



National Rural Health Association

The Rural Landscape

Rural Minnesota Health Forum

bslabach@ruralhealth.us
Twitter: @bslabach
#ruralhealth
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Brock Slabach, MPH, FACHE
Chief Operations Officer

Why rural?



Rural areas make up 80% of the land mass in USA

Rural areas have roughly 17% of the US Population

Rural areas provide the food, fuel and fiber to power our nation

Access to high-quality health care is a requirement to keep these important resources available

An exchange between urban and rural that must not be overlooked

Historically, public policy has disadvantaged health care in rural communities

What We Fight for on Behalf of Rural

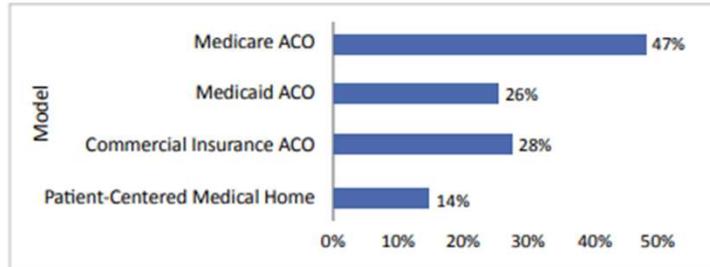
- Addressing Rural Declining Life Expectancy and Inequality
- Investing in a Strong Rural Health Safety Net
- Reducing Rural Healthcare Workforce Shortages



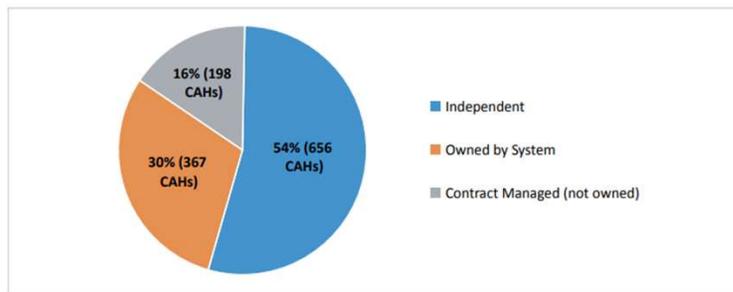
The Rural Health Context

National CAH Quality Inventory & Assessment National Report

- Quality Payment Model Participation



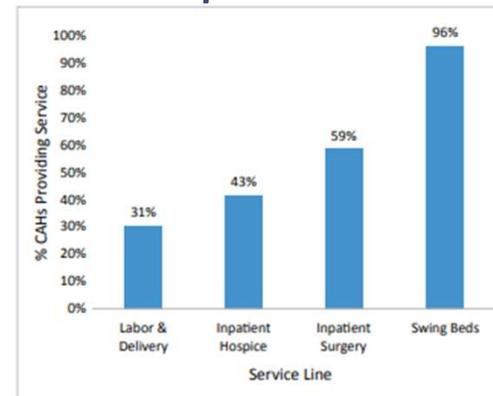
- CAH System Affiliation



- CAH Volume Measures

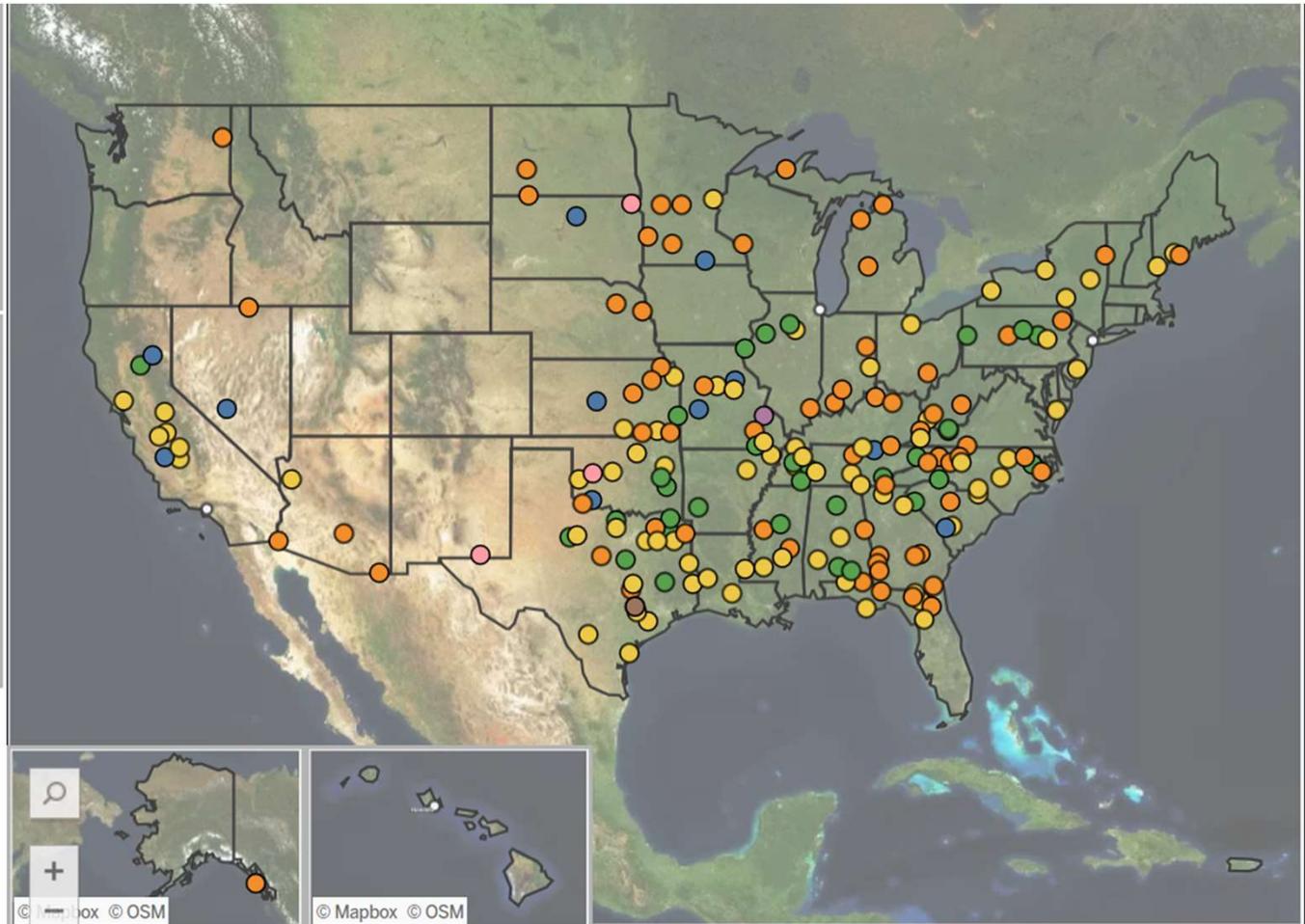
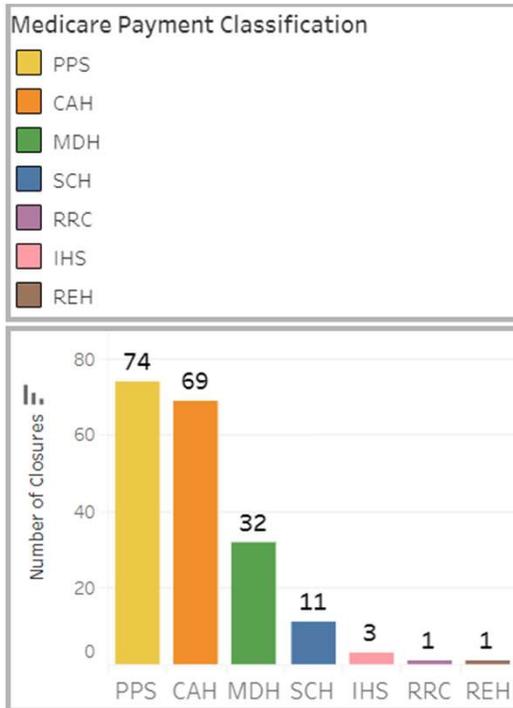
Description	CAH Respondents (n=1,221)
Median Average Daily Census (2022)	4.0
Median Emergency Department Volume (2022)	5,200

- CAH Inpatient Services



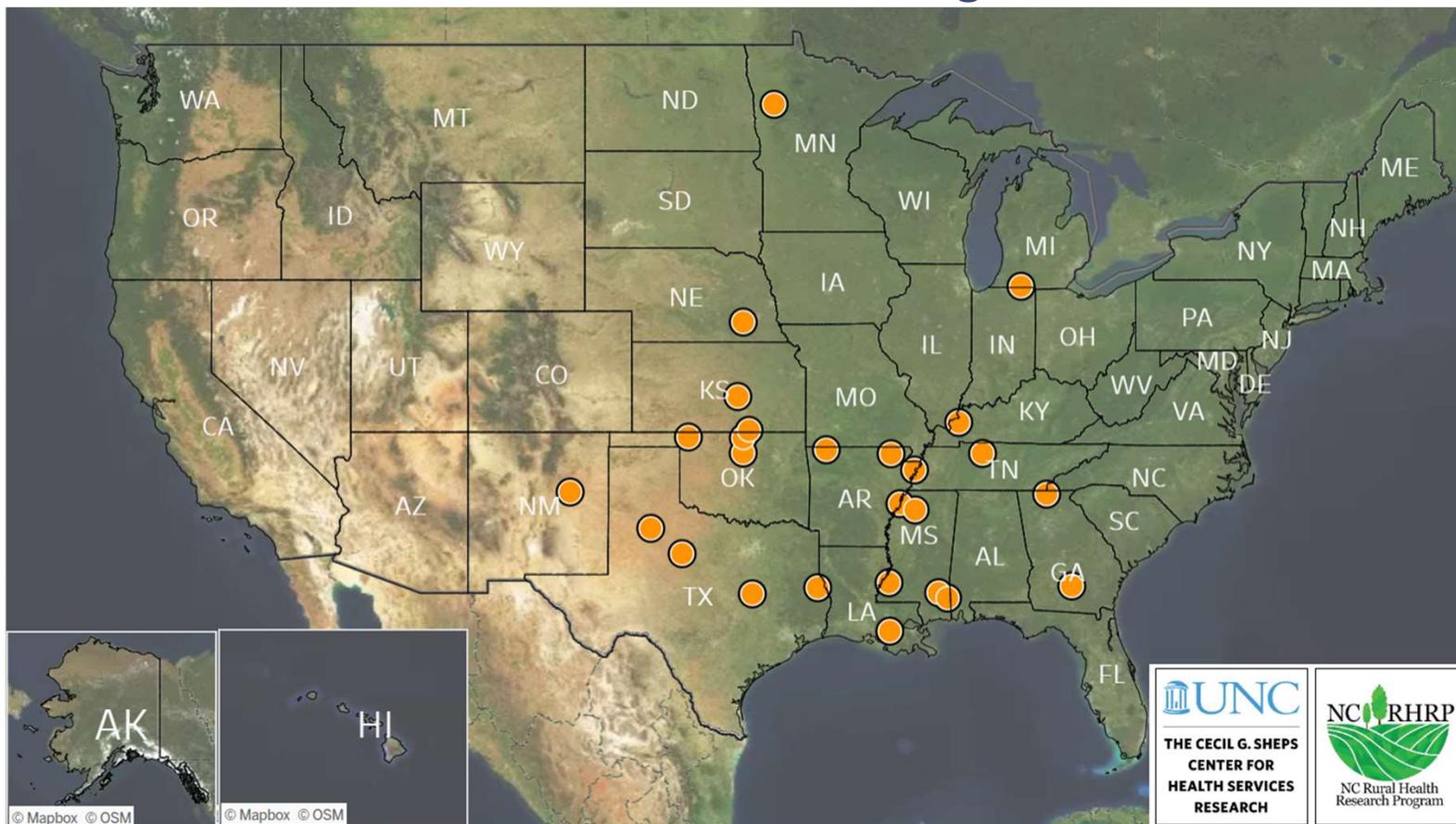
Rural Hospital Closures

148 Closures since 2010



REH Conversion Map

26 Conversions Since Program Started

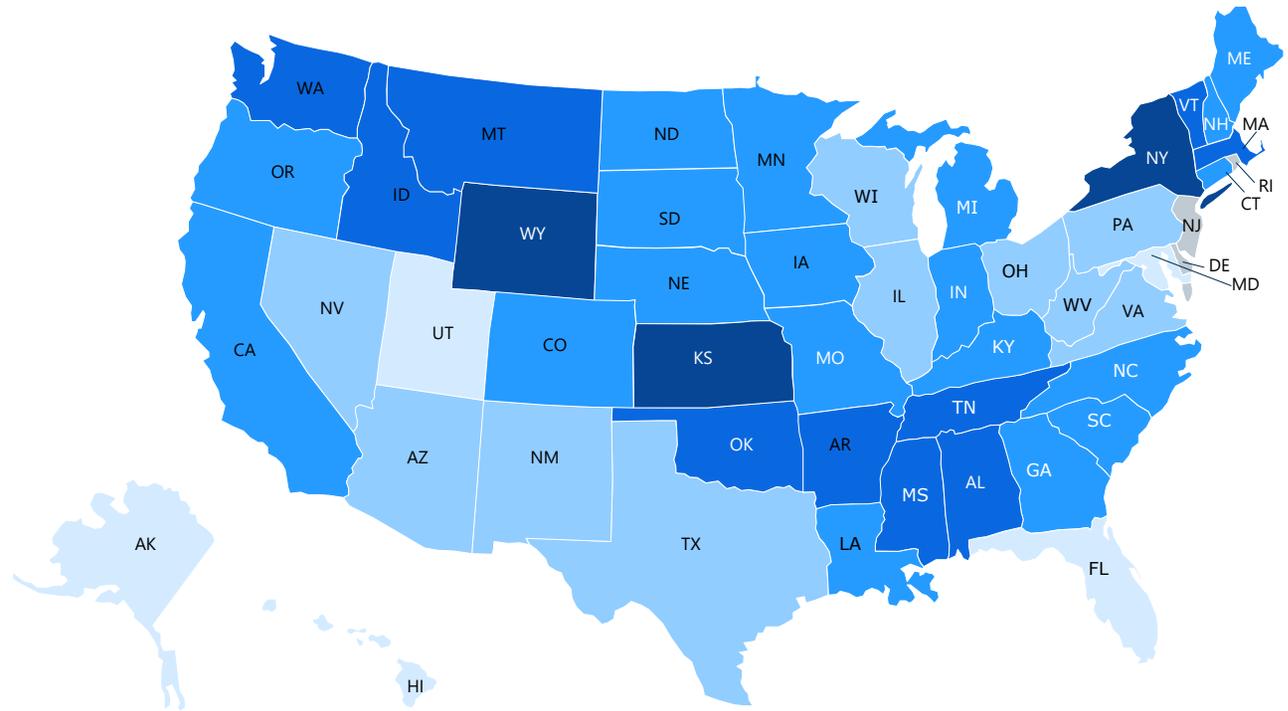


Half of all Rural Hospitals Now in the Red

Overall, **50% of America's rural hospitals** are operating **in the red**.**

Highest percentage ever calculated in Chartis' annual analysis.

In **non-expansion states**, **55%** of rural hospitals are **in the red**.



State-level percentage of rural hospitals with negative operating margin.



Source: The Chartis Center for Rural Health,

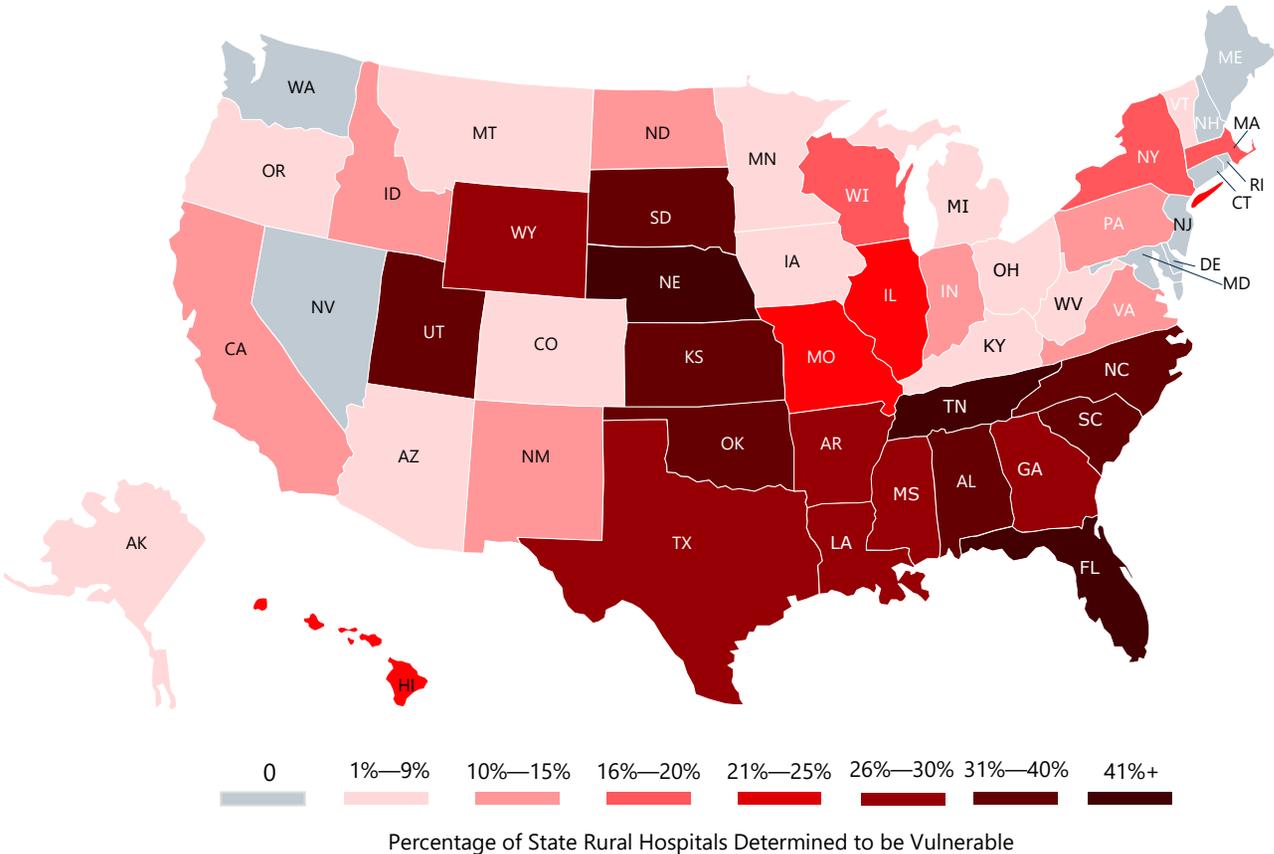
**CMS Healthcare Cost Report Information System (HCRIS) Q3 2023. Operating margin is computed in accordance with Flex Monitoring Team guidance. Outliers are excluded. Hospitals for which data are unavailable are excluded. Reported Covid-19 PHE Funds (Worksheet G-3 line 24,50) excluded from operating margin. Adjustments made to operating margin to reflect full 2% sequester.

Nearly 420 Hospitals Vulnerable to Closure

418 rural hospitals across America are **vulnerable to closure**.

Across **16 states**, the **percentage** of rural hospitals **vulnerable to closure is 26% or higher**.

Non-expansion states are home to **nearly 200** vulnerable rural hospitals.



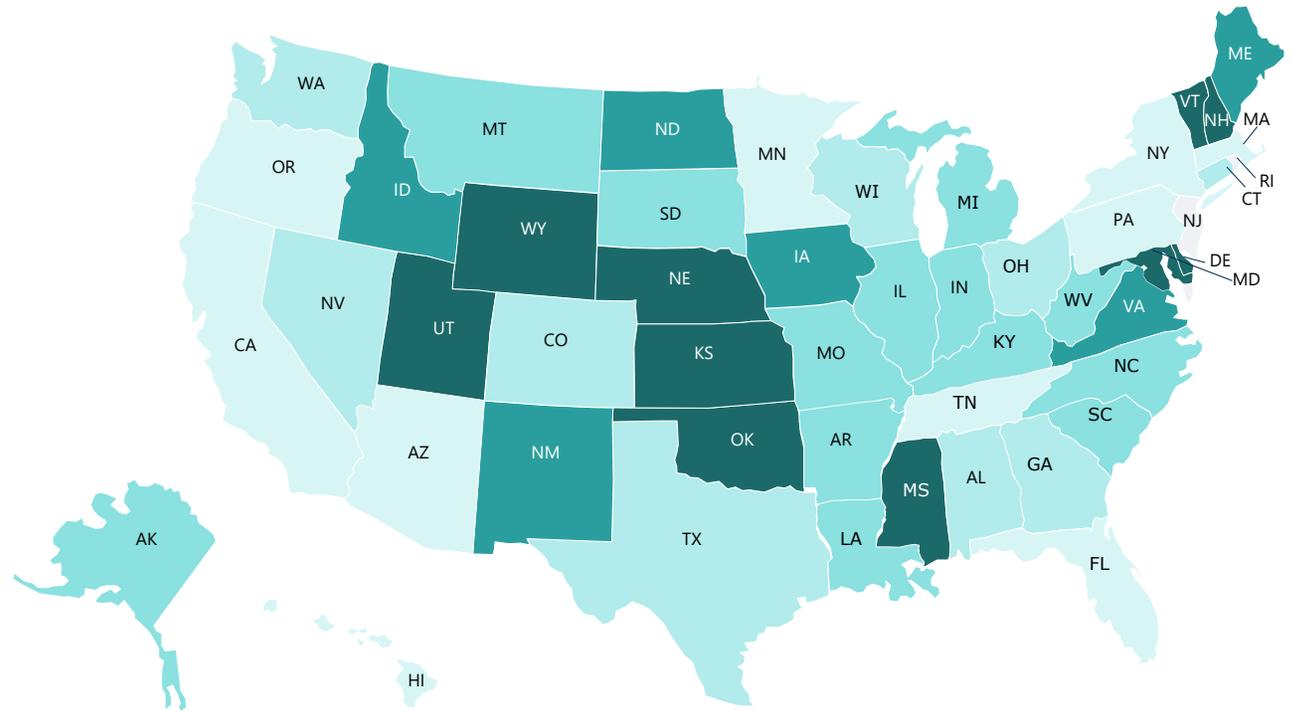
Source: The Chartis Center for Rural Health, January 2024

Enrollment in Medicare Advantage Surges

Percentage Growth in Rural Communities 2019-2023*

Medicare Advantage enrollment in rural communities **jumped 46% nationally since 2019.**

In **10 states**, Medicare Advantage enrollment **increased by more than 100%** between 2019 and 2023.



Percentage growth of Medicare Advantage enrollees in rural communities between 2019 and 2023.

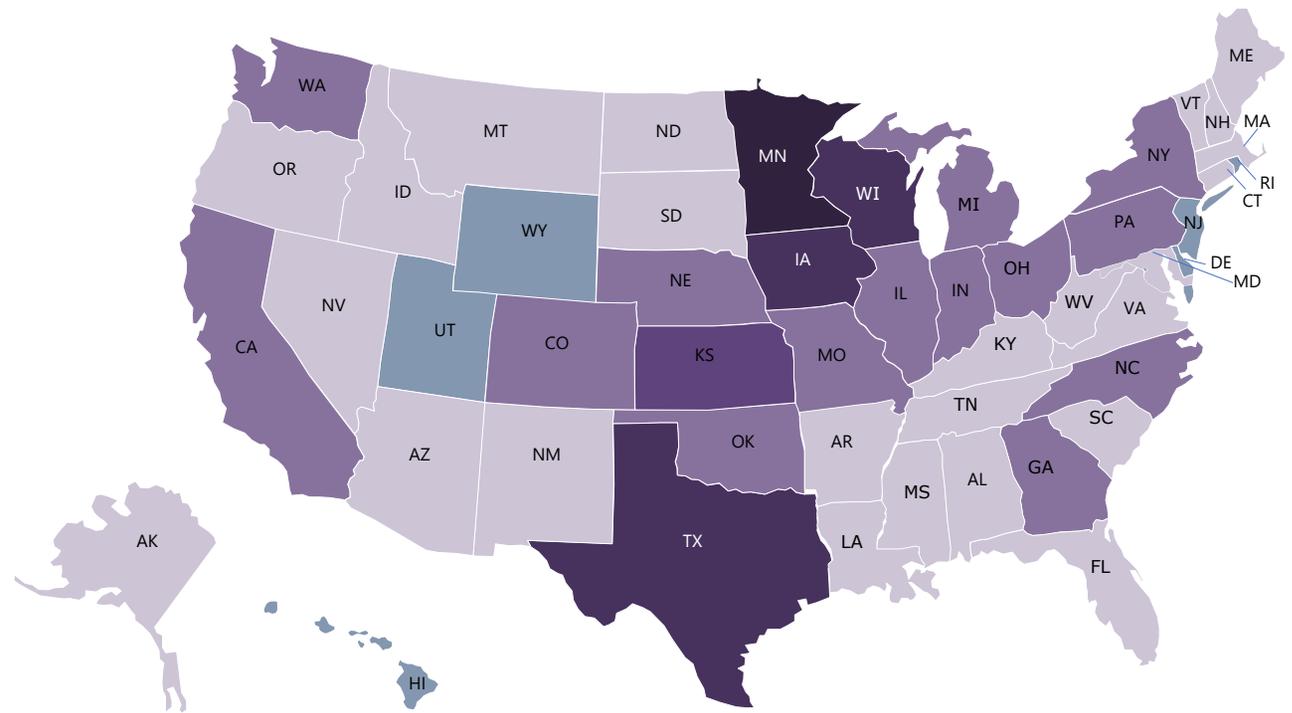


Source: The Chartis Center for Rural Health, December 2023. Rural Communities defined as county in which a rural hospital is located.

Rural America's Widening OB Deserts

States with highest number of rural OB closures are **MN (22)**, **IA (20)**, **TX (17)**, **WI (16)** and **KS (14)**.

UT and **WY**, states with 20 and 16 rural hospitals offering OB respectively **have not seen any losses** during the review period.



Number of rural hospitals that stopped offering OB between 2011 and 2021.



“Rural hospitals and the rural economy rise and fall together”

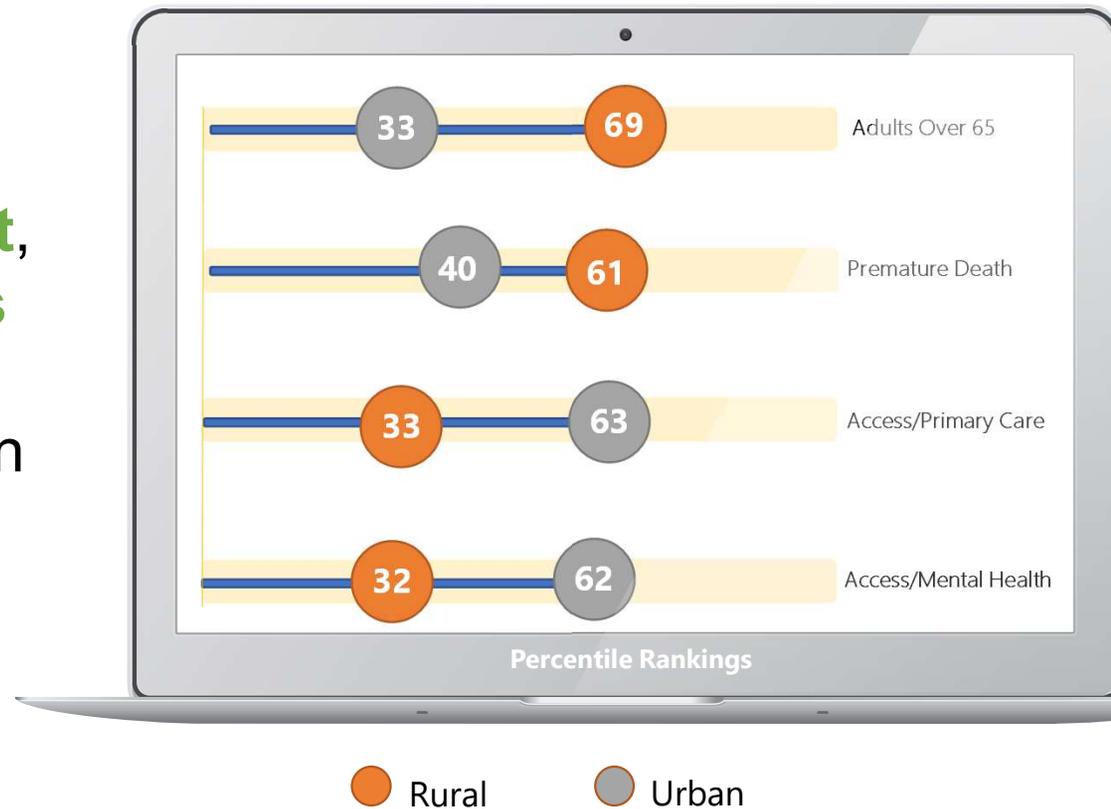
“Three years after a rural hospital community closes, it costs about \$1000 in per capita income.”

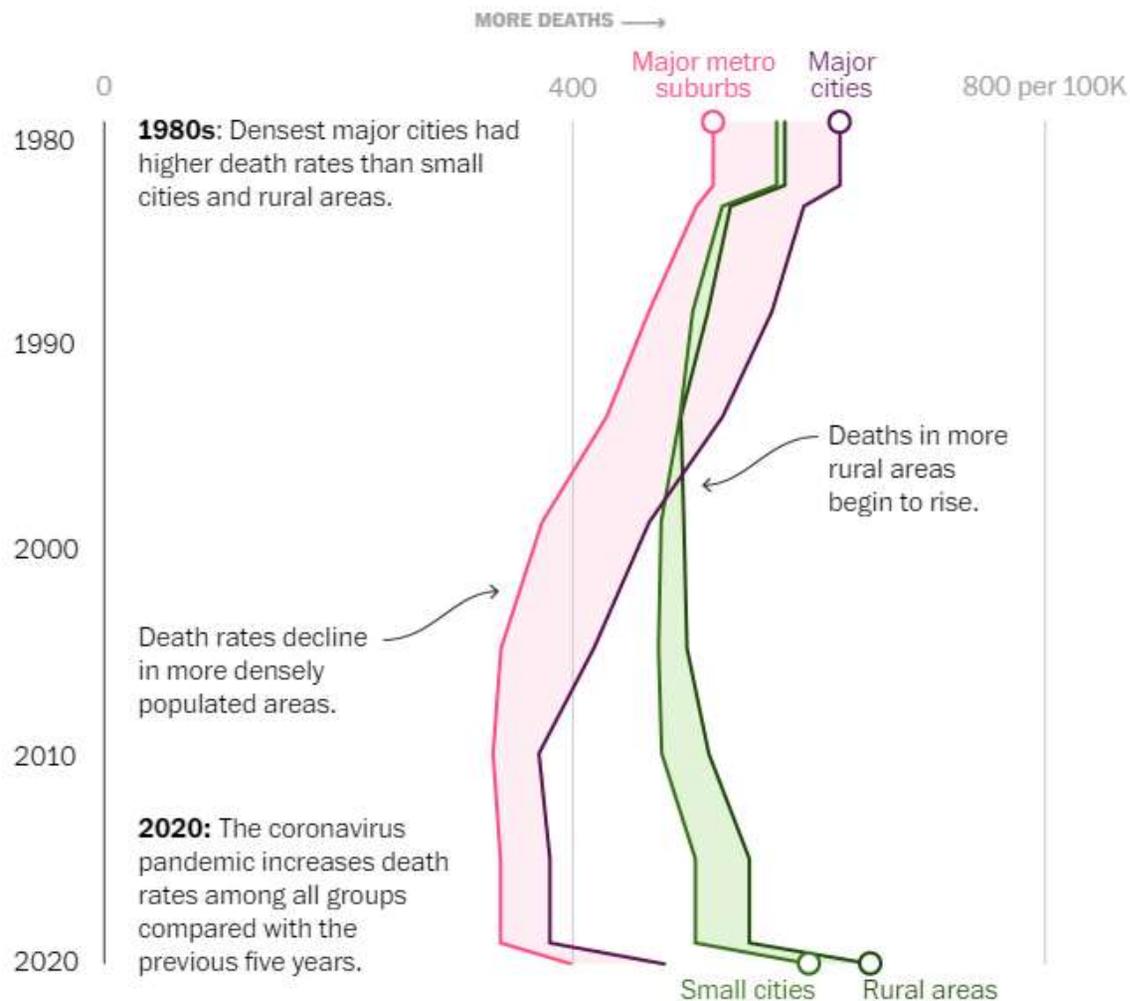
- Mark Holmes, professor, University of North Carolina

- On average, 14% of total employment in *rural areas is attributed to the health sector. Natl. Center for Rural Health Works. (RHW)*
- The average CAH creates 107 jobs and generates \$4.8 million in payroll annually. (RHW)
- Health care often represent up to 20 percent of a rural community's employment and income. (RHW)
- Medical deserts form in rural communities where hospitals close.

Weakening Community Health Status

Our rural communities are increasingly **older**, **less affluent**, **less healthy**, have **less access** to care and **suffer worse outcomes** than their more urban peers.





Source: Centers for Disease Control and Prevention

Rural Residents are dying at sharply higher rates than their counterparts in urban regions.

https://www.washingtonpost.com/health/interactive/2023/american-life-expectancy-dropping/?itid=hp-top-table-main_p001_f001

Preventable early deaths from the 5 leading causes* are more common among people living in rural communities†

Clinicians can help prevent premature deaths:



Screen patients for high blood pressure



Increase cancer prevention and early detection



Encourage physical activity and healthy eating



Treat opioid use disorder



Help patients quit smoking



*Heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.
†Compared to Americans who live in urban areas, National Vital Statistics System mortality data, 2010–2022

<https://doi.org/10.1186/s12916-024-03088-1>

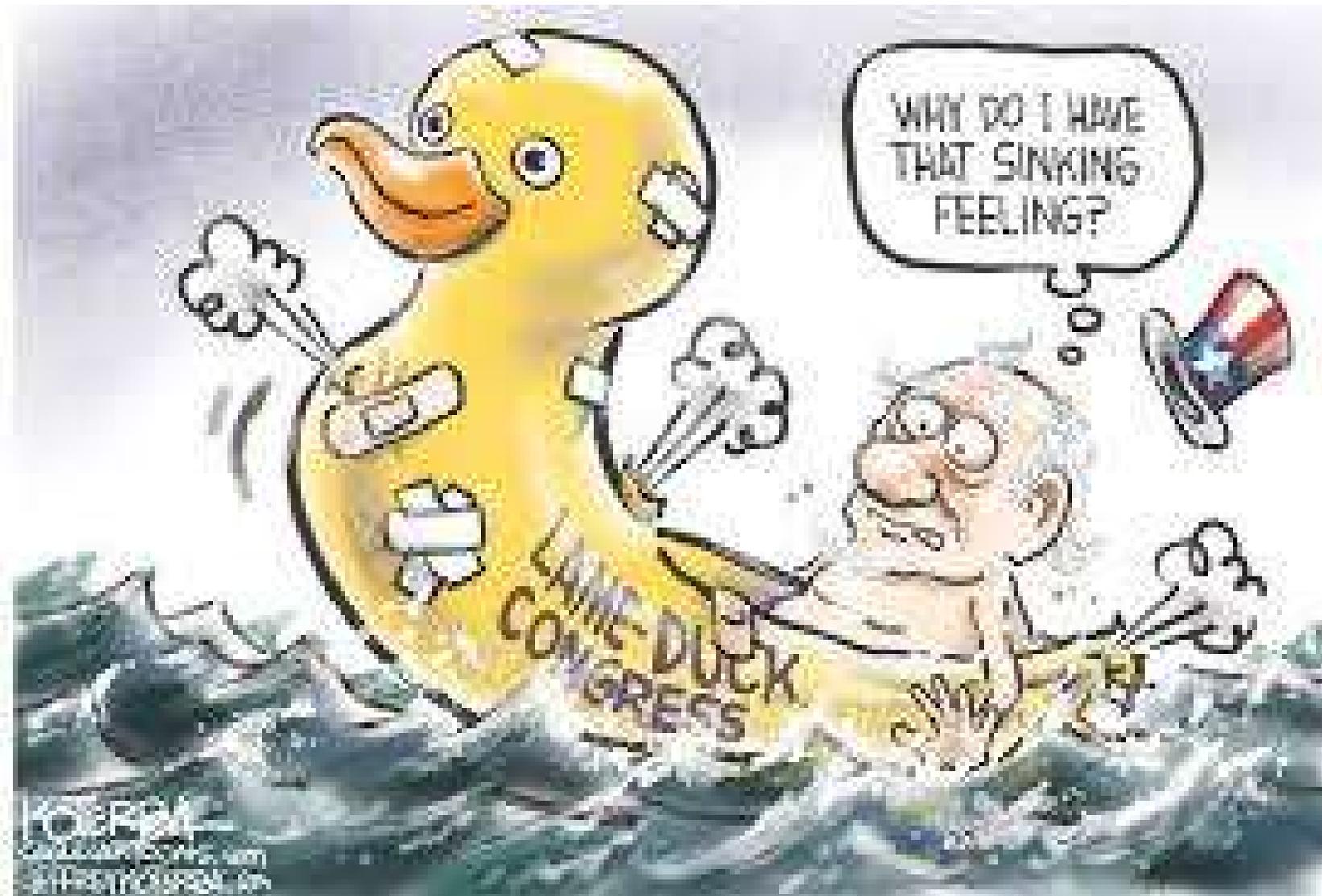
MAY 2, 2024

MMWR

So... where are we? Setting the 2024 Congressional Context

118th Congress so far

- June 2023: Passed Fiscal Responsibility Act to increase debt ceiling, place funding limits for FY 2024 and 2025.
 - Level funding in FY 2024
 - 1% increase in FY 2025
- Fall 2023: Two large health packages introduced in House and Senate, have not moved since
- October 2023: McCarthy ousted as Speaker, Rep. Mike Johnson elected as new Speaker of the House
- March 2024: FY 2024 appropriations passed



Remaining Congressional Work Days in 118th

May

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 Memorial Day	28	29	30	31	

June

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16 Eid al-Adha (begins)	17	18	19 Juneteenth Eid al-Adha (ends)	20	21	22
23	24	25	26	27	28	29
30						

July

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	1	2	3	4 Independence Day	5	6
7	8	9	10	11	12	13
14	15 GOP National Conv.	16 GOP National Conv.	17 GOP National Conv.	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19 Dem National Conv.	20 Dem National Conv.	21 Dem National Conv.	22	23	24
25	26	27	28	29	30	31

September

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	2 Labor Day	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		1	2	3 Rosh Hashana (begins)	4 Rosh Hashana (ends)	5
6	7	8	9	10	11 Yom Kippur (begins)	12 Yom Kippur (ends)
13	14 Columbus Day	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
					1	2
3	4	5 Election Day	6	7	8	9
10	11 Veterans Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29 Thanksgiving Day	30



Lame Duck Congressional Session

“Must Dos”

- PHE Telehealth Extensions
- Rural Medicare extenders: MDH, LVH, Ambulance,
- Safety Program extenders: NHSC, CHC, THCGME
- Eliminate/postpone: DSH/physician cuts, site neutrality payments

“Wanna Dos”

- 340B SUSTAIN Act
- Key program authorizations: Flex, RRPD, RCORP, CDC
- RHC Burden Reduction Act
- Rural Emergency Hospital 2.0
- Rural Obstetric Access



In the Hopper...

- House Ways and Means Committee passage of rural health package:
 - Telehealth
 - Medicare Extenders
 - Rural Emergency Hospitals
 - GME
 - CAH Ambulance payment
 - Rural Hospital Stabilization
- Senate Finance Committee Hearing on Rural Health Care:
 - Hospitals
 - Workforce, esp. GME
 - Telehealth
 - Disparities, esp. maternal care

340B Reform Policy Principles

- NRHA **340B Reform Policy Principles document**
 - Unlimited and unrestricted use of contract pharmacies.
 - No PBM, payer, manufacturer discrimination.
 - End of orphan drug exclusion for CAHs, SCHs, and RRCs.
 - Maintaining child site access.
 - No more reporting burdens.
 - Codifying HRSA's 1996 patient definition + telehealth.
- Legislative efforts:
 - Pass H.R. 2534 PROTECT 340B Act.
 - Protect contract pharmacy arrangements.
 - DSH waiver extension – letter to [Senate](#) and [House](#) leadership

Rural Obstetric Readiness Act

- Introduced April 3, 2024 by Sens. Hassan, Collins, Britt and Smith
- Creates training programs to help non-specialists respond to emergencies like labor and delivery
- Providing federal grants for rural facilities to buy better equipment to train for and handle these emergencies
- Develop a pilot program for teleconsultation services, so that a doctor at a rural facility helping an expecting or postpartum mother facing an emergency can quickly consult with maternal health care experts
- [Press release](#) from Sen. Hassan's office

Focus on Rural Health Clinics

- **RHC Modernization Policies**
 - S. 198/H.R. 3730: **Rural Health Clinic Burden Reduction Act**. Removes laboratory requirements, modernizing physician, PA and NP utilization requirements, and a fix for the "urbanized area" Census Bureau term.
- **RHC Telehealth**
 - S. 2016/H.R. 4189: **CONNECT for Health Act** includes RHCs as permanent distant site providers and payment parity.
- **Provider-Based RHCs**
 - NRHA is working to find a long-term fix to address challenges that came about through passage of Section 130 of the Consolidated Appropriations Act, 2021.

Focus on Critical Access Hospitals

- 96-hour average length of stay
 - Longer waits for tertiary transfer
 - PAC placement more difficult due to staffing shortages
 - Increased Obs. Status by commercial insurance/Medicaid MCOs
 - Solutions:
 - Remove requirement altogether
 - Raise the average to 120 hours, for example
 - Other ideas?
- 72-hour qualifying length of stay for Swing Bed placement
 - Solution: Remove requirement altogether or lower the threshold to 36 hours, for example. Other?

Rural Emergency Hospital 2.0 legislation



- Potential changes to the program:
 - 340B eligibility
 - Allowing of swing beds to retain access to post-acute care
 - Authorizing psychiatric and rehabilitation distinct part units
 - 5% add on to apply to non-OPPS services paid under the Clinical Laboratory Fee Schedule and Physician Fee Schedule services.
 - Hospitals that closed prior to December 27, 2020, should be eligible to convert to an REH.
 - Hospitals that are designated as rural by their state but did not have an active reclassification under 42 C.F.R. § 412.103 by December 27, 2020.
 - Ability to revert back to NP CAH status.

Farm Bill Reauthorization

NRHA Farm Bill requests letter to House and Senate Ag leadership.

NRHA Priority Areas

- Support rural development programs
 - Build rural broadband Capacity
 - Elevate rural health care
 - End rural food insecurity
- S. 3761/H.R. 5246: National Agricultural Crisis Hotline Act
 - H.R. 4713: Rural Hospital Technical Assistance Act
 - H.R. 5989: Rural Health Care Facilities Revitalization Act
 - H.R. 4603: Rural Wellness Act
 - S. 1736: Farmers First Act
 - S. 1867/H.R. 3922: Expanding Childcare in Rural America Act

Innovation

Transforming Maternal Health (TMaH)

- [TMaH](#) is a new CMMI model designed to focus on improving maternal health care for people enrolled in Medicaid/CHIP
- Model will focus on three main pillars:
 - Access to care, infrastructure, and workforce capacity
 - Quality improvement and safety
 - Whole-person care delivery
- State Medicaid Agency (SMA) lead applicant
- NRHA with CMMI TMaH leadership hosting a listening session on April 18, 2024, 12:30-1:30 pm ET. [Register here](#)

CMS Updates Quality and VBC Specialty Care Strategies

- Launch week of April 1 of a new quality pathway to evaluate patient-centered quality goals in design and evaluation of APMs.
- CMMIs Specialty Care Strategy:
 - Data transparency
 - Continued episodic payment models
 - Financial incentives for primary care and specialist coordination and engagement
 - Provision of “shadow bundles” data
 - Extension of BPCI Advanced Model
 - Specialist engagement incentives in MCP Model
- CMMI signaling exploring options for embedding subpopulation targets within ACO models for high-volume or high-cost conditions.

The ACO Primary Care Flex

- Released March 19, 2024, [CMS Infographic](#)
- Layers primary care capitation on top of the existing Medicare Shared Savings Program (MSSP)
- RHC and FQHCs are eligible
- May not participate in both AIP and PC Flex
- Application deadline: August, 2024 Start Date: Jan. 1, 2025
- Financial
 - One-Time Advanced Shared Savings Payment: All selected ACOs will receive an upfront Advanced Shared Savings Payment of \$250,000 to support startup and infrastructure costs.
 - Monthly Prospective Primary Care Payments (PPCPs): This replaces the traditional fee-for-service payment system; ACOs will receive predictable monthly payments based on county-average primary care spending and specific patient population characteristics

What's Happening in the Administration

Current Activities

- **CMS [Request for Information](#) on Medicare Advantage Data**
- Soliciting comments on all aspects of data related to MA. Feedback will enhance data capabilities, find areas for increased transparency, and inform future rulemaking.
- Comments due **May 29, 2024**.

Minimum Staffing Standards for LTC Facilities

- [Final rule](#) released April 22, 2024
- 2 main provisions for nursing homes/SNFs:
 - Must have RN on site 24/7
 - Rural facilities must comply by May 10, 2027
 - Must meet total nurse staffing ratio of 3.48 hours per resident day (HPRD), including 0.55 for RNs and 2.45 for nurse aides
 - Remaining 0.48 HPRD can be met with any nursing staff mix
 - Rural facilities must comply by May 10, 2028
- For implementation phase-ins, CMS is using OMB definition of rural

Minimum Staffing Standards for LTC Facilities

- Hardship exemption for HPRD and 24/7 RN requirement:
 - Active until next survey recertification, can be continually renewed if eligibility is met
 - Eligibility depends on location, documenting good faith effort to hire, financial commitment to hiring
- Existing waiver (483.35(f)) for RN standards can also be used for 24/7 RN requirement, renewed annually:
 - For rural SNFs in area where SNF services do not meet demand, has RN on duty 40 hours/week
 - Patients do not need RN/physician for a 48-hours period or has RN/physician to provide care when regular RN is not on duty



The Road to 270



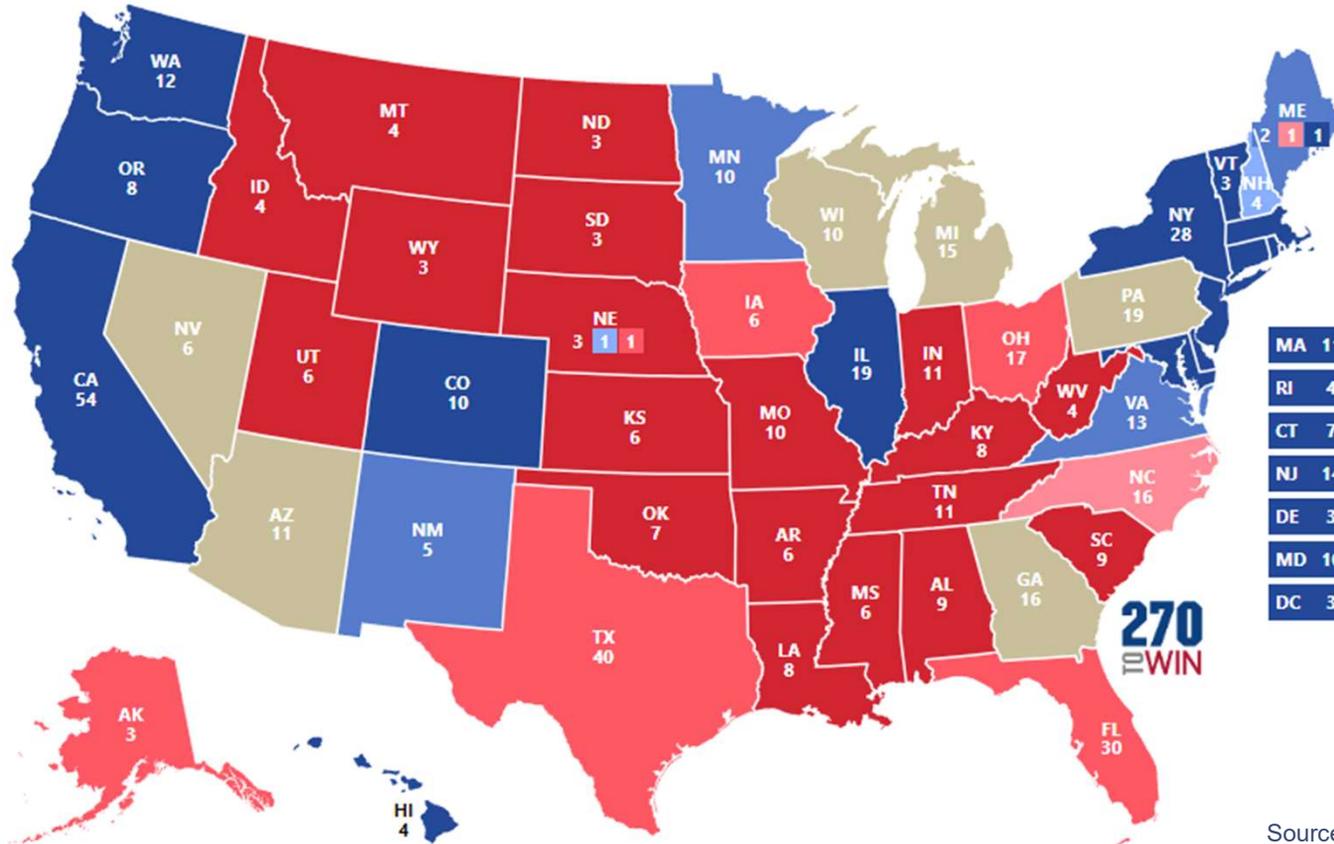
Democrats ▾ 226

235 Republicans ▾



Map Color Palette

Map Color Palette controls including zoom in (+), zoom out (-), and a help icon (?). The palette includes color swatches for Safe (dark blue), Likely (medium blue), Leans (light blue), Toss-up (tan), and a red color. A checkbox for 'Show 3rd Party' is present.



MA	11
RI	4
CT	7
NJ	14
DE	3
MD	10
DC	3

Split Votes

State	District 1	District 2	District 3
ME	2	1	1
NE	2	1	1

Map Library

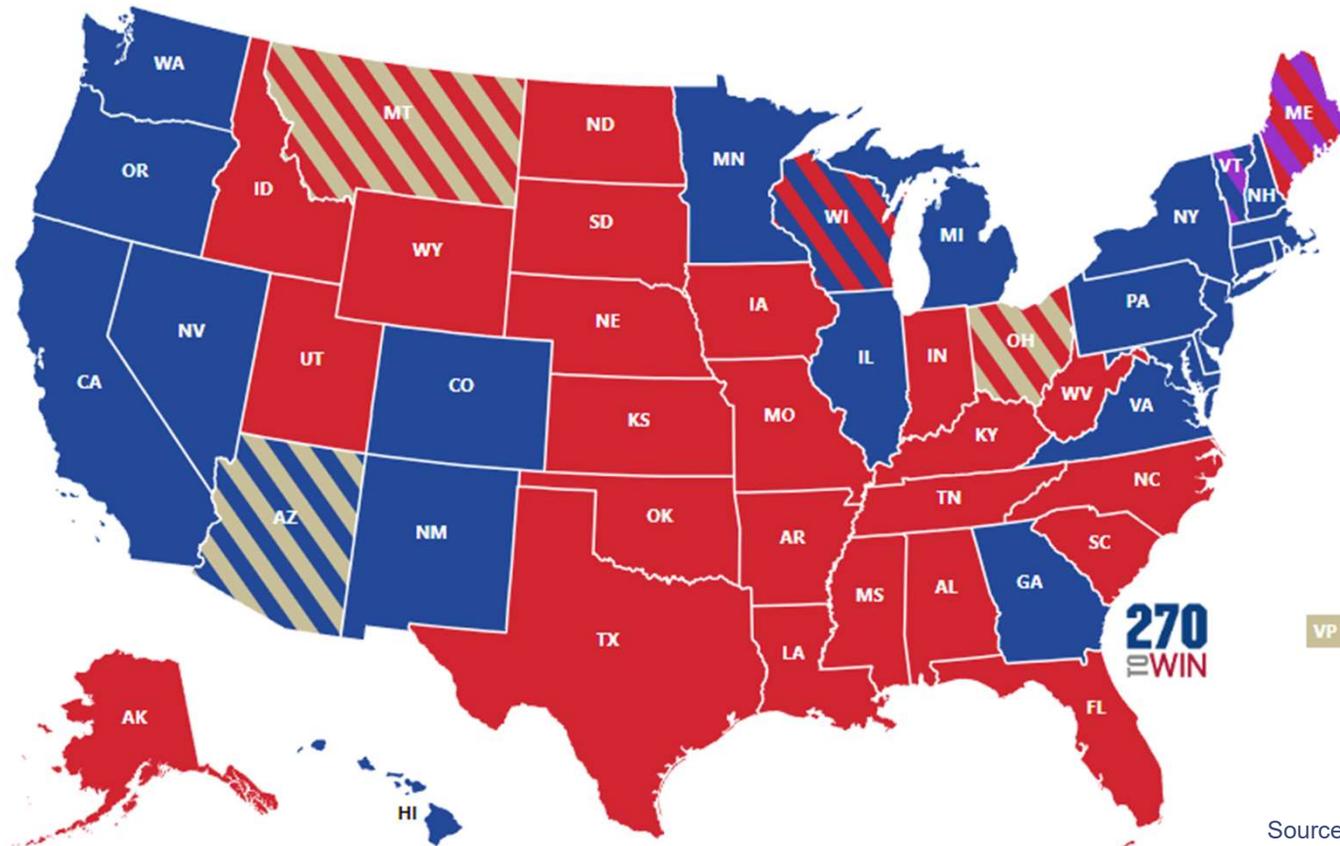
2024 Consensus ▾

As of Apr. 6, 2024
[Details >>](#)

Map Updated: Apr. 6, 2024 at 16:08 UTC (12:08 PM EDT)

Source: <https://www.270towin.com/>

Senate Map Projections



Source: <https://www.270towin.com/>

House of Representatives

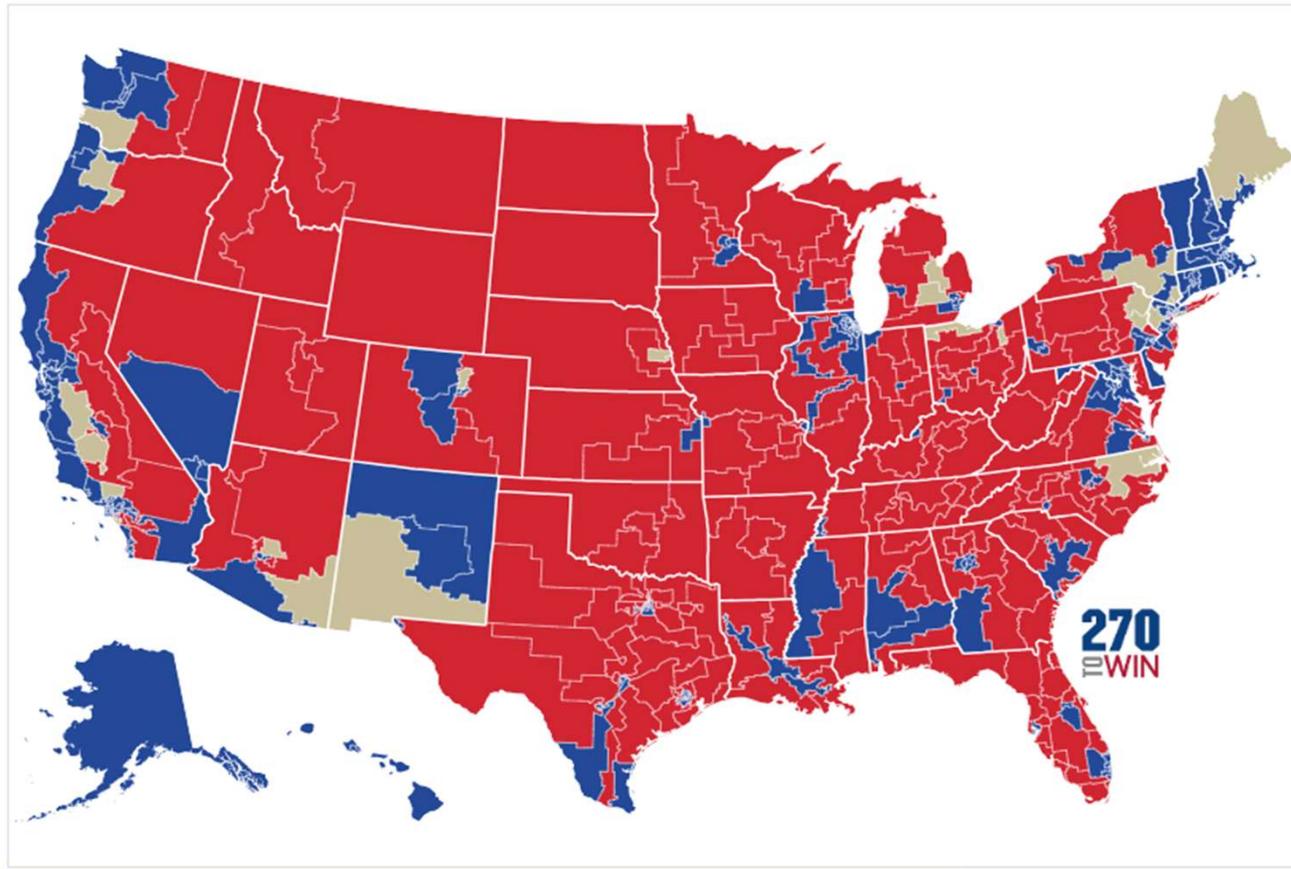
Democrats 202

210 Republicans



United States

+ - Full Size



Source: <https://www.270towin.com/>



“What Liberals Get Wrong About ‘White Rural Rage’ — Almost Everything”



- Response to Schaller and Waldman’s book: *White Rural Rage*, Feb. 2024
- What rural communities desire:
 - Empowering strategies that allow them to shape their own future
 - Support that bolsters local leadership
 - Encourages community-driven initiatives
 - Provides the tools and resources necessary for them to address their specific challenges in a manner consistent with their values
- To understanding rural resentment:
 - Acknowledge the profound geographic inequities that exist in the U.S.
 - These inequities are a powerful motivator of political behavior
 - They are not the same as rage, racism, xenophobia and nationalism
 - It is distinctive
- This isn’t rage, nor is it a threat to democracy.

Source: <https://www.politico.com/news/magazine/2024/04/05/white-rural-rage-myth-00150395>

Advocate With Us!



CONGRESSIONAL BIPARTISAN RURAL HEALTH CAUCUS

- Officially relaunched last Fall!
- Co-chaired by Reps. Tokuda (D-HI) and Harshbarger (R-TN).
- 52 bipartisan members and growing.
- Working on briefing and event schedule for upcoming year.
- [Listing of current members](#)
- From Minnesota:
 - Brad Finstad (R-MN-01)



NRHA Legislative Agenda



Investing in a Strong Rural Safety Net

Since 2010, nearly 155 rural hospitals have shuttered their doors, including dozens since the onset of COVID-19. Over 40% of rural hospitals are operating with negative margins and therefore vulnerable to closure. While federal pandemic relief eased closure rates, it didn't address key factors impacting rural hospital viability. 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 local economy. Health infrastructure is critical to the



Addressing Rural Health Equity

Rural populations often encounter barriers that limit their ability to obtain the care they need. COVID-19 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 inequities and declining life expectancy rates are a top priority for NRHA in 2023. The federal health programs is a small portion of federal health care spending, rural Americans. These safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care in rural America.



Building a Robust Rural Healthcare Workforce

The COVID-19 pandemic exacerbated the workforce shortage in rural America. 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.

Advocacy Priorities

Core Advocacy Materials:

- [NRHA 2024 Legislative Agenda](#)
- [NRHA 2025 Appropriation Priorities](#)
- [NRHA Rural Hospital Legislative Priorities](#)
- [2024 Rural Medicare Extender Priorities](#)
- [NRHA Farm Bill Legislative Priorities](#)
- [NRHA Rural Health 101](#)
- [Rural Health Advocacy 101](#)

Rural Health Extenders

Medicare Dependent Hospital & Low-Volume Hospital Designation
Expiring October 1, 2024. Extend MDH and LVH Medicare designations in recognition of their low volumes and significant Medicare population.
Call to Action
Urge Congress to pass S. 1110/H.R. 6430

Medicare Telehealth Flexibilities
Expiring December 31, 2024. Makes permanent Medicare telehealth flexibilities put in place during the pandemic by expanding eligible RHC, FQHC, other practitioners, allowing audio-only, and more.
Urge Congress to pass S. 2016/H.R. 4189

Home Health Add-On Payment
Expiring January 1, 2024. Renew 1% add-on payment for home health agencies that furnish services in low population areas for long travel times.
Urge Congress to introduce legislation extending the add-on payment in Section 4137 of the CAA, 2023

Rural Groundwater Payment
Expiring October 1, 2024. Additional reimbursement for ambulance services in rural areas.
Urge Congress to pass S. 1571

Rural Hospital Priorities

H.R. 833 Save America's Rural Hospitals Act
Reps. Graves (R-MO) and Huffman (D-CA)
This legislation works to ensure critical rural providers are equipped to support their patients through permanent Medicare reimbursement for rural hospitals, making permanent Low-Volume Hospitals and Medicare-Dependent Hospitals designations, reversing cuts to reimbursement of bad debt, permanently increasing Medicare payments for ground ambulance services, making permanent telehealth enhancements for RHCs and FQHCs and reauthorizing the Flex program, among other provisions.

H.R. 4713 Rural Hospital Technical Assistance Program Act
Reps. Kilmer (D-WA) and Jackson (R-TX)
This legislation would authorize the USDA Hospital Technical Assistance Program to identify and address hospital needs to improve financial performance and quality outcomes.

S. 1571 Rural Hospital Closure Relief Act of 2023
Sens. Durbin (D-IL) and Lankford (R-OK)
This bill provides flexibility around the 35-mile distance requirement and enables states to certify a hospital as a "necessary provider" in order to obtain CAH designation, expanding the number of rural hospitals who qualify.

H.R. 5989 Rural Health Care Facilities Revitalization Act
Reps. Caraveo (D-CO), Moolenaar (R-MI), Moylan (R-GU), Salinas (D-OR)
This bill allows hospitals, behavioral health facilities, clinics, and long-term care facilities to use Rural Development assistance to upgrade health IT, refinance debt obligations, and support ancillary needs.

NRHA

Rural Health 101

Why Rural Health?
About 61 million (15%) of Americans reside in rural areas.

Rural Barriers to Access
People living in rural areas are at greater risk of poor health conditions due to:
• Health care workforce shortages
• Lower rates of health insurance coverage
• Limited availability of health care and public health services
• Vulnerable health care facilities
• Distance and transportation limitations
• Inadequate broadband access
• Higher prevalence of chronic disease
• Lower socio-economic population

Infrastructure
Since 2010, nearly 170 rural hospitals have closed or discontinued inpatient services. Currently, 50% of rural hospitals operating on or near negative margins. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lymph node exits, affecting the larger community.

Critical Access Hospitals (CAHs)
CAHs reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities through receiving certain benefits, such as cost-based reimbursement for Medicare services.

Rural Prospective Payment System (PPS) Hospitals
Recognizing that many rural hospitals are the only health care facility in their communities and that their survival is vital to ensure access to health care, Congress created special PPS designations including Telehealth Prospective Payment System (TPPS), Medicare Critical Access Hospitals (CAHs), and Low-Volume Hospitals (LVH).

Rural Health Clinics (RHCs)
RHCs are public, non-profit, or for-profit healthcare facilities that use a team approach to healthcare delivery using advanced practice nurses and physician assistants to provide Medicare and Medicaid services (CMS certification). RHCs must be located in a non-urban area that is designated as underserved.

1,353 CAHs operating in the US

Farm Bill Priorities
The Farm Bill is an opportunity to improve health care, build rural development, and enhance the overall quality of life in rural communities.

SUPPORT RURAL DEVELOPMENT PROGRAMS
The RD title supports the backbone of rural communities: from hospitals to child care facilities. Congress must leverage key programs such as the Community Facilities Loan & Grant Programs to provide rural hospitals necessary capital and the strengthen economic health of rural areas.

ELEVATE RURAL HEALTH
Reauthorize the Rural EMS & Equipment Assistance Program and continue support for USDA's Rural Health Liaison. Congress must also address farmer behavioral health by supporting the Farm & Ranch Stress Assistance Network and authorizing a designated agricultural worker mental health crisis hotline.

END RURAL FOOD INSECURITY
Food insecurity impacts more than 1 in 10 rural households, contributing to worse health outcomes for rural residents. Congress must reauthorize and bolster food security programs to help end rural health disparities.

BUILD RURAL BROADBAND CAPACITY
Broadband access is critical for utilizing telehealth services. Increase support for Community Broadband, and Distance Learning & Telemedicine programs to ensure rural America is connected.

Engage with us:
ruralhealth.us/advocacy
@NRHA_Advocacy
#NRHA_Advocacy

Advocacy Materials!

- **Topic specific 1-pager leave behinds:**

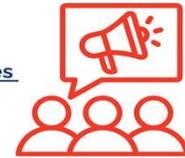
- Includes background information and NRHA supported legislation & programs
- 340B Program
- REH
- Rural Health Clinics
- Rural Hospitals
- Rural Community Health Centers
- Rural Maternal Health
- Rural Telehealth
- Rural Behavioral Health
- Rural Oral Health
- Rural EMS
- Rural Veteran's Health
- Rural Public Health



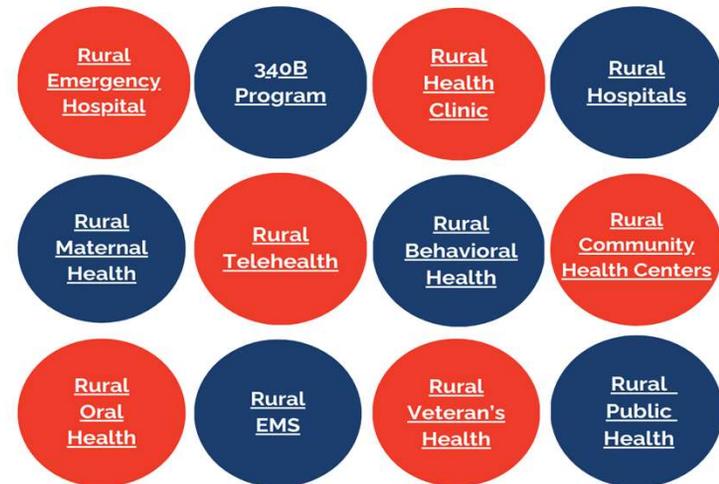
Rural Advocacy Materials

Core Advocacy Materials:

- NRHA 2024 Legislative Agenda
- NRHA 2024 Appropriation Priorities
- NRHA Rural Hospital Legislative Priorities
- 2024 Rural Medicare Extender Priorities
- NRHA Farm Bill Legislative Priorities
- NRHA Rural Health 101
- Rural Health Advocacy 101



Supplementary Topic 1-Pager Materials:





NRHA
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Questions?

bslabach@nrharural.org
[@bslabach](#)
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