



NATIONAL RURAL
HEALTH ASSOCIATION

Advocacy Report

2023



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 118th Congress

- H.R.833 Save America's Rural Hospital Act
- S.198/H.R.3730 Rural Health Clinic Burden Reduction Act
- S.1571 Rural Hospital Closure Relief Act
- S.1673/H.R.1666 Protecting Access to Ground Ambulance Services
- H.R.4713 Rural Hospital Technical Assistance Program
- H.R.2534 Protect 340B Act
- S.1110 Rural Hospital Support Act
- S.230/H.R.834 Rural Physician Workforce Production Act
- S.2418/H.R.2713 Improving Care and Access to Nurses Act
- S.2016/H.R.4189 CONNECT for Health Act
- S.948/H.R.4605 Healthy Moms and Babies Act
- S.2799/H.R.5481 CDC Office of Rural Health

NRHA's 2023 advocacy pillars

- Investing in a strong rural health safety net
- Reducing rural health care workforce shortages
- Addressing declining rural life expectancy and rural health equity

2023 by the numbers

- Held more than 200 meetings with Capitol Hill offices.
- Endorsed more than 165 bills during the first session of the 118th Congress.
- Organized 3 Hill Days attended by NRHA-led Rural Health Action Alliance.
- Reviewed 42 proposed, final, and interim final rules.
- Submitted comments on 21 proposed regulations.
- Supported member rulemaking comments by hosting 4 listening sessions and creating 5 comment templates.
- Introduced 8 new advocacy campaigns, with nearly 200 communications sent to Congress by rural advocates.
- Had nearly 2,400 Twitter followers and 430 Instagram followers.
- Connected with over 7,000 contacts in our advocacy platform with over 200 advocates (up 11% from last year).

Legislative Victories



The 118th Congress convened in January 2023. This year NRHA has built new relationships with Members of Congress, strengthened existing partnerships on and off the Hill, and put forth critical rural health legislation. Through over 200 meetings with Congressional offices, NRHA has endorsed and is currently tracking more than 165 pieces of legislation that are poised to have an impact on healthcare in rural America.

Congress was historically unproductive in 2023; despite holding more than 700 votes this year, only 26 bills have made it into law. NRHA has provided consultation, endorsement, support, technical assistance, and opportunities for collaboration to Members of Congress in both chambers as we work together to enact impactful legislation for rural Americans all throughout the United States and its territories.

2

Supporting Rural Hospitals

NRHA led the development and introduction of several pieces of legislation to improve the financial viability and success of rural hospitals. There are currently 11 unique NRHA-endorsed bills in the House and Senate that would bolster technical assistance programs, make certain rural hospital designations permanent, improve payment, among other provisions for rural hospitals. NRHA will continue its advocacy into 2024 to work towards passage of these bills. Additionally, NRHA provided expertise to the White House and as a result saw two proposed programs for at-risk hospitals included in the President's 2024 Budget.

1

The Congressional Bipartisan Rural Health Caucus

NRHA worked with Representatives Harshbarger (R-TN) and Tokuda (D-HI) to lead the launch of the Congressional Bipartisan Rural Health Caucus in the House of Representatives. The Caucus kicked off in September and has since grown to over 45 members from both sides of the aisle. The Caucus will host member meetings, briefings, and events designed to educate Congress on the most pressing rural health care issues. The Caucus also serves as the first point of contact for NRHA when we are seeking house congressional sponsors for rural health legislation.

3

Rural Public Health Infrastructure

NRHA successfully advocated for the creation of an Office of Rural Health (ORH) within the CDC by funding the office through the FY23 appropriations. NRHA continued its work with partners in both the House and Senate to introduce bicameral, bipartisan legislation that would also authorize the ORH and make it a permanent fixture for rural public health at the agency.

4

Farm Bill Reauthorization

Leading up to the expiration of Farm Bill programs in September 2023, NRHA worked with members of the House and Senate Agriculture Committees to introduce several critical marker bills that would bolster rural health at the U.S. Department of Agriculture (USDA). Of note, NRHA developed legislation to make permanent a technical assistance program for rural hospitals, create a 24/7 hotline for agricultural workers facing mental health crises, and expand broadband access in rural areas.

6

Rural Emergency Medical Services

In 2023, NRHA has provided leadership and support on nine bills that would help to improve Emergency Medical Services in rural areas. NRHA has advocated for the reauthorization of the (S.265/ H.R. 4646) SIREN Act, which provides grant funds for EMT training, and has recently just passed the Senate. To address workforce concerns, we have provided technical assistance on legislation that lowers the barrier for military EMTs transitioning into the civilian workforce. We continue to advocate to allow Medicare reimbursement for care EMS providers provided on-scene without requiring transport to a hospital.

8

Requests for Information

NRHA regularly provides subject matter expertise on rural health policy by filing official responses to Requests for Information (RFIs) for Members of Congress and key congressional committees. In 2023, NRHA responded to eight RFIs: on opportunities to [modernize the CDC from the Senate HELP Committee and House Energy & Commerce \(E&C\) Committee](#), from the [Health Care Task Force of the House Budget Committee](#), on [rural health care from the House Ways and Means Committee](#), on the [340B Drug Pricing Program stability for the Senate](#), on the [Pandemics and All Hazards Preparedness Act \(PAHPA\) from the Senate HELP Committee and the House E&C Committee](#), and on [workforce shortages from the Senate HELP Committee](#).

5

Rural Health Workforce

The (S.2840) Bipartisan Primary Care and Health Workforce Act aims to the major shortages of nurses, primary care doctors, and other health care across the country, and to increase critical funding for community health centers, the National Health Service Corps, and Teaching Health Centers. A negotiated version passed the HELP Committee and was sent to the Senate floor for consideration in 2023. The (H.R. 5378) Lower Costs, More Transparency Act, which passed the House in December 2023, has similar provisions that strengthen workforce training and other safety net providers.

7

Rural Behavioral Health

The (S.3393/ H.R. 4531) Support for Patients and Communities Reauthorization Act would provide access to life-saving treatment and recovery support services, prevention programming, and long-term recovery services. As of December 2023, a version of the bill has passed the house and the senate has marked up their version. Similarly, (S.3430) Better Mental Health Care, Lower-Cost Drugs, and Extenders Act focuses on expanding the mental health care workforce and services under Medicare and Medicaid. Should these bills pass Congress, critical resources would be made available for substance used disorder and behavioral health services across rural America.

9

Rural Maternal Health

The (S.2415/ H.R. 3838) Preventing Maternal Deaths Reauthorization Act aims to improve maternal health outcomes by reauthorizing federal support for states to: save and maintain the health of mothers during pregnancy, childbirth, and postpartum; eliminate disparities in maternal health outcomes; and more. The bill was passed out of House and Senate Committees and sent to respective floors for consideration in 2023.

Regulatory Process



In 2023, the Administration implemented provisions from the Consolidated Appropriations Act of 2023 through the rulemaking process and made regulatory changes to other existing programs affecting rural health. As always, 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 (PFS), among other annual Medicare updates. Each of these proposals had significant provisions that shape health care delivery in our rural communities.

Key NRHA Regulatory Issues

- Medicare Advantage, including improper prior authorization denials and misleading marketing practices.
- Nursing home staffing standards.
- Rural safety net provider reimbursement and conditions of participation.
- Rural participation in value-based care.
- The 340B Drug Pricing Program.
- Modernizing opioid treatment programs.
- Making opioid use disorder treatment more accessible.

2023 by the numbers

- Reviewed 42 proposed, final, and interim final rules.
- Submitted 21 comments on proposed rules from Centers for Medicare and Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the Drug Enforcement Administration, Food and Drug Administration, and Federal Communications Commission.
- Hosted four listening sessions on proposed rules for members.
- Created five comment templates for members to submit responses.
- Responded to three requests for information from the Centers for Disease Control and Prevention, the Physician-Focused Payment Model Technical Advisory Committee at the US Department of Health and Human Services (HHS), and CMS.
- Hosted three calls with White House Domestic Policy staff about pending regulations.
- Sent six letters to HHS, CMS, HRSA, and MedPAC. NRHA also created one letter template for members to engage with CMS on Rural Health Clinic (RHC) eligibility definitions.

Regulatory Victories



1

Behavioral Health Provider Payment

In the CY24 Medicare PFS final rule, marriage and family therapists, mental health counselors, and licensed addiction counselors can bill Medicare directly for the first time ever. This change is long advocated for by NRHA and will significantly expand the mental health workforce in rural areas across the country.

2

Reimbursement for CHWs

In the CY24 Medicare PFS final rule, CMS included new codes for payment for community health workers' services under Medicare. NRHA advocated strongly for finalizing this provision to help address rural beneficiaries' social determinants of health (SDOH) and to provide adequate reimbursement for important CHW services. Now CHWs can be reimbursed under Medicare when furnishing community health integration services to beneficiaries. NRHA will continue to advocate for more comprehensive reimbursement policies for CHWs serving rural communities.

3

Addressing Medicare Advantage

NRHA commented on CMS' proposed rule for Medicare Advantage (MA) plans in support of protections for beneficiaries. CMS clarified that MA plans are required to comply with general coverage and benefit conditions under traditional Medicare for prior authorization purposes. CMS also prohibited MA plans from retroactively denying approved prior authorization requests or disrupting a course of treatment that the plan approved. CMS took action against misleading marketing techniques that led to beneficiaries enrolling in plans that did not best serve their health needs or that they did not fully understand. NRHA supports CMS' work to protect rural beneficiaries as MA enrollment continues to grow and outpace traditional Medicare enrollment.

4

Telehealth Flexibilities

During the PHE, patients with opioid use disorder could receive a prescription for buprenorphine, a medication for opioid use disorder (MOUD), via telemedicine without the required in-person examination. As the PHE ended, the Drug Enforcement Administration (DEA) proposed to end this flexibility. NRHA advocated for retaining telemedicine prescription flexibilities to ensure that rural residents without access to a nearby provider could continue to receive lifesaving treatment. As a result, DEA has extended these flexibilities through 2024.

5

New Billing Opportunities

CMS created a new G-code for SDOH risk assessments provided in conjunction with an evaluation and management (E/M) visit. NRHA strongly supported this proposal as rural providers have voiced that assessing SDOH in patients is difficult without reimbursement.

NRHA urged CMS to rescind a policy related to split or shared E/M visits that would disproportionately impacted rural facilities that more often rely upon non-physician practitioners. For 2024, CMS revised this policy in NRHA's favor.

State Advocacy



NRHA renewed its ongoing commitment to actively shape health care policies, not only at the federal, but at the state level. Starting in August 2023, NRHA embarked on an initiative to bolster its impact on state-level policy, in part by welcoming a State Government Affairs Manager to its team. Over the past four months, NRHA has completed the first phase and begun the second phase in its three-part strategy to engage new partners and amplify the voices of our State Rural Health Associations (SRHA).

PHASES OF ENGAGEMENT

Phase 1: Information Collection (Aug– Dec 2023)

NRHA Stakeholder Engagement– NRHA staff conducted regional roundtables and met with representatives from 11 different states, encompassing a variety of SRHAs, to identify the most pressing issues facing state. NRHA has identified the following rural health topics for states legislatures to address.

- Health Care Workforce
- Medicaid Expansion
- Rural Medical Education
- Coverage (Behavioral, Maternal, Oral)
- Closure Intervention
- Reimbursement
- Telehealth
- 340B Drug Discount Program
- Rural Emergency Hospitals
- Emergency Medical Services

NRHA New Partner Engagement– NRHA has conducted meetings with new state level partners in order to find new avenues of engagement at the state level. NRHA met with a variety of organizations to see where work was overlapping and ways we could coordinate strategy. As a result, NRHA has established partnerships with organizations such as the American Telehealth Association, the National Governors Association, the ACLU of Alabama, Mission Mobile Medical, and National Conference of State Legislatures.

Data Gathering and Assessment – NRHA gathered information on the best state level engagement strategies. This involved working with our partners at the State Offices of Rural Health and meeting with our members from across the country.

Phase 2: Establishing State Policy Priorities (Late 2023 – March 2024)

Prioritization and Tracking – NRHA reviewed the information collected in Phase 1 and prioritized the most pressing issues and policy areas that required legislative attention in 2024. In phase 2, NRHA developed a state-level policy strategy on priorities in the 2024 legislative cycle and a way to track the issues that are most important to our state association and membership.

Phase 3: State Level Action (Coming in 2024)

NRHA, utilizing the input from members, will offer comprehensive support to SRHA's including, but not limited, to providing written testimonies, crafting effective messaging and communication strategies, writing policy position papers, and offering assistance for state regulatory and legislative priorities.

Grassroots Engagement

In 2023, NRHA made a concerted effort to amplify the rural voice and presence in Washington through improvements in our grassroots advocacy available to NRHA members.

PROJECTS	DETAILS
Advocacy Campaigns	In 2023, NRHA increased its focus on making advocacy simpler for members to engage. This included growing the number of Advocacy Campaigns available to members. NRHA introduced 8 new advocacy campaigns in 2023, with nearly 200 communications sent to Members of Congress by rural advocates.
Capitol Hill Alerts	NRHA regularly engages with Capitol Hill through our Hill Alerts. These emails are a direct line to congressional staff to share NRHA's priorities in a timely manner as issues are being discussed in Congress. This year, NRHA sent 25 Hill Alerts on topics such as urging investment in rural communities ahead of the 2023 Farm bill, expressing opposition to CMS' proposed minimum staffing standards for Skilled Nursing Facilities, and to invite members to join the Rural Health Caucus.
Grassroots Calls	As an NRHA member benefit, NRHA continued to host monthly grassroots calls to inform advocates about what is happening in Washington to facilitate grassroots advocacy. The association hosted 10 grassroots calls in 2023. Invitations to participate are distributed to over 525 members.
Rural Roundup	The NRHA Rural Roundup, an established tool to promote rural policy activity, was revamped and reorganized in 2023. The weekly newsletter distributed critical legislative and regulatory developments through over 50 iterations to over 1,000 individuals on our mailing list.
Social Media	NRHA has better tailored our Twitter, Instagram, LinkedIn, and Facebook, messaging to be reflective of our national advocacy and increased the number of social media campaigns on all social media platforms, especially during November's National Rural Health Month. Additionally, NRHA has launched a Policy Institute based social media and advocacy kit for 2024 that is being circulated on social media. Look for more opportunities to engage via social media in 2024!
Coalition Building	On National Rural Health Day 2020, NRHA worked with other national advocacy organizations to launch the Rural Health Action Alliance (RHAA), an NRHA-led coalition with emphasis on rural health care. In 2023, NRHA hosted five in-person coalition meetings to discuss common rural health priorities, accompanied by three days of joint Hill visits. In alignment with National Rural Health Day, NRHA hosted RHAA's meeting with Capitol Hill offices, providing 16 member organizations with the opportunity to meet with more than 20 congressional offices in the House and Senate.

Our 2024 Priorities

As focus shifts to 2024, NRHA is committed to advancing rural health care issues. Within our three pillars of rural health care workforce, rural health infrastructure, and rural health equity, NRHA will be focused on the following areas in the coming year:

2

Rural Emergency Hospitals

NRHA has supported the new Rural Emergency Hospital (REH) model since its inception and is pleased to see that 18 conversions in 2023 have maintained outpatient and emergency department access in rural communities. However, NRHA recognizes that technical fixes should be made to the program statute to make it more accessible and feasible for struggling rural hospitals that could benefit from the designation.

4

Rural Maternal Health

As we see continuing obstetric unit closures in rural hospitals, NRHA is advocating for a rural-specific OB readiness package to ensure hospitals have the capability to handle emergency births and other legislation to enhance the maternal health workforce and access.

6

Telehealth and Broadband

The current PHE-related Medicare telehealth flexibilities expire at the end of 2024. NRHA is preparing to focus its advocacy efforts to make these flexibilities permanent. Our priorities include retaining RHCs and FQHCs as distant site providers, pushing for payment parity for RHCs furnishing telehealth services, and keeping audio-only telehealth as an option for rural beneficiaries.

1

Rural Healthcare Workforce

NRHA is looking forward to reauthorizing programs facing a funding cliff: the National Health Service Corps and Teaching Health Center Graduate Medical Education. NRHA is also working to increasing GME slots for rural hospitals. Further, NRHA is committed to expanding workforce training programs across disciplines to improve supply across rural America.

3

Medicare Advantage

While CMS addressed certain prior authorization abuses and misleading marketing tactics through rulemaking, more protections are needed. NRHA remains committed to working with Capitol Hill and CMS to improve payment to rural providers and address other issues such as claims denials and administrative burdens associated with Medicare Advantage plans.

5

Rural Hospital Viability

NRHA will work to ensure stabilization of small rural hospitals by making critical changes to strengthen the rural health safety net including re-establishing necessary provider criteria for CAHs, making permanent PHE-related flexibilities, and making permanent MDH and LVH designations .

7

340B Drug Pricing Program

As pharmaceutical manufacturers continue to threaten the viability of the 340B Program, NRHA is committed to preserving the original intent for safety net providers. We are working to protecting contract pharmacy access, seek rural hospital relief from the orphan drug exclusion, and extend a waiver for hospitals whose DSH percentages fall below the eligibility threshold due to lingering effects of the COVID-19 pandemic.

We thank you for your ongoing support of rural health

Contact us!

Carrie Cochran-McClain, Chief Policy Officer
ccochran@ruralhealth.us

Alexa McKinley, Government Affairs and Policy Director
amckinley@ruralhealth.us

Zil Joyce Dixon Romero, State Government Affairs Manager
zjdromero@ruralhealth.us

Doson Nguyen, Legislative Affairs Manager
dnguyen@ruralhealth.us

Sabrina Ho, Government Affairs and Policy Coordinator
sho@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