use set-asides and prioritized selection.
        - H.R. 3922 / S.1867, the Expanding Childcare in Rural America Act, would prioritize childcare projects across USDA that address the availability, quality, and cost of childcare through multiple Rural Development programs, including the Community Facilities Direct Loan and Grant Program (CFL).
        - Supporting rural hospital capital development projects through increases in funding for the Community Facilities Direct Loan and Grant Program (CFL).

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  - H.R.4227 / S. 1642, ReConnecting Rural America Act of 2023, which allows the merging of the Rural Broadband Program and the ReConnect Program to minimize duplicative programs.
  - Reauthorizing and increasing funding for the Farm and Ranch Stress Assistance Network as outlined in H.R. 6379/S. 1736, the Farmers First Act. Additionally, creating a 24/7 national hotline for agricultural workers facing mental health crises, as outlined in H.R. 5246/S. 3761, the National Agricultural Crisis Hotline Act.
  - Allowing Farm Credit institutions to finance certain rural community facilities, including hospital, in partnership with local lenders in order to support healthcare.
  - H.R.7444 / S. 3390, the Rural Partnership and Prosperity Act to create new Rural Partnership grants for public and private partnerships, including nonprofit organizations and healthcare facilities.
  - Prioritizing awards to healthcare and behavioral health facilities in the Community Facilities Direct Loan and Grant program and extending loan and grant flexibilities to allow awards to be used for medical supplies, increasing telehealth capabilities, and supporting staffing needs.
- NRHA Resources:
  - Farm Bill 2024 legislative priorities one-pager