



National Rural Health Association

Landscape of Rural Health

Michigan Rural Health Conference

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#ruralhealth
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Chief Operations Officer

Destination NRHA

Plan now to attend these 2023 events.



Annual Conference	May 16-19, 2023	San Diego, CA
Rural Hospital Innovation Summit	May 16-19, 2023	San Diego, CA
Rural Health Clinic Conference	Sept. 26-27, 2023	Kansas City, MO
Critical Access Hospital Conference	Sept. 27-29, 2023	Kansas City, MO
Rural Health Policy Institute	Feb. 13-15, 2024	Washington, DC

Visit ruralhealth.us
for details and discounts.



NRHA

Your voice. Louder.

NRHA is a national nonprofit membership organization with more than 21,000 members, made up of a diverse collection of individuals and organizations with the common goal of ensuring all rural communities have access to quality, affordable health care.

Our mission is to provide leadership on rural health issues.

Why rural public health?



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 services 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 public health and health care in rural communities

What We Fight for on Behalf of Rural

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



Rural Social Drivers of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Pollution	Literacy	Food insecurity	Social isolation	Health coverage
Income	Housing	Language	Access to healthy food options	Community engagement	Provider availability
Expenses	Transportation	Early childhood education	SNAP	Discrimination	Provider linguistic and cultural competency
Debt	Public Safety	Vocational training		Stress	Quality of care
Medical Bills	Climate Change	Higher education			
Support	Walkability				

Political Drivers of Health

The future of health equity begins and ends with the political determinants of health. --[Leslie Erdelack](#)

- Political drivers of health create the social drivers. Some examples:
 - Medicaid Expansion
 - GME Polices and specialties
 - Poor environmental conditions
 - Unsafe neighborhoods
 - Lack of healthy food options

- Defined: The Political determinants of health involve the systematic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities.

--[Daniel E. Dawes \(2020\)](#)

The real problem of humanity is the following, we have:

- paleolithic emotions
- medieval institutions
- godlike technology

Edward O. Wilson

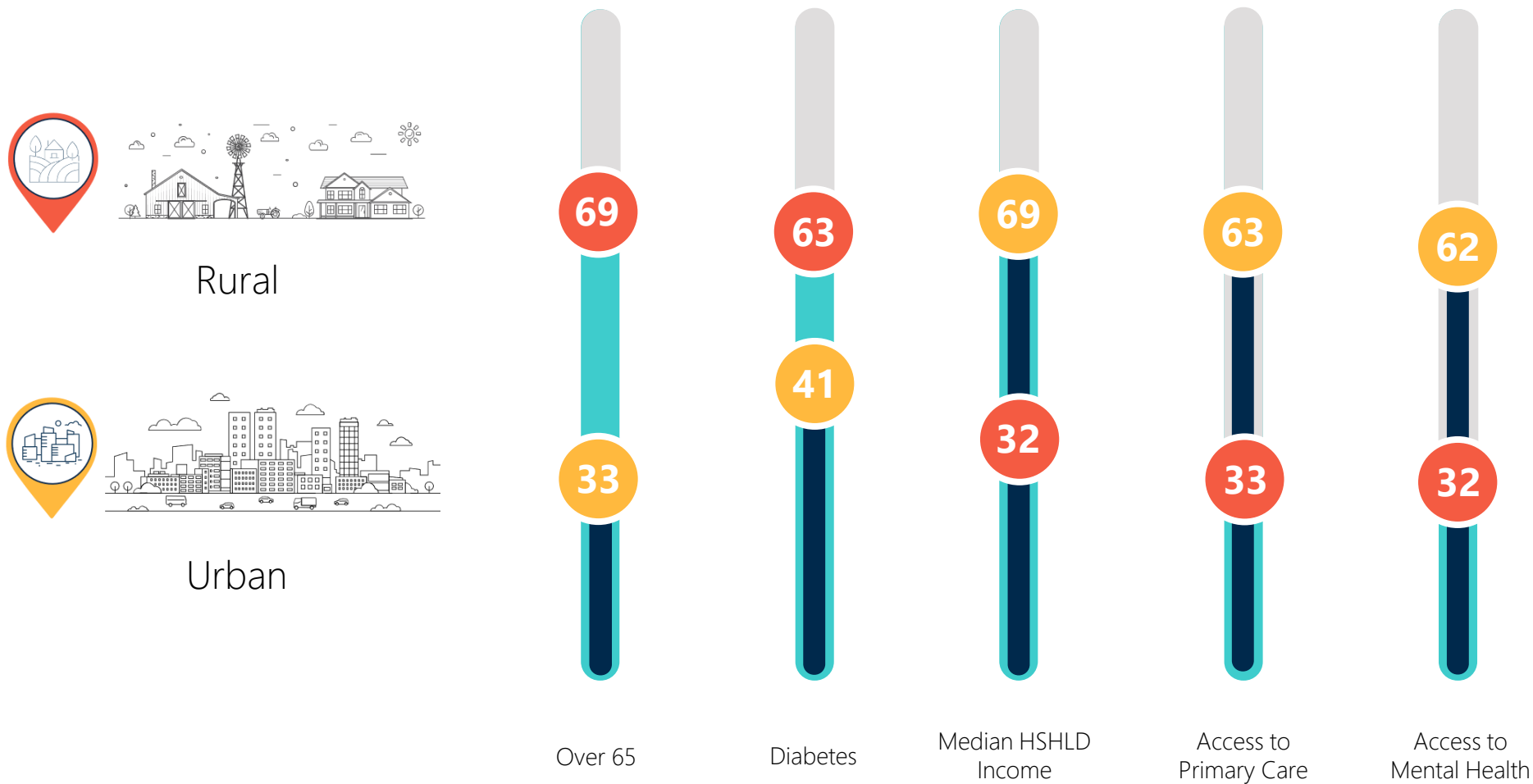
<https://www.nytimes.com/2019/12/05/opinion/digital-technology-brain.html>

Stories and Data

Population Health Disparity

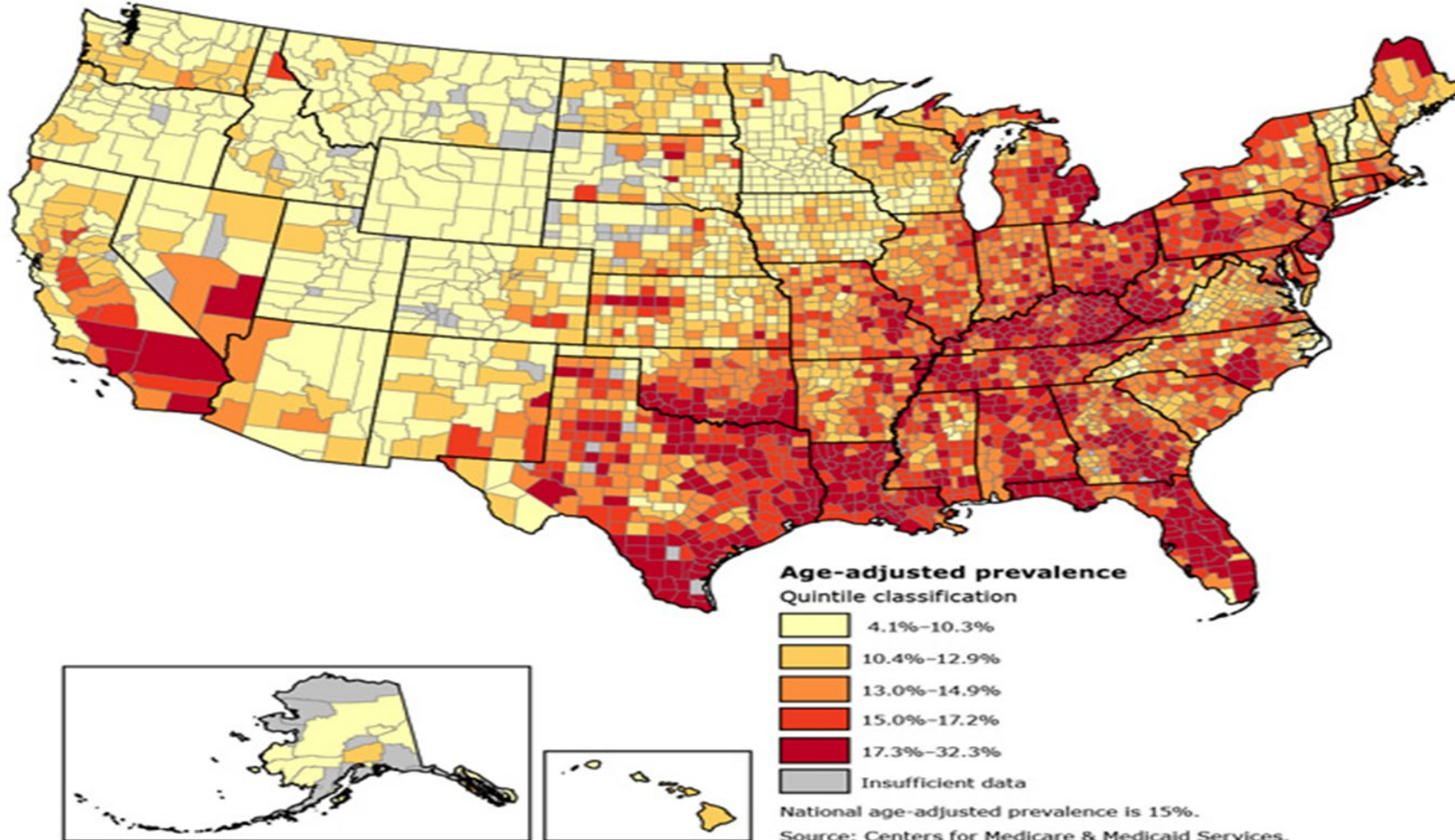
Rural v. Urban

Percentile Ranking



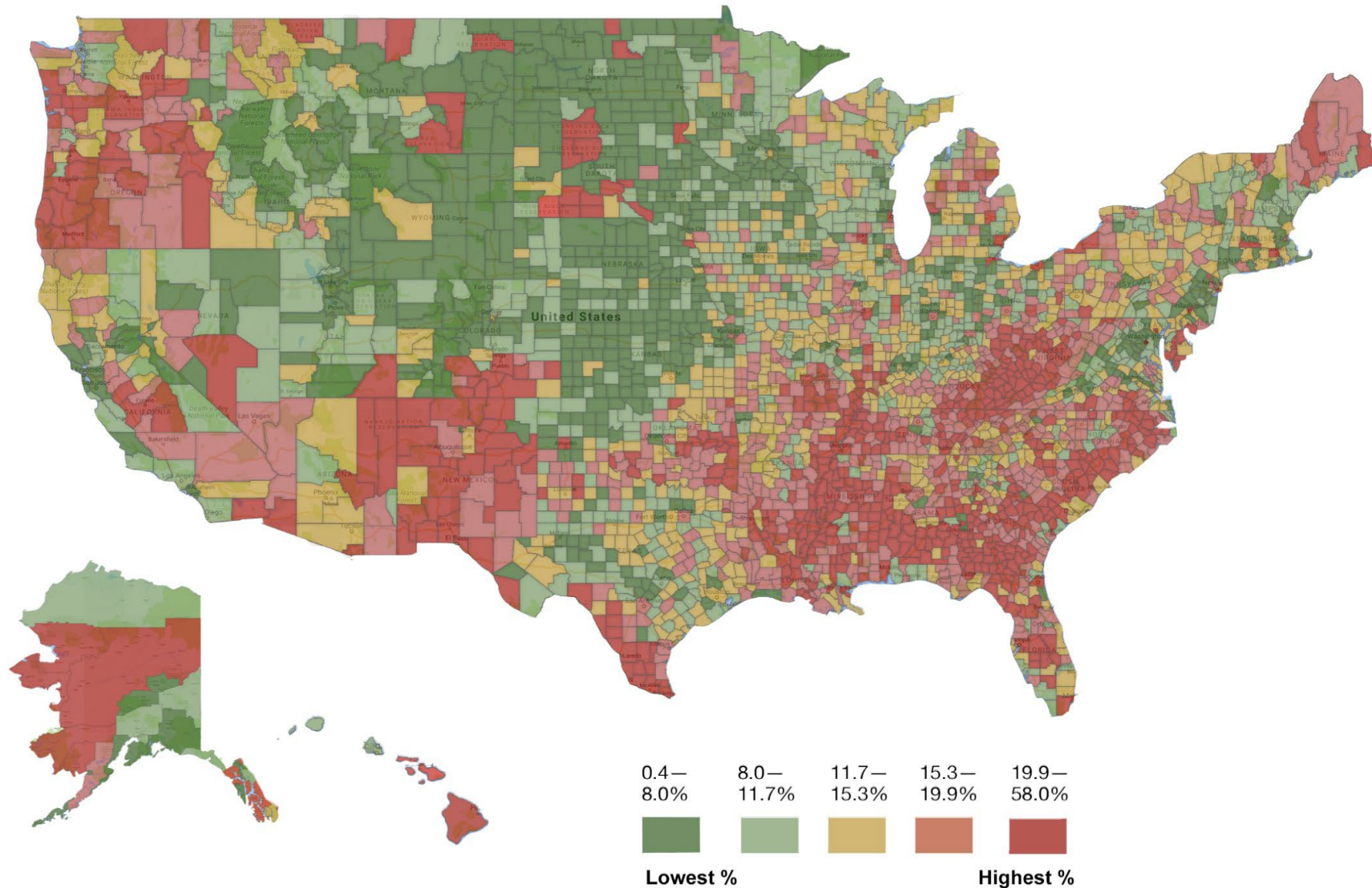
Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



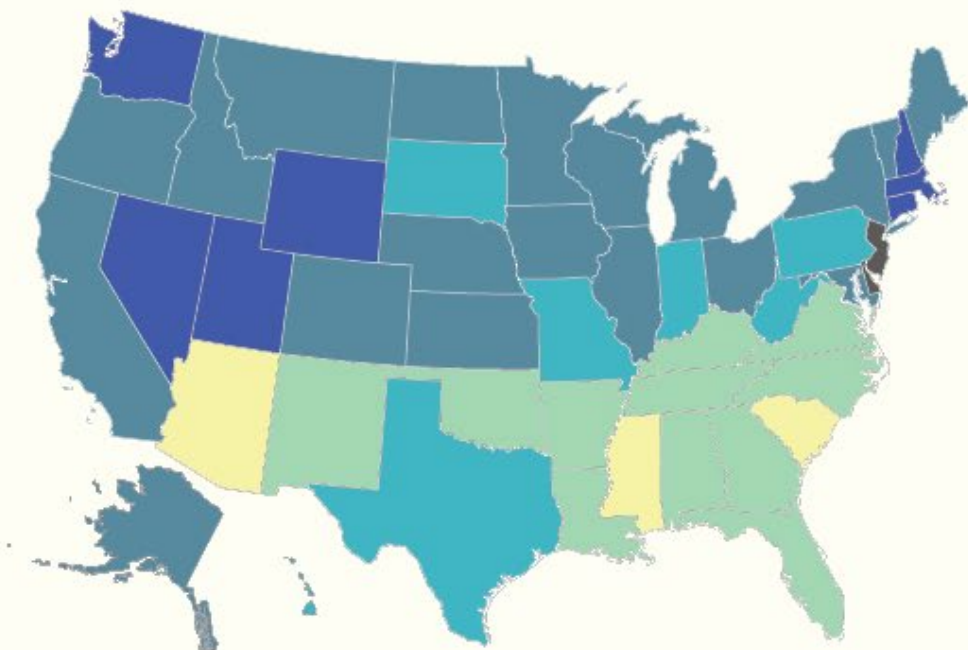
The Geography of Food Stamps

SNAP Enrollment as Percent of County Population

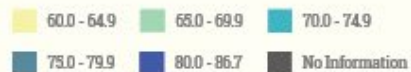


The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



% Rural Households with Broadband Subscriptions



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year variable B28002. Rural refers to outside OMB-designated metropolitan areas.

HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

83%
METROPOLITAN

vs

73%
OUTSIDE METROPOLITAN

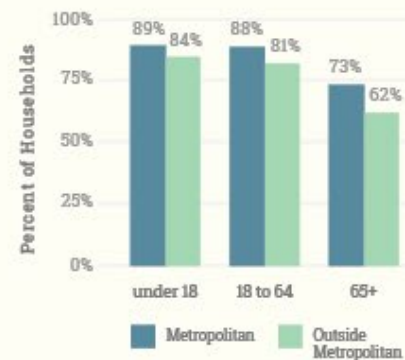
BROADBAND SUBSCRIPTIONS

BY INCOME



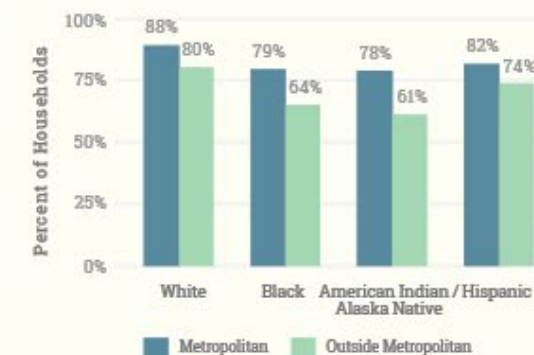
Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY AGE



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY RACE / ETHNICITY

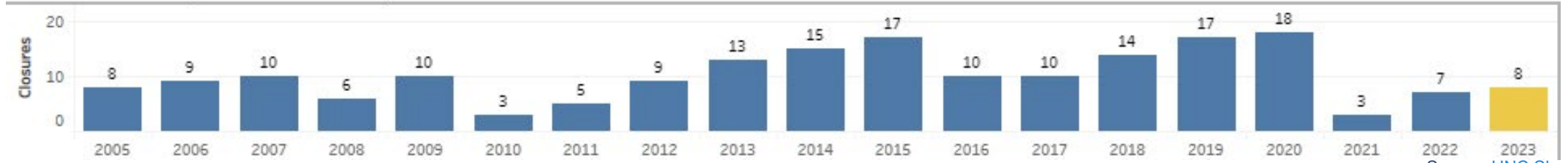
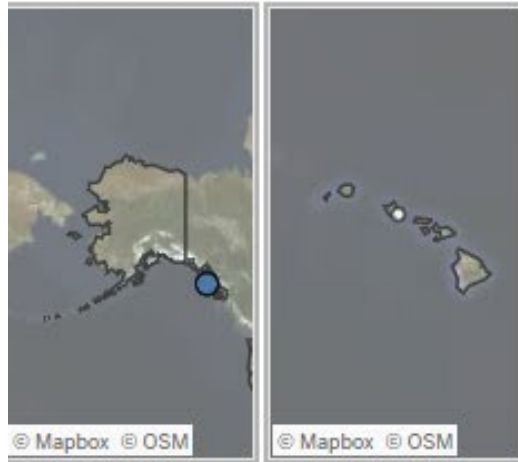


Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

Rural Hospital Closures

Closure Year
 2005 2023
 D

2023 closures are displayed
 in **yellow**, closures prior to 2023 are
 in **blue**.



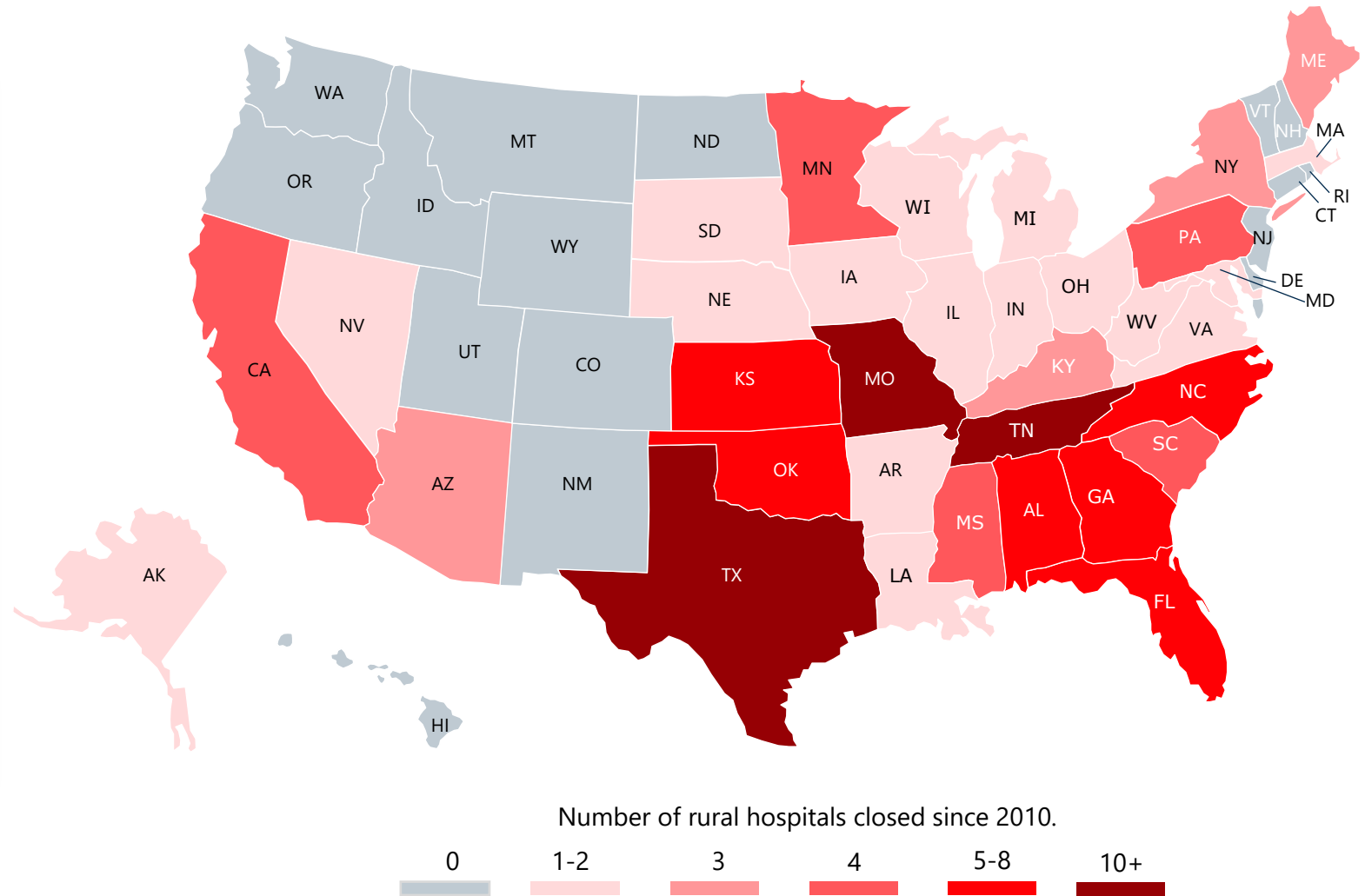
2023: 4 in Texas, 1 in Illinois, 1 in Georgia, 1 in Pennsylvania and 1 in Mississippi

America's Rural Hospital Closure Crisis

Since 2010, **149** rural hospitals have closed their doors.

Highest number of closures tend to be in **states resisting** (or slow to adopt) **Medicaid Expansion**.

Pandemic relief **eased closure rate** but didn't address key factors impacting rural hospitals.



Closure Source: Cecil B. Sheps Center for Health Services Research, 04/24/23.

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

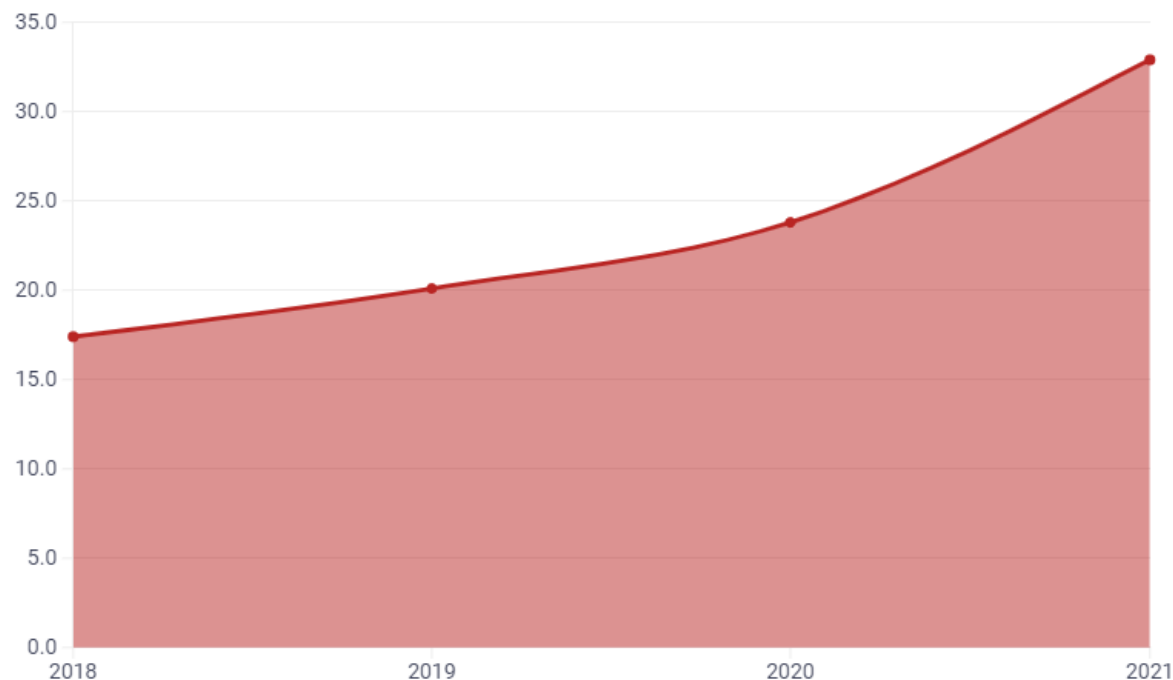
“Three years after a rural hospital community closes, it costs about \$1000 in per capita income.”

- 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.

Maternal Mortality Crisis

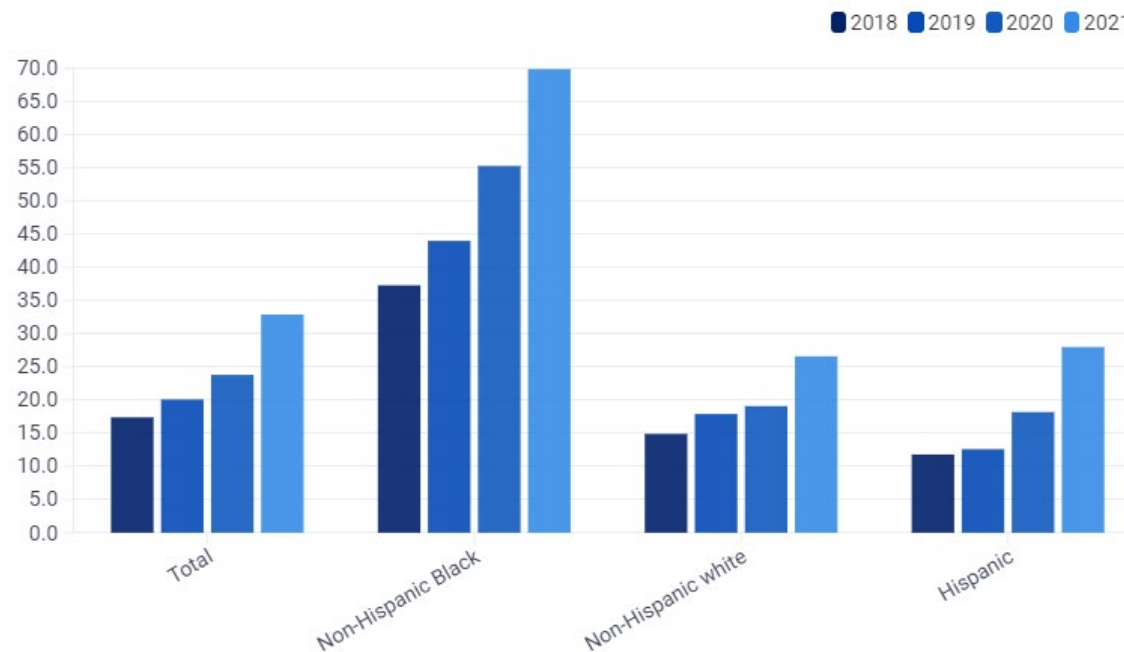
U.S. Maternal Mortality Rate, 2018-2021



Source: [National Center for Health Statistics](#)
 Chart: News Data Team at U.S. News
 Maternal mortality rates are deaths per 100,000 live births.



Maternal Mortality Rates by Race and Hispanic Origin



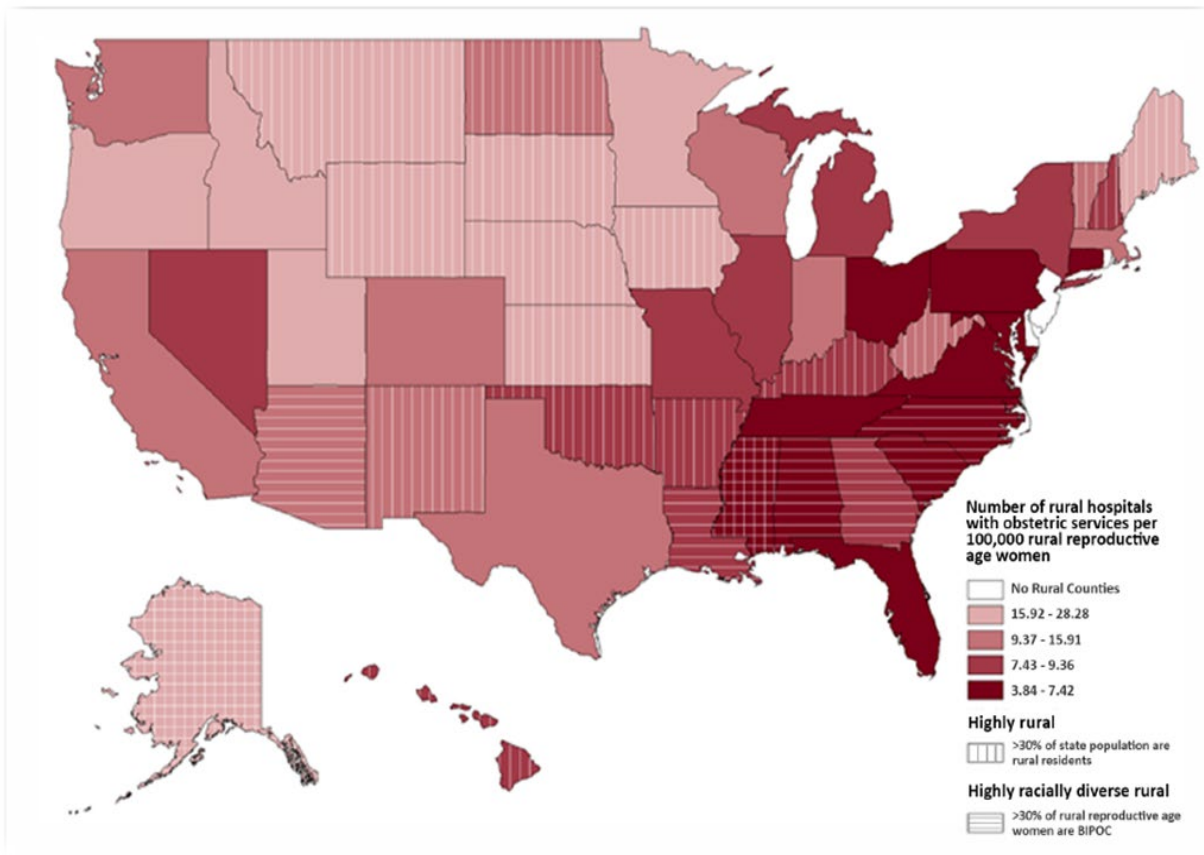
Source: [National Center for Health Statistics](#)

Chart: News Data Team at U.S. News

Maternal mortality rates are deaths per 100,000 live births. Total includes deaths for race and Hispanic-origin groups not shown separately, including women of multiple races and origin not stated.

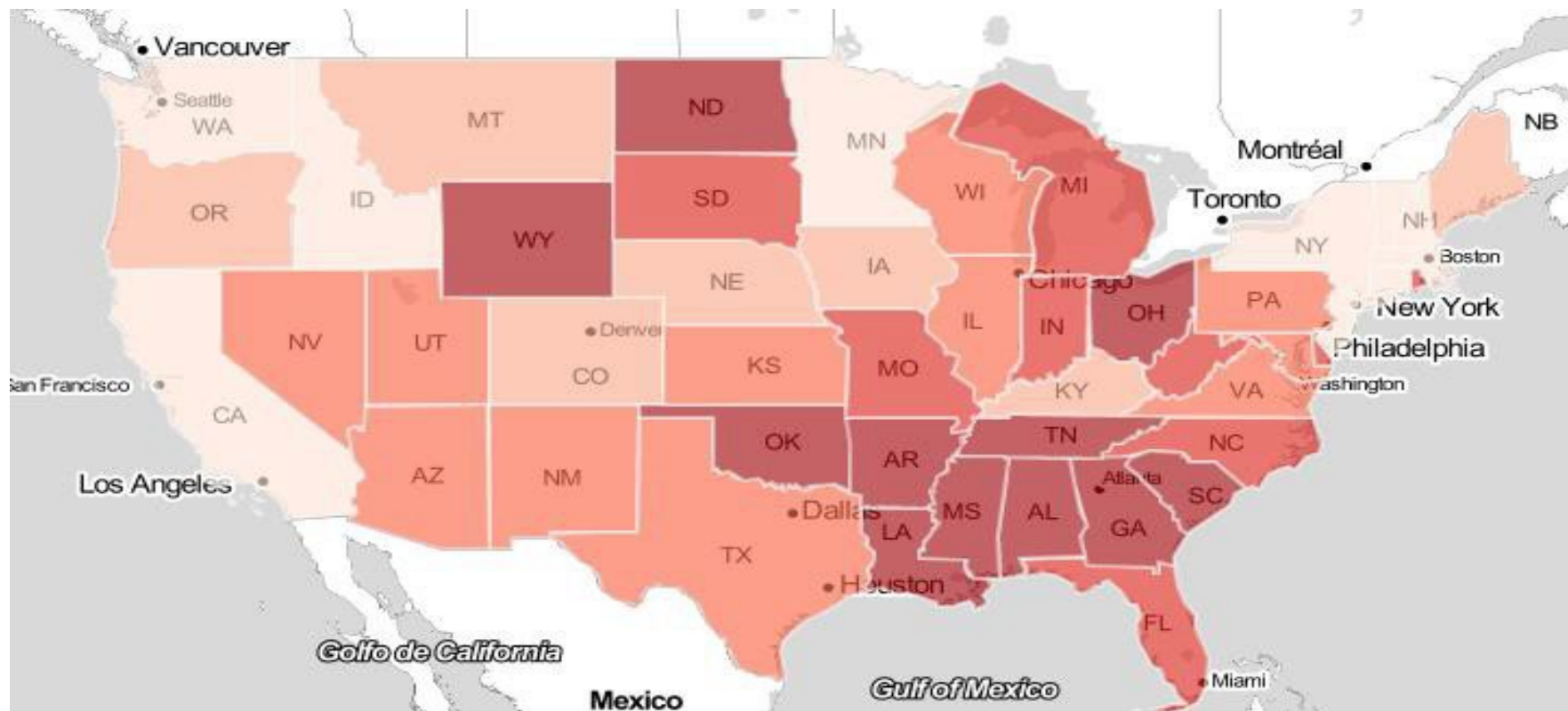


Maternity Deserts Nationwide



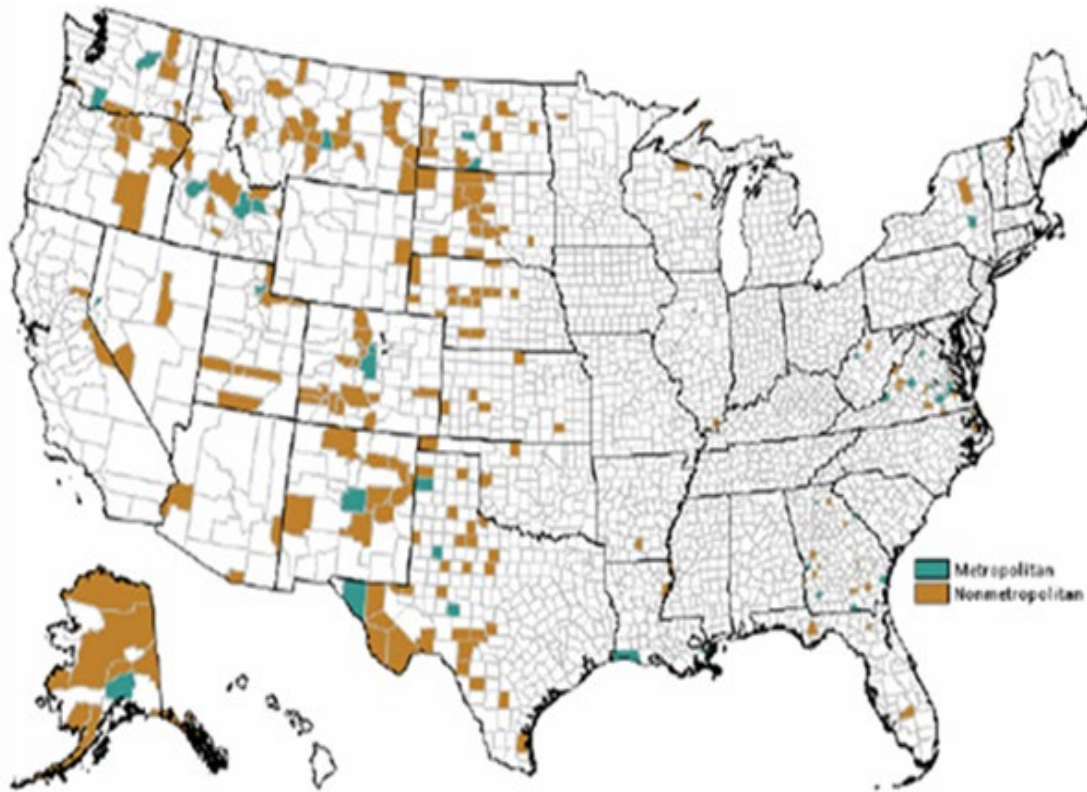
- 56% of rural counties lack hospital-based OB services
- Substantial state and regional variability
- Loss of hospital-based OB services is most prominent in rural communities:
 - With a high proportion of Black residents
 - Where a majority of residents are Black or Indigenous have elevated rates of premature death

Infant Mortality by State



Rural Nursing Home Closures

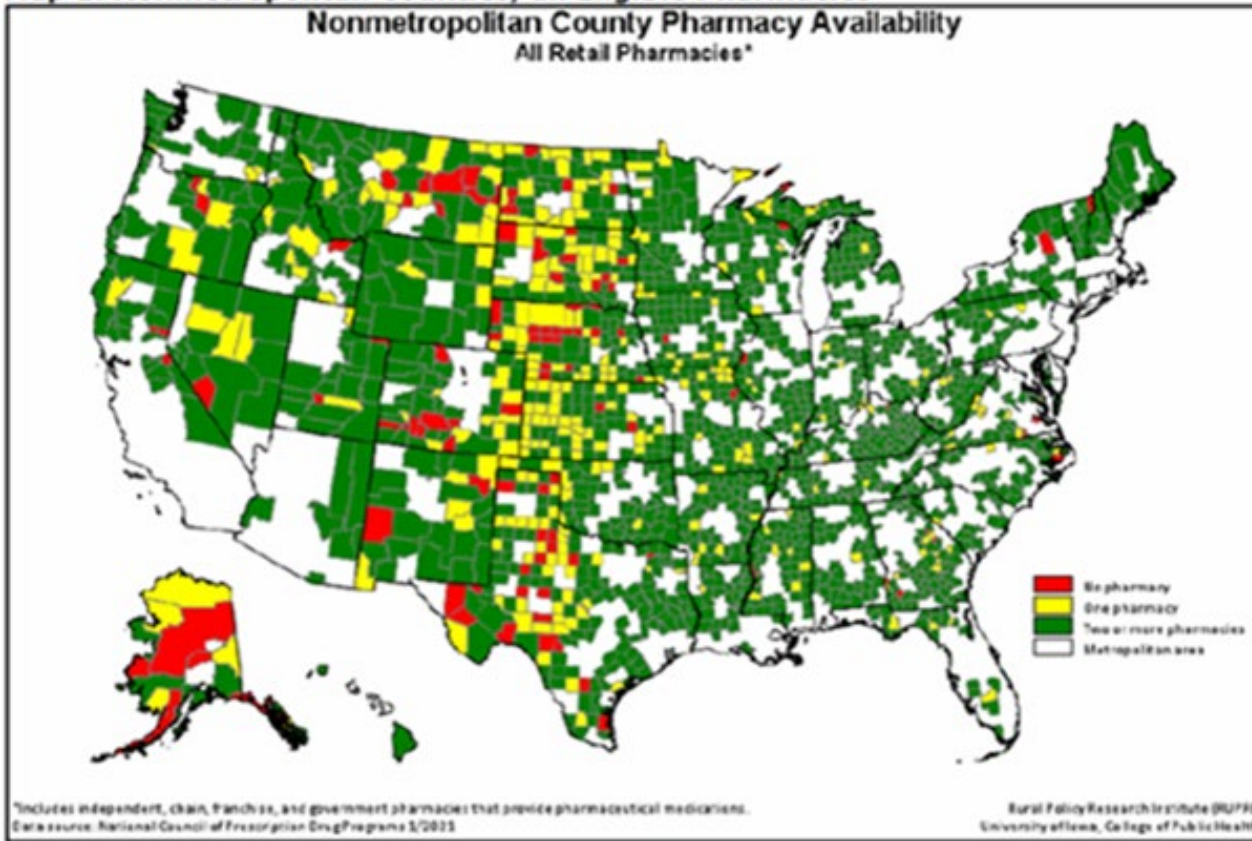
- 10% of rural counties are nursing home deserts
- From 2008-2018, 400 rural counties experienced at least 1 nursing home closure



Rural Pharmacy Closures

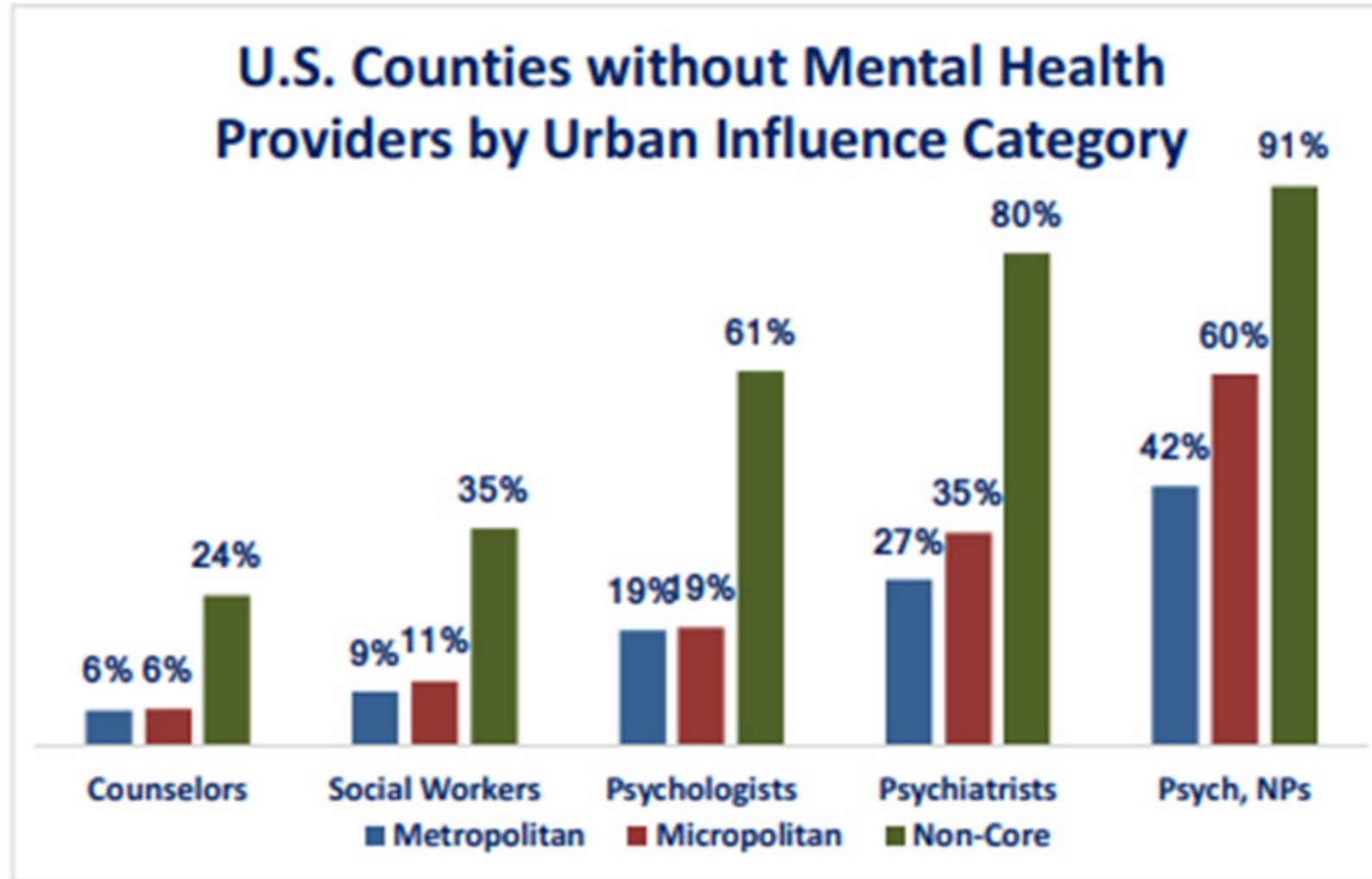
Map 1. Nonmetropolitan Counties, all Eligible Pharmacies

Nonmetropolitan County Pharmacy Availability
All Retail Pharmacies*



- From 2003 – 2018, 1,231 independently owned rural pharmacies (16.1%) closed
- 630 rural communities with at least 1 retail pharmacy in 2003 had 0 in 2018

Behavioral/Mental Health Workforce



Rural/Urban Disparities in CVD Mortality

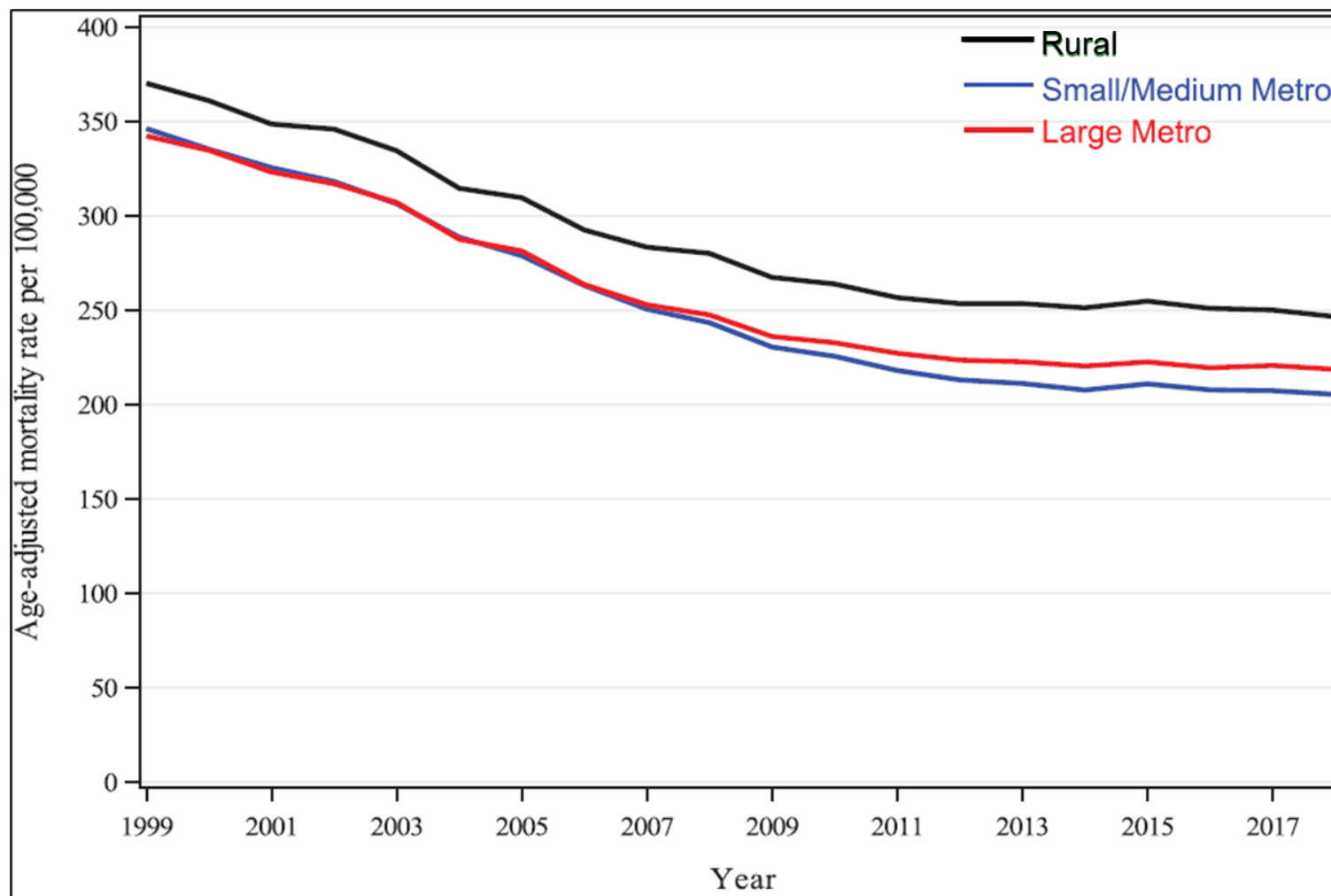


Figure 4. Trends in age-adjusted mortality rates per 100 000 population from total cardiovascular disease for both sexes stratified by urbanization status in the United States, 1999 to 2018.

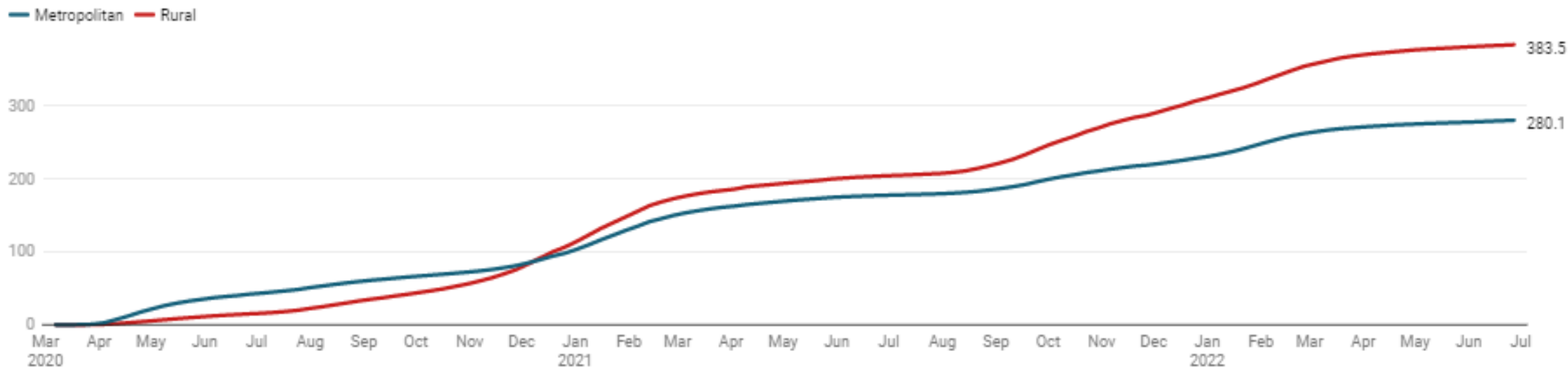
Declines in cardiovascular mortality rate per 100 000 stratified by county-level urbanization between 1999 and 2018.

Goff DC, et al. Bending the Curve in Cardiovascular Disease Mortality: Bethesda + 40 and Beyond. *Circulation*. 2021 Feb 23;143(8):837-851.

Rural COVID-19 Death Rate

Cumulative Death Rate (per 100,000), Metro and Rural

The rate of Covid-related deaths per 100,000 population from metropolitan and rural (nonmetropolitan) counties.



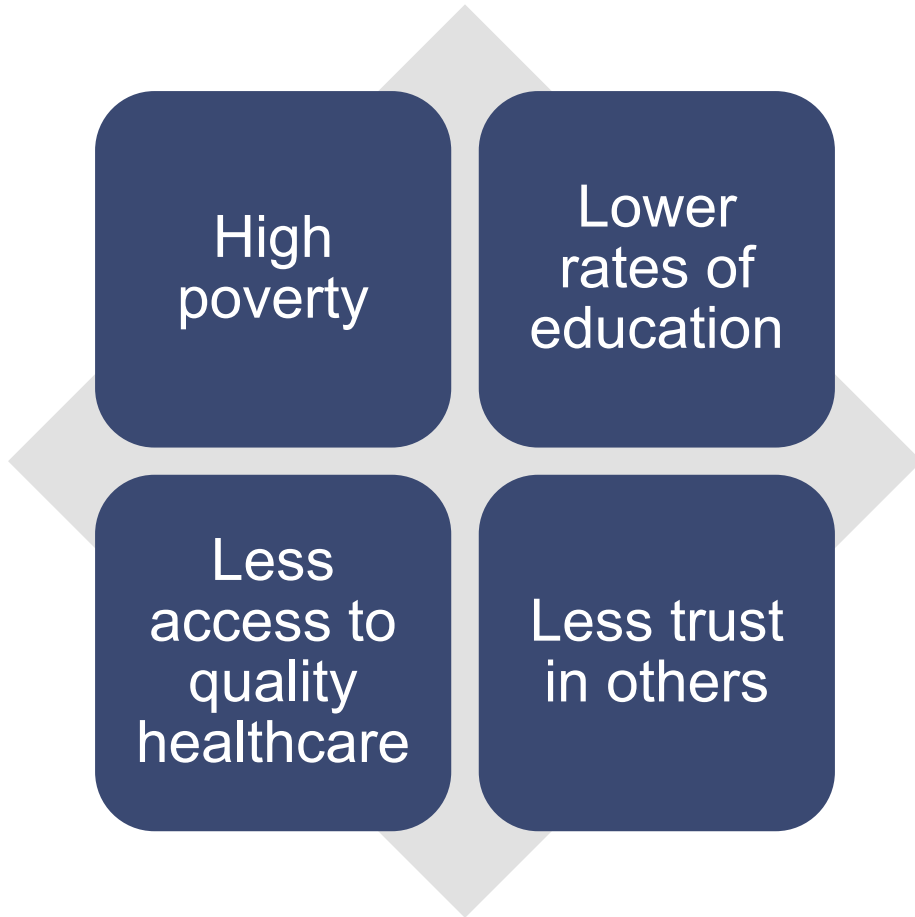
Rural is defined as nonmetropolitan, or counties that are not part of a Metropolitan Statistical Area. (OMB 2013)

Chart: Daily Yonder graphic • Source: #USAFacts, CDC • [Get the data](#) • Created with [Datawrapper](#)

As of February 3, 2023

Source: CDC and selected state departments of health
<https://dailyyonder.com/covid-19-dashboard-for-rural-america/>

Common Denominators where Covid Deaths Rates were High

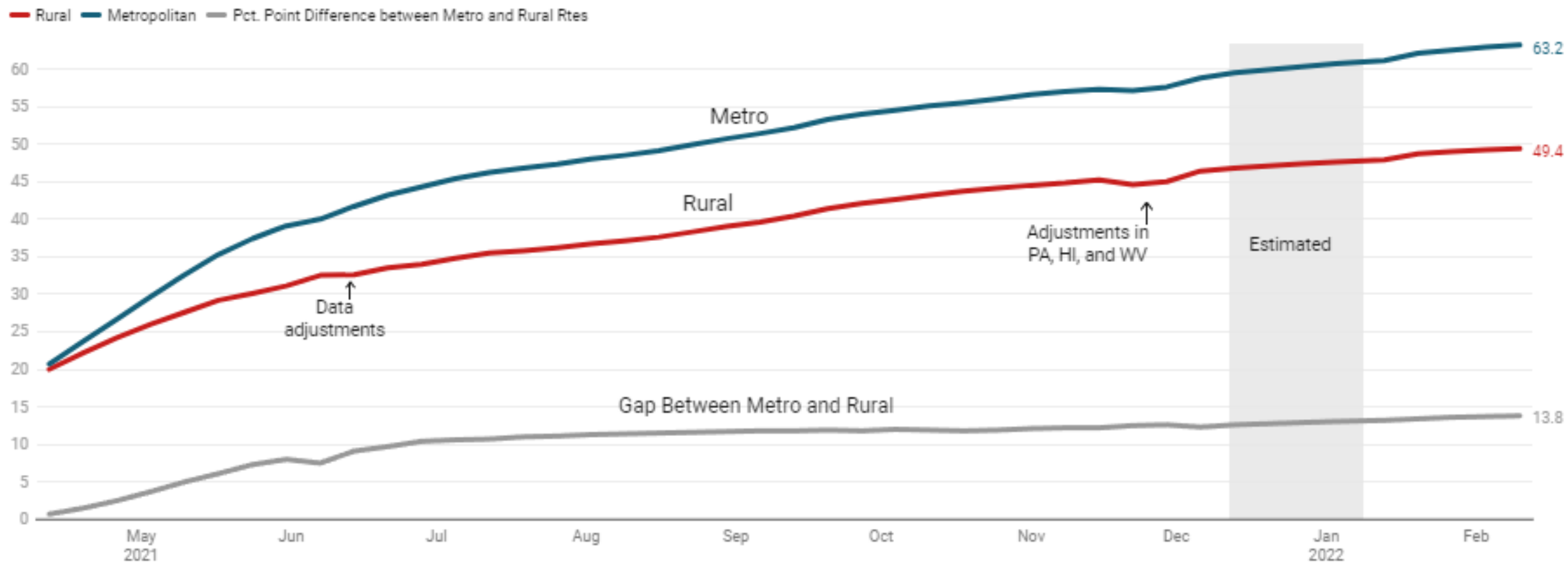


What is clear is that COVID-19 exploited and compounded existing local racial inequities, health disparities, and partisan politics to create a syndemic—a combination of local factors that interact, increasing the burden of disease from this pandemic and the likelihood of poor outcomes.

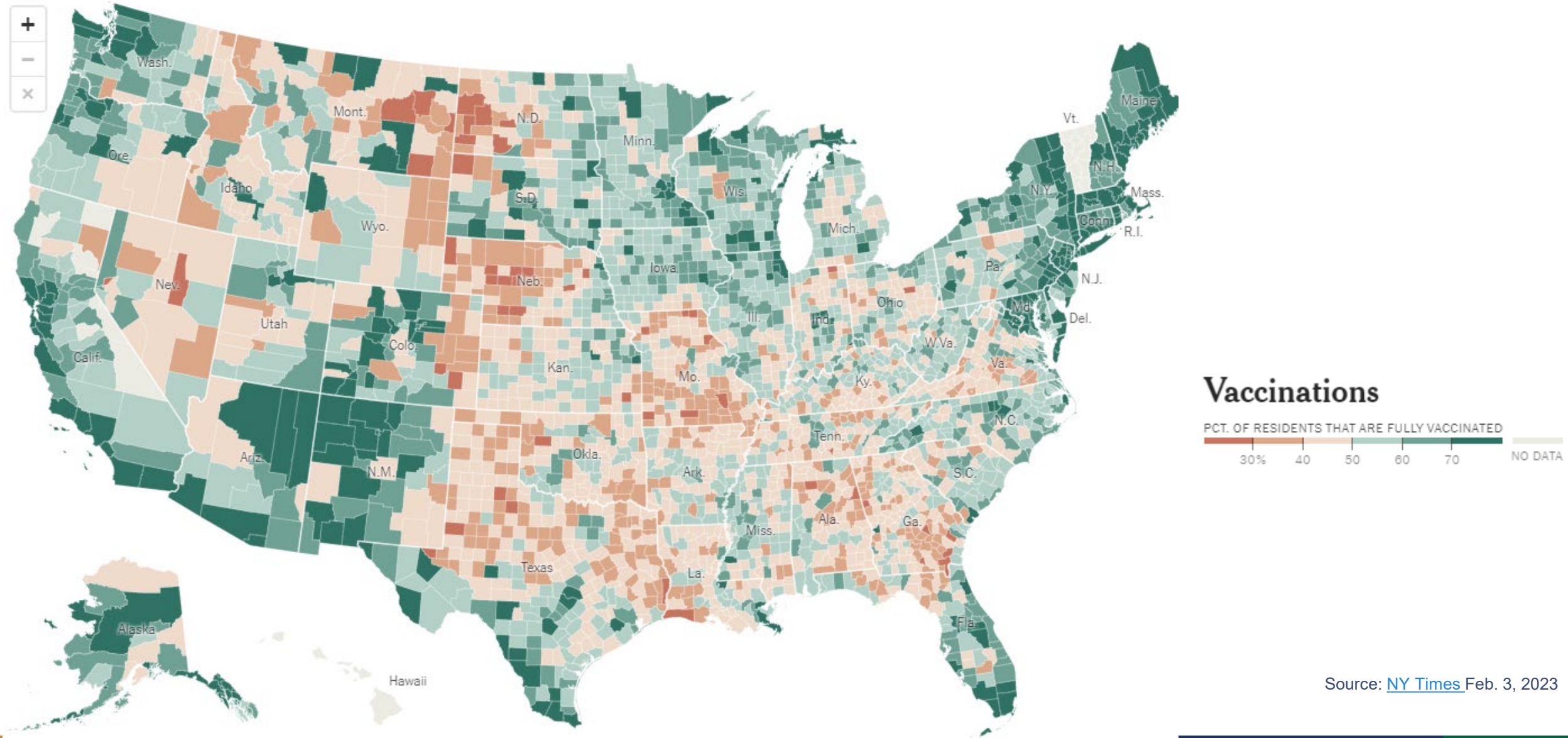
--[Thomas Bollyky](#), Lancet, 2023

Rural and Metropolitan Vaccination Rates

Rate of completed vaccinations as a percent of total population. Rural counties are not part of a Metropolitan Statistical Area (MSA) (Office of Management and Budget, 2013). Metro counties are in an MSA.



Covid-19 Vaccination Rates in US



Source: [NY Times](#) Feb. 3, 2023

Updates from the Administration

CDC Office of Rural Health

- Officially announced!
- Housed within the new Public Health Infrastructure Center
- Work across CDC to connect and coordinate to move public health infrastructure forward in US rural areas through results-based partnerships
- Acting Director, Dr. Diane Hall

<https://www.cdc.gov/ruralhealth/>

Recent Activities

- **Comment** on CMS Advancing Interoperability and Prior Authorization Processes – March 13, 2023
- **Comment** on SAMHSA medications for opioid use disorder proposed rule - February 14, 2023
- **Comment** on CY 2024 Medicare Advantage Policy and Technical Changes proposed rule - February 13, 2023
- **Comment template** for members on CY 2024 Medicare Advantage Policy and Technical changes - February 10, 2023

Recent Activities

- **Letter** to CMS on new Census definition and RHCs - January 30, 2023
- **Member template letter** on Census definition and RHCs - March 13, 2023
- **Letter** to HHS on public health emergency flexibilities ending - February 21, 2023
- **Letter** to HRSA on REHs and National Health Service Corps - February 13, 2023
- **Letter** to CMS on GME residency slot distribution - February 13, 2023

Current Activities

- **Drug Enforcement Administration** proposed rule – prescribing buprenorphine via telemedicine
 - NRHA summary
 - NRHA draft comment. **Comments due this Friday!**
 - Prescribing buprenorphine via telehealth with no in-person examination would no longer be allowed after the PHE ends, except for under certain circumstances:
 - Practitioner may prescribe one 30-day prescription before an in-person evaluation.
 - The practitioner received a qualifying telemedicine referral from another DEA-registered practitioner that examined the patient in-person.
 - The practitioner uses telehealth to evaluate the patient if the patient is in the physical presence of another practitioner.

Current Activities

- Federal Communications Commission (FCC) **final rule and order** on Rural Health Care Program
 - Eliminates the Rates Database that is used to determine urban and rural rates for the RHC Program. Reverting back to old method for rate determinations.
 - For 2024 and 2025 applicants can use previously approved rates (from funding years 2021 – 2023) that would otherwise require approval.
 - FCC did not reconsider the 3 rurality tiers established in 2019 (extremely rural, rural, and less rural).

Current Activities

- FCC proposed rule on Rural Health Care Program
 - NRHA summary coming soon.
 - Comments due April 24, reply comments due May 22.
 - FCC seeking comments on:
 - Proposed revisions to rural rate determination rules.
 - Whether the urban threshold of a population of 50,000 or more is still appropriate?
 - Reinstating the cap on support for satellite services in the Telecom Program at the amount of support the health care provider would have received for similar terrestrial-based services.

Updates from Congress

Support the Rural Health Infrastructure

- Support the rural safety net hospitals
 - HR833 Save America's Rural Hospitals Act
 - HR1565 Critical Access Hospital Relief Act
 - S803 Save Rural Hospital Act
 - Reintroduction of Rural Hospital Support Act (S4009 in 117th)
 - Reintroduction of Rural Hospital Closure Relief Act ([S644](#) in 117th)
 - Reintroduction of Hospital Revitalization Act ([S3105](#) in 117th)
- Modernize the RHC program
 - S198 Rural Health Clinic Burden Reduction Act
 - Developing RHC Quality Reporting Program with enhanced payment
- Ensure the 340B Drug Pricing Program remain a viable lifeline
 - Reintroduce Protect 340B Act ([HR4390](#) in 117th)

Strengthen the Rural Health Workforce

- Expand the Medicare Graduate Medical Education (GME) program
 - S230/HR 83 Rural Physician Workforce Production Act
 - S665 Conrad State 30 and Physician Access Reauthorization Act
 - HR751 Fair Access in Residency Act
- Support development and capacity of health care providers
 - Reintroduce Improving Care and Access to Nurses Act ([HR8812](#) 117th)
- Provide supplemental appropriations to critical workforce development programs
 - Address NHSC and Teaching Health Center GME funding cliff

Address Rural Health Equity

- Expand Access to Maternal Health Services
 - SXX Healthy Moms and Babies Act
 - Reintroduction of Momnibus
- Permanently Expand Telehealth Provisions
 - Including in person payment parity for RHC and FQHC services
 - Reintroduction of CONNECT for Health Act
- Expand Access to Emergency Medical Services (EMS)
- Support Rural Public Health Capacity
 - Increase funding for new CDC Office of Rural Health

2023 Farm Bill

- Rural Development
 - Addressing hospital capital, capacity building grants/loans
- Broadband and Telehealth
 - Oversight, technical assistance, permanent flexibilities
- Behavioral Health
 - Farm and Ranch Stress Assistance Network (FRSAN), mental health/stress hotlines
- Nutrition
 - SNAP, Food Distribution Program on Indian Reservations, Senior Farmers' Market Nutrition Program, and GusNIP
- Other Issues
 - EMS, Childcare, USDA Rural Health Liaison

Current Activities

- **Response** to Senate HELP Request for Information (RFI) drivers of workforce shortages- March 20, 2023
- **Response** to House E&C RFI Pandemics and All Hazards Preparedness Act (PAHPA)- March 13, 2023
- NRHA will submit response to Senate HELP RFI PAHPA, Senate HELP- March 29, 2023

President's Budget

- Overall, NRHA was pleased with the President's proposed budget
- Budget proposal included increases in funding for health programs across the board including HHS, FORHP, and HRSA
- 2 new programs NRHA is excited about:
 - **Rural Hospital Stabilization Program** - provides support to at-risk hospitals to enhance and/or expand needed service lines to improve long-term viability
 - **Financial and Community Sustainability for At-Risk Hospitals Program** – targets rural hospitals at-risk for imminent closure
- Rural Health Clinic Behavioral Health Initiative – previously included in FY 2023
 - Allows clinics in rural areas to fund the salary of a behavioral health provider, address provider burnouts, and expand availability of services such as mental health screenings, counseling, and therapy

FY 2024 Appropriations Request

- **CDC Office of Rural Health - \$10 million**
 - The office will enhance implementation of CDC's rural health portfolio, coordinate efforts across CDC programs, and develop a strategic plan for rural health
- **Increase funding for Rural Maternal and Obstetric Management Strategies – \$24.6 million**
 - To improve maternal health outcomes, NRHA is requesting an increase across all three RMOMS programs: RMOMS grantee program cohorts, Rural Obstetrics Networks Grants programs, and the Rural Maternal and Obstetric Care Training Demonstration
- **Rural Hospital infrastructure and sustainability**
 - USDA Technical Assistance Program - \$5 million
 - Financial and Community Sustainability for At-Risk Hospital Program - \$10 million
 - Rural Hospital Stabilization Pilot Program - \$20 million

FY 2024 Appropriations Request

- **Rural Residency Planning and Development Program - \$14.5 million**
 - Expand the number of rural residency training programs and increase the number of physicians choosing to practice in rural areas
- **Medicare Rural Hospital Flexibility Grant Program - \$73 million**
 - Used by states to implement new technologies, strategies, and plans in CAHS, in addition to technical assistance funds for REHs
- **Behavioral Health and SUD treatments**
 - Rural Communities Opioid Response Program - \$165 million
 - Rural Health Clinic Behavioral Health Initiative - \$10 million

Other Rural Health Programs Supported by NRHA:

- **State Offices of Rural Health** - \$18 million.
- **Rural Health Care Services Outreach, Network & Quality Improvement Grant Programs** - \$90 million.
- **Rural Health Research and Policy Development Program** - \$12.1 million.
- **Rural Communities Opioid Response Program (RCORP)** - \$165 million.
- **340B Drug Pricing Program/Office of Pharmacy Affairs** - \$17.2 million.
- **Area Health Education Center (AHEC) program** - \$67 million.
- **National Health Service Corps (NHSC)** - \$125.6 million.
- **Office for the Advancement of Telehealth (OAT)** - \$455 million.
- **Community Facilities Programs at USDA** - \$3.8 billion.
- **ReConnect Broadband Program at USDA** - \$700 million.

Innovation

CMMI global budgets/all payer models

Regional Budget Payment Concept

CMS is seeking input on the feasibility of regional multi-payer prospective budgets as a potential payment model for rural areas

All-payer model Novel test



Maryland

Hospital global budgets to decouple hospital revenues from volume and incentivize prevention and wellness

Medicare flexibility

Allow global budgets to determine Medicare payment amounts to Maryland hospitals



Vermont

ACOs at scale statewide to incent value and quality under the same payment structure throughout the delivery system

OneCare Vermont is currently the sole ACO operating in the state..



Pennsylvania

Hospital global budgets for rural hospitals and a deliberate plan to improve quality and efficiency across services and service lines

Allow global budgets to determine Medicare payments to participating Pennsylvania rural hospitals

RIP: Community Health Access and Rural Transformation (CHART) Model

- Community Transformation Tract
- ACO Track, which transferred to CMS as ACO Advance Investment Payment Model

ACO Advance Investment Payments

- CY 2023 Physician Fee Schedule (PFS) NPRM
- Patterned off successful CMMI ACO AIM program
- Advance Shared Savings payments to certain ACOs
- Intended for Rural and other underserved areas
- Providing being low revenue and inexperienced with performance-based risk ACO initiatives may receive a one-time payment of \$250K and quarterly payments for the first two years of a five-year agreement
- Up to \$45 per beneficiary/mo with a 10K beneficiary cap on quarterly payments
- Advanced investments recouped once savings are achieved

ACO Advance Investment Payment

- Applications open on May 18, 2023 for the Medicare Shared Savings Program for the performance year beginning on January 1, 2024, via the [ACO Management System \(ACO-MS\)](#)
- Additional information on applying to the Shared Savings Program for the 2024 performance year will be posted in early 2023 on the [Application Types & Timeline webpage](#)
- Permitted uses of AIP:
 - Improve the quality and efficiency of items and services furnished to beneficiaries by investing in:
 - Increased staffing
 - Health care infrastructure
 - Provision of accountable care for underserved beneficiaries, including addressing social determinants of health
 - ACOs must publicly report their spend plan and actual spending amounts each year
 - ACOs are encouraged to work with Community Based Organizations (CBOs)

New! Rural Emergency Hospital



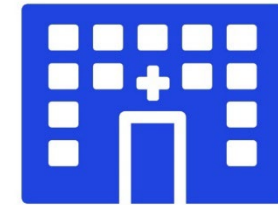
Clinic

Limited hours
No Emergency Services
No Overnight Stays
Primary Care



Rural Emergency Hospital

Open 24/7
Emergency Services
No Overnight Stays
Primary Care
Telemedicine



Hospital

Open 24/7
Emergency Services
Overnight Stays

Potential Legislative Fixes and/or Areas for Clarification

- Expanded eligibility for closed facilities prior to 2020
- Participation in the 340B program
- Distinct-part Units like Geri-Psych disqualified
- Medicaid/Commercial insurance coverage for services
- State licensure/certification variations/issues
- Participation in FCC Healthcare Connect Fund

Advocate With Us!

NRHA's Legislative Tracker

Legislative Tracker

NRHA is tracking rural health legislation in Congress to advance quality of life across rural America.

NRHA's legislative tracker enables you to view the rural health bills in Congress the association is monitoring, including those we endorse and oppose. Bills are searchable and categorized by topic area. By clicking on a bill, you can find its summary, review cosponsors, and stay up to date on congressional actions.

Through activities such as NRHA's annual **Rural Health Policy Institute** and **ongoing grassroots campaigns**, NRHA members actively participate in advocacy efforts to advance needed rural health legislation.

For further information or to recommend bills for the legislative tracker, **contact NRHA's government affairs team**.

Find Legislation

Federal

Hospitals & Health Systems

[H.R. 1639: Rural Hospital Closure Relief Act of 2021](#) | 117th Congress (2021-2022) ✓

[H.R. 1887: To amend title XVIII of the Social Security Act to rebase the calculation of payments for sole community hospitals and Medicare-dependent hospitals, and for other purposes.](#) | 117th Congress (2021-2022) ✓

[H.R. 2454: To amend title XVIII to strengthen ambulance services furnished under part B of the Medicare program.](#) | 117th Congress (2021-2022) ✓

[S. 644: Rural Hospital Closure Relief Act of 2021](#) | 117th Congress (2021-2022) ✓

[S. 999: Save Rural Hospitals Act of 2021](#) | 117th Congress (2021-2022) ✓



NRHA

Your voice. Louder.

Thank you.

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[#ruralhealth](https://www.instagram.com/ruralhealth)