<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Annual Conference</td>
<td>May 16-19, 2023</td>
<td>San Diego, CA</td>
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<tr>
<td>Rural Hospital Innovation Summit</td>
<td>May 16-19, 2023</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>Rural Health Clinic Conference</td>
<td>Sept. 26-27, 2023</td>
<td>Kansas City, MO</td>
</tr>
<tr>
<td>Critical Access Hospital Conference</td>
<td>Sept. 27-29, 2023</td>
<td>Kansas City, MO</td>
</tr>
<tr>
<td>Rural Health Policy Institute</td>
<td>Feb. 13-15, 2024</td>
<td>Washington, DC</td>
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</tbody>
</table>

Visit ruralhealth.us for details and discounts.
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

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

Adapted from KFF
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

- Over 65:
  - Rural: 69
  - Urban: 33

- Diabetes:
  - Rural: 63
  - Urban: 41

- Median HSHLD Income:
  - Rural: 69
  - Urban: 32

- Access to Primary Care:
  - Rural: 63
  - Urban: 33

- Access to Mental Health:
  - Rural: 62
  - Urban: 32
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

Age-adjusted prevalence
Quintile classification
- 4.1%–10.3%
- 10.4%–12.9%
- 13.0%–14.9%
- 15.0%–17.2%
- 17.3%–32.3%
- Insufficient data

National age-adjusted prevalence is 15%.
Source: Centers for Medicare & Medicaid Services.
The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

BROADBAND SUBSCRIPTIONS

BY INCOME

<table>
<thead>
<tr>
<th></th>
<th>Metropolitan</th>
<th>Outside Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $30k</td>
<td>58%</td>
<td>28%</td>
</tr>
<tr>
<td>$30k to $74,999</td>
<td>71%</td>
<td>74%</td>
</tr>
<tr>
<td>$75k+</td>
<td>99%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 2016-1 year estimates

BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Metropolitan</th>
<th>Outside Metropolitan</th>
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<tbody>
<tr>
<td>Under 18</td>
<td>82%</td>
<td>74%</td>
</tr>
<tr>
<td>18 to 64</td>
<td>81%</td>
<td>53%</td>
</tr>
<tr>
<td>65+</td>
<td>70%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 2016-1 year estimates

BY RACE / ETHNICITY

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Metropolitan</th>
<th>Outside Metropolitan</th>
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<tbody>
<tr>
<td>White</td>
<td>88%</td>
<td>79%</td>
</tr>
<tr>
<td>Black</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>78%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey 2016-1 year estimates

HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

83% METROPOLITAN | 73% OUTSIDE METROPOLITAN

Source: U.S. Census Bureau, American Community Survey 2018-1 year estimates
Rural Hospital Closures 2023: 4 in Texas, 1 in Illinois, 1 in Georgia, 1 in Pennsylvania and 1 in Mississippi

Source: UNC Sheps Center for Rural Health
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”

• 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.

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

• Mark Holmes, professor, University of North Carolina
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

Age 0 deaths per 1000 residents (2019, both sexes):
- 2.77 - 4.72
- 4.72 - 5.25
- 5.25 - 5.85
- 5.85 - 6.87
- 6.87 - 8.91
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

[map of the US with color-coded metropolitan and non-metropolitan areas]

[https://rupri.public-health.uiowa.edu/publications/policybriefs/2021/Rural%20NH%20Closure.pdf]
Rural Pharmacy Closures

- 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

U.S. Counties without Mental Health Providers by Urban Influence Category

https://www.ruralhealthresearch.org/assets/411-1089/071817-behavioral-health-workforce-supply-webinar-ppt.pd
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.

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.

- Metropolitan
- Rural

As of February 3, 2023

Source: CDC and selected state departments of health
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.

- Red: Rural
- Blue: Metropolitan
- Gray: Pct. Point Difference between Metro and Rural Rtes

Adjustments in PA, HI, and WV

Gap Between Metro and Rural

Data adjustments

Chart: Daily Yonder • Source: CDC and state departments of health of Hawaii, Massachusetts, and Texas • Get the data • Created with Datawrapper • February 3, 2023
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.
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.

CMMI global budgets/all payer models

<table>
<thead>
<tr>
<th>Location</th>
<th>All-payer model</th>
<th>Novel test</th>
<th>Medicare flexibility</th>
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</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>Hospital global budgets to decouple hospital revenues from volume and incentivize prevention and wellness</td>
<td>Allow global budgets to determine Medicare payment amounts to Maryland hospitals</td>
<td></td>
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<tr>
<td>Vermont</td>
<td>ACOs at scale statewide to incent value and quality under the same payment structure throughout the delivery system</td>
<td>OneCare Vermont is currently the sole ACO operating in the state.</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Hospital global budgets for rural hospitals and a deliberate plan to improve quality and efficiency across services and service lines</td>
<td>Allow global budgets to determine Medicare payments to participating Pennsylvania rural hospitals</td>
<td></td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>Federal</th>
<th>Enter Keywords</th>
<th>Search</th>
</tr>
</thead>
</table>

### 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)
Thank you.

bslabach@ruralhealth.us
@bslabach
#ruralhealth