



Federal Update: Critical Access Hospitals in the Rural Landscape

2022 Michigan Critical Access Hospital Conference
November 10, 2022

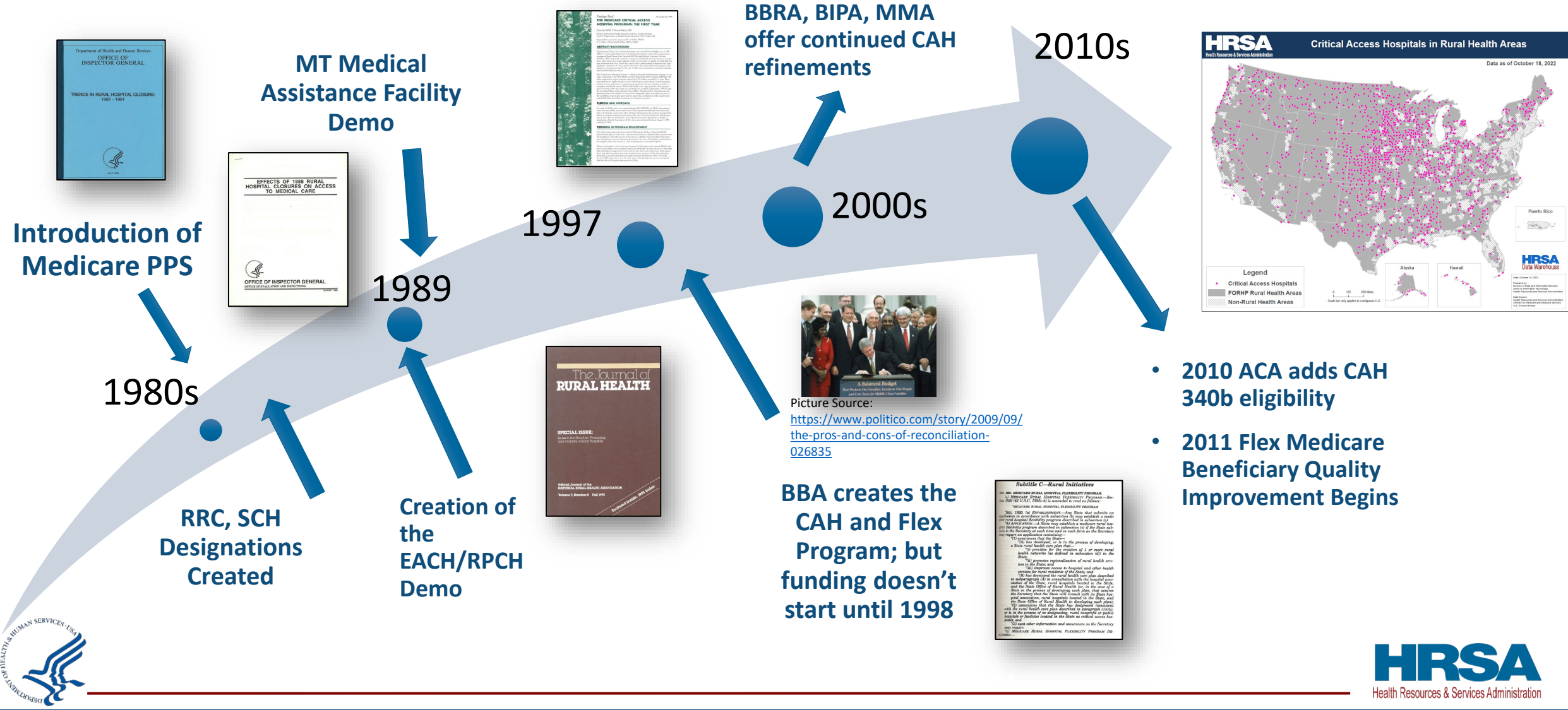
Tom Morris
Federal Office of Rural Health Policy
Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



The 25-Year Journey of Flex Program and CAHs

A Noteworthy Public Policy Success



The Federal Office of Rural Health Policy

Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.

Cross Agency Collaboration

Works across HRSA, HHS, and several other federal partners to accomplish its goals

Capacity Building

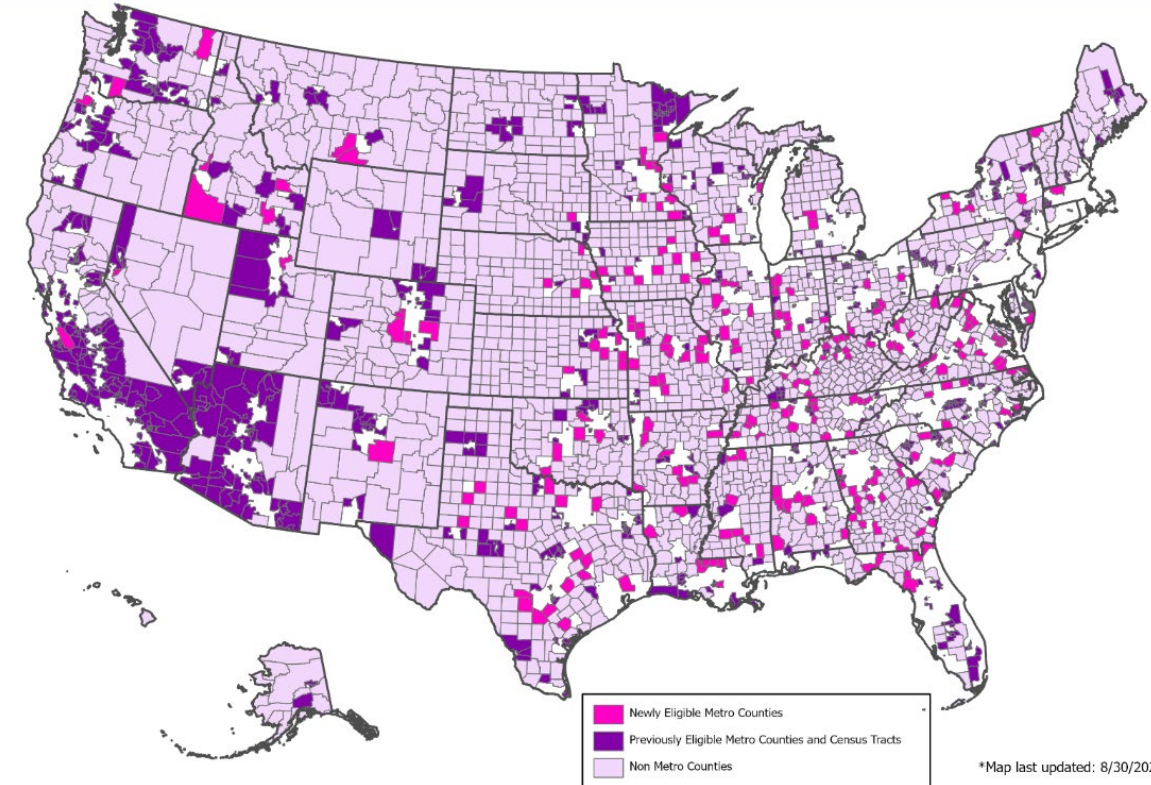
Increases access to health care for people in rural communities through grant programs and public partnerships

Voice for Rural

Advises the HHS Secretary on policy and regulation that affect rural areas



Counties and Census Tracts Eligible for FORHP Funding



Rural Policy Issues

Health Care Workforce

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[WEBMD NEWS BRIEF]

Over 333,000 Healthcare Workers Left Jobs in 2021, Report Says

Written by Ralph Ellis

Oct. 24, 2022 -- The Great Resignation hit the healthcare industry, too, according to a new report.

An estimated 333,942 healthcare providers left their jobs in 2021, many for pandemic-related causes such as burnout, long hours, heavy patient loads, and personal

Primary Care

MD, DO
All Primary Care (MD, DO, NP, PA)

- Rural = 52.0/100,000 People
- Urban = 80.5/100,000 People
- Rural = 153.3/100,000 People
- Urban = 213.9/100,000 People

Behavioral Health

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively
Source: HRSA Area Health Resource File, 2020-2021 (2019 data)

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

	Counties without a Psychiatrist (Percent)	Counties without a Psychologist (Percent)	Counties without a Psychiatric Nurse Practitioner (Percent)	Counties without a Social Worker (Percent)	Counties without a Counselor (Percent)	Counties without any Behavioral Health Provider (Percent)
U.S. (3135 counties)	1699 (54.2)	1076 (34.3)	1711 (54.6)	487 (15.5)	404 (12.9)	241 (7.7)
Metropolitan (1164 counties)	316 (27.1)	183 (15.7)	360 (30.9)	62 (5.3)	50 (4.3)	25 (2.1)
Non-Metro (1971 counties)	1383 (70.2)	893 (45.3)	1351 (68.5)	425 (21.6)	354 (18.0)	216 (11.0)
Adjacent to metro (1023 counties)	653 (63.8)	377 (36.9)	651 (63.6)	145 (14.2)	112 (10.9)	60 (5.9)
Micro nonadjacent to metro (269 counties)	137 (50.9)	74 (27.5)	123 (45.7)	38 (14.1)	30 (11.2)	21 (7.8)
Noncore adjacent to metro (373 counties)	337 (90.3)	254 (68.1)	319 (85.5)	135 (36.2)	114 (30.6)	70 (18.8)
Noncore nonadjacent to metro or micro (306 counties)	256 (83.7)	188 (61.4)	258 (84.3)	107 (35.0)	98 (32.0)	65 (21.2)

Data Sources: Psychiatrists (2019) - Area Health Resource File (AHRF), 2020-2021, Psychologists and psychiatric nurse practitioners (July 2021), social workers, and counselors (January 2022) - National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, and the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.



Rural Health Policy Issues

Access to Obstetric Care

Characteristics of US Rural Hospital Service Availability, 2017

Katy B. Kozhimannil, PhD, MPA, Julia D. Interrante, MPH, Mariana S. Tuttle, MPH, Lindsay Admon, MD, MS

Objectives. To describe characteristics of rural hospitals in the United States and whether they provide labor and delivery (obstetric) care for pregnant patients.

Methods. We used the 2017 American Hospital Association Annual Survey to identify rural hospitals and describe their characteristics based on the lack or provision of obstetric services.

Results. Among the 2019 rural hospitals in the United States, 51% (n = 1032) hospitals did not provide obstetric care. These hospitals were more often located in noncore counties (counties with no town of more than 10,000 residents). Rural hospitals without obstetrics also had lower average daily censuses, were more likely to be non-profit or for-profit compared with non-profit ownership, and were more likely to not have an emergency department compared with hospitals providing obstetric services.

Conclusions. Rural US hospitals that do not provide obstetric care are located in sparsely populated rural locations and are smaller than hospitals providing obstetric services.

Public Health Implications. Understanding the characteristics of rural hospitals or provision of obstetric services is important to clinical and policy efforts to ensure safe maternity care for rural residents. (*J Am J Public Health*. 2020;110:1315–1319. doi:10.2196/AJPH.2020.305695)

See also the *AJPH* Rural Health section, pp. 1274–1343.

There has been a steady loss of rural hospital-based obstetric care across the United States. Approximately 9% of all rural counties lost hospital-based obstetric care between 2004 and 2014.¹ These losses create access challenges for pregnant rural residents and are associated with increases in births in hospitals without obstetric care (planned cesarean sections) and increases in infant mortality.^{2,3} Addressing these health disparities requires detailed understanding of the rural obstetric care landscape. The purpose of this article was to describe the characteristics of rural hospitals based on whether they provide obstetric care and to inform clinical and policy discussions to improve rural maternal and infant health.

Close of rural obstetric units is frequently precipitated by challenges related to low birth volume and sparsely populated locations (e.g., financing, staffing and scheduling, workforce recruitment and retention, and maintenance of clinical skills).⁴ Loss of hospital-based obstetric care is associated with an increased risk of births in hospital emergency departments and out-of-hospital births.² There are also potential consequences for the infant, because the loss of hospital-based obstetric care has been associated with increased rates of

preterm births in rural counties nonadjacent to urban areas.⁵ In the United States, infant mortality is elevated in rural counties.⁶ Maternal morbidity and mortality are elevated among rural residents, which may be exacerbated by limited access to care. Addressing these health disparities requires detailed understanding of the rural obstetric care landscape. The purpose of this article was to describe the characteristics of rural hospitals based on whether they provide obstetric care and to inform clinical and policy discussions to improve rural maternal and infant health.

ABOUT THE AUTHORS
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doi: 10.2196/AJPH.2020.305695

September 2020, Vol 110, No 9 AJPH

GAO United States Government Accountability Office Report to Congress

October 2022

MATERNAL AND CHILD HEALTH: Availability of Hospital-Based Obstetric Care in Rural Areas

GAO-23-105515

INFOGRAPHIC July 2020

Loss of Hospital-based Obstetric Services in Rural Counties in the United States, 2004–2014

Katy B. Kozhimannil, PhD, MPA
Julia D. Interrante, MPH
Mariana S. Tuttle, MPH

Key Findings

- Access to maternity care in rural US counties continues to decline.
- The percent of micropolitan and noncore counties with obstetric services dropped significantly from 2004–2018.
- Rural noncore counties continue to be less likely to have hospital-based obstetric services than rural micropolitan counties, and this decline is steeper.

rhrc.umn.edu

Percent of Rural Counties with Hospital-based Obstetric Care, 2004–2018



RESEARCH ARTICLE RURAL HEALTH

HEALTH AFFAIRS > VOL. 38, NO. 12: RURAL HEALTH

Rural-Urban Differences in Severe Maternal Morbidity And Mortality In The US, 2007–15

Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon

POLICY BRIEF September 2020

Obstetric Emergencies in Rural Hospitals: Challenges and Opportunities

Mariana Story Tuttle, MPH
Mary Gilbertson, BA
Julia D. Interrante, MPH
Katy Kozhimannil, PhD, MPA

Key Findings

- Respondents (n=61) identified many unique concerns regarding the provision of emergency obstetric care at their hospitals. The most common include the following: lack of specialty care providers (n=22), lack of skills to address emergency birth (n=19), and insufficient medical equipment/supplies (n=16).
- Additionally, 23 respondents stated that their hospital could better avoid or address close calls or adverse birth outcomes with increased training (n=8), improved or increased specialty obstetric-related skills (n=8), and acquiring necessary medical equipment/supplies (n=7).
- There is a need for improved coordination between rural hospitals that do not provide obstetric care and regional hospitals that have obstetric care capacity, which could be accomplished through regional

Purpose

With growing numbers of rural hospitals, those without regular obstetric services, those with limited obstetric services, and those with emergency obstetric services are providing care for rural residents. One particular challenge is the potential for an emergency birth or part of a longer emergency obstetric service. We explore the challenges and opportunities in providing emergency obstetric services and what could help. The purpose of this policy brief is to explore rural hospitals' obstetric care and to highlight rural hospitals more in need of services.

Background

Compared to people in urban areas, rural residents often face additional challenges when seeking obstetric care. Rural residents also travel longer distances to receive obstetric care and to give birth. Further, rural hospitals are increasingly closing, which has led to a decline in obstetric services in rural areas. This decline has led to an increase in the number of rural hospitals that do not provide obstetric care.¹ From 2004 to 2014, 179 rural US counties lost hospital-based obstetric services. In rural areas, a major concern is the loss of obstetric services, which can lead to a higher proportion of rural residents who are likely to lose access to obstetric care.

POLICY BRIEF November 2019

Severe Maternal Morbidity and Hospital Transfer Among Rural Residents

Katy Kozhimannil, PhD, MPA
Julia D. Interrante, MPH
Alexandria Kristensen-Cabrera
Carrie Henning-Smith, PhD, MPH, MSW
Regan Theiler, MD, PhD

Key Findings

- Overall, 3.0% of rural residents and 1.6% of urban residents were transferred from one hospital to another during childbirth; among rural residents, 2.0% transferred before childbirth, 0.9% transferred after childbirth, and 0.1% transferred both before and after childbirth.
- Nearly 3/4 (74.2%) of rural residents who were transferred after childbirth gave birth at rural hospitals; this represents approximately 750 rural residents annually (weighted N = 3,700 annually).
- Hospital transfer is rare; almost all rural residents with severe maternal morbidity and mortality (SMMM) (91.8%) were not transferred at all.
- More than 3/4 (84.1%) of rural residents with SMMM who are transferred after childbirth delivered their infants at rural hospitals; this represents 30 rural residents annually (weighted N = 145 annually).
- More than 2/3 (68.7%) of rural residents with SMMM who are not transferred delivered their infants at rural hospitals; this represents approximately 1,000 rural residents annually (weighted N = 5,000 annually).

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UNIVERSITY OF MINNESOTA RURAL HEALTH RESEARCH CENTER

Purpose

The focus of this analysis is on rural residents who give birth. In this brief, we compare hospital transfer rates for rural and urban residents who give birth and we provide descriptive information about the relationship between transfer status and severe maternal morbidity and mortality (SMMM) for rural residents in a national sample of hospital discharge data on births that occurred 2008–2014.

Background and Policy Context

Rural residents often travel farther to access medical care, especially obstetric care, and are more likely to be uninsured or underinsured than urban residents.¹ Infant mortality and maternal morbidity and mortality are higher in rural versus urban settings.^{1,2} Also, access to obstetric care is declining in rural areas. From 2004 to 2014, 179 rural US counties lost hospital-based obstetric services. Loss of these services in rural counties not adjacent to urban areas was associated with increases in out-of-hospital births, births in hospitals without obstetric units, and preterm birth rates.³ Hospital obstetric units that closed tended to be smaller in size and privately owned. Communities that lost hospital-based obstetric care had more low-income and Black residents as well as fewer obstetricians and family physicians. Rural hospitals also reported closing obstetric units due to low volume of deliveries and financial challenges.⁴

In general, rural hospitals face greater workforce challenges. Lower birth volume hospitals (<240 births/year) are more likely to utilize a shared nurse staffing model (vs. dedicated nurses in the labor and delivery unit)⁵ and to have family medicine physicians and general surgeons attending deliveries, rather than obstetricians and midwives.⁶ Challenges related to recruitment and retention top the concerns listed by rural obstetric unit administrators.⁷

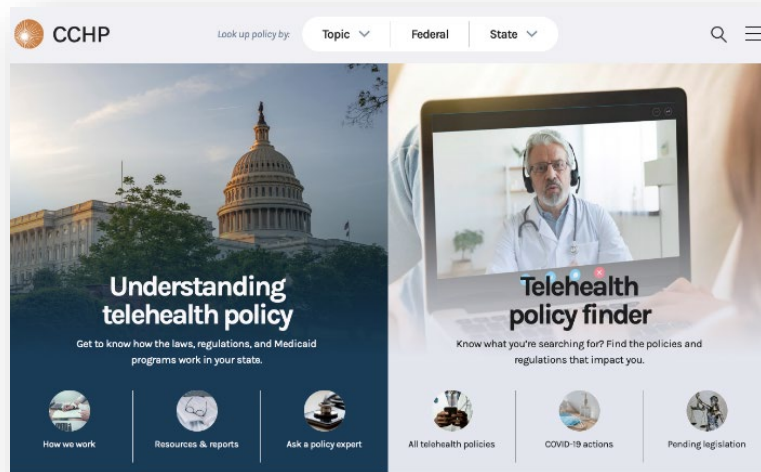
These factors make local childbirth less accessible for rural residents, yet there are challenges related to travel-



Rural Health Policy Issues

Telehealth's Growth and Future ...

- Pandemic-driven acceleration aided by reduction or regulatory barriers
 - Elevation of the Office for the Advancement of Telehealth within HRSA
- Looking Beyond the Public Health Emergency
- Challenges and Opportunities with Broadband



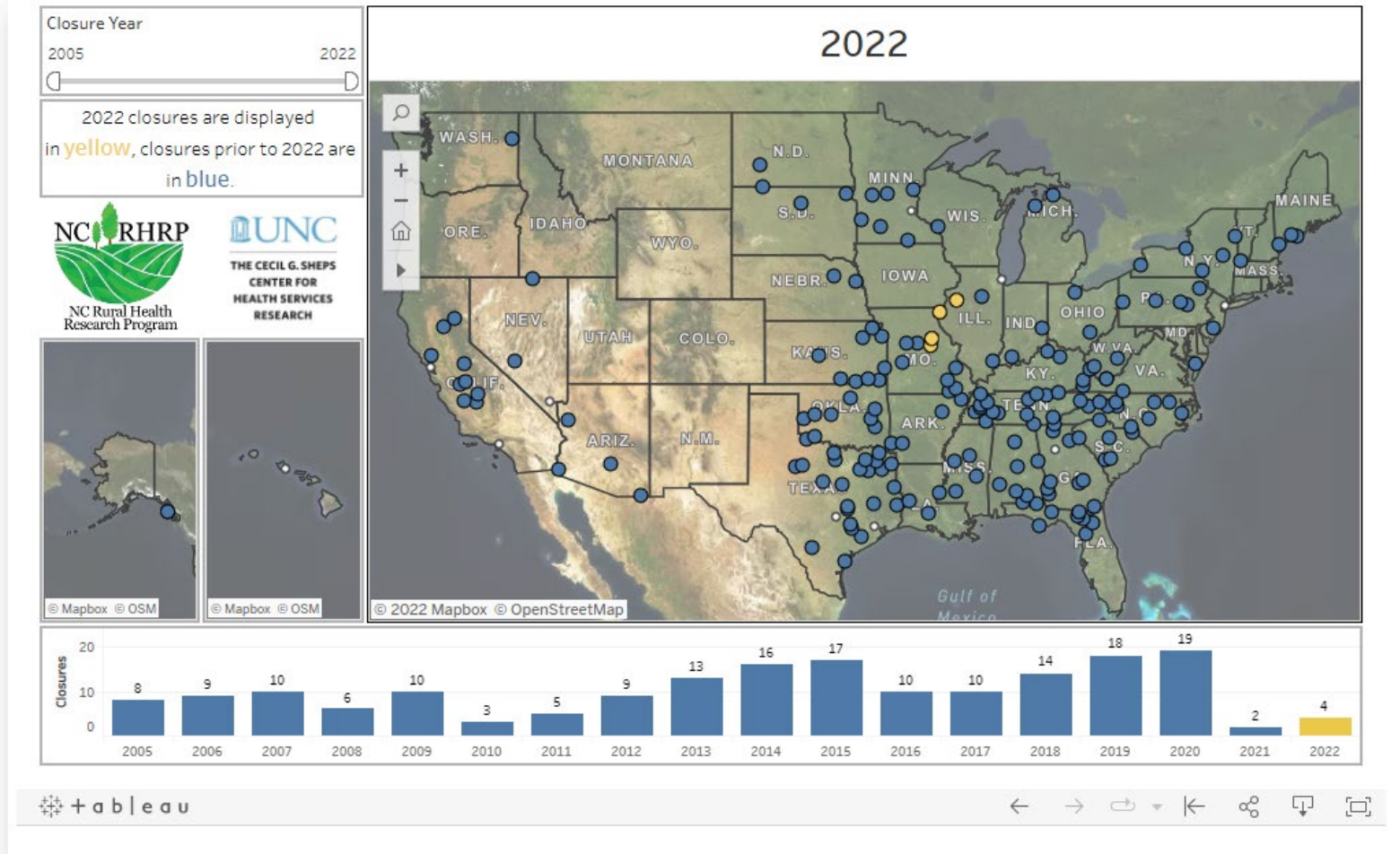
<https://www.cchpca.org>



Rural Health Policy Issues

Rural Hospital Closures

- Hospital closures peaked in 2020 and dropped substantially in 2021
- Drop in closures coincides with release of federal COVID-19 funds
- Risk into the future as long-term pressures remain

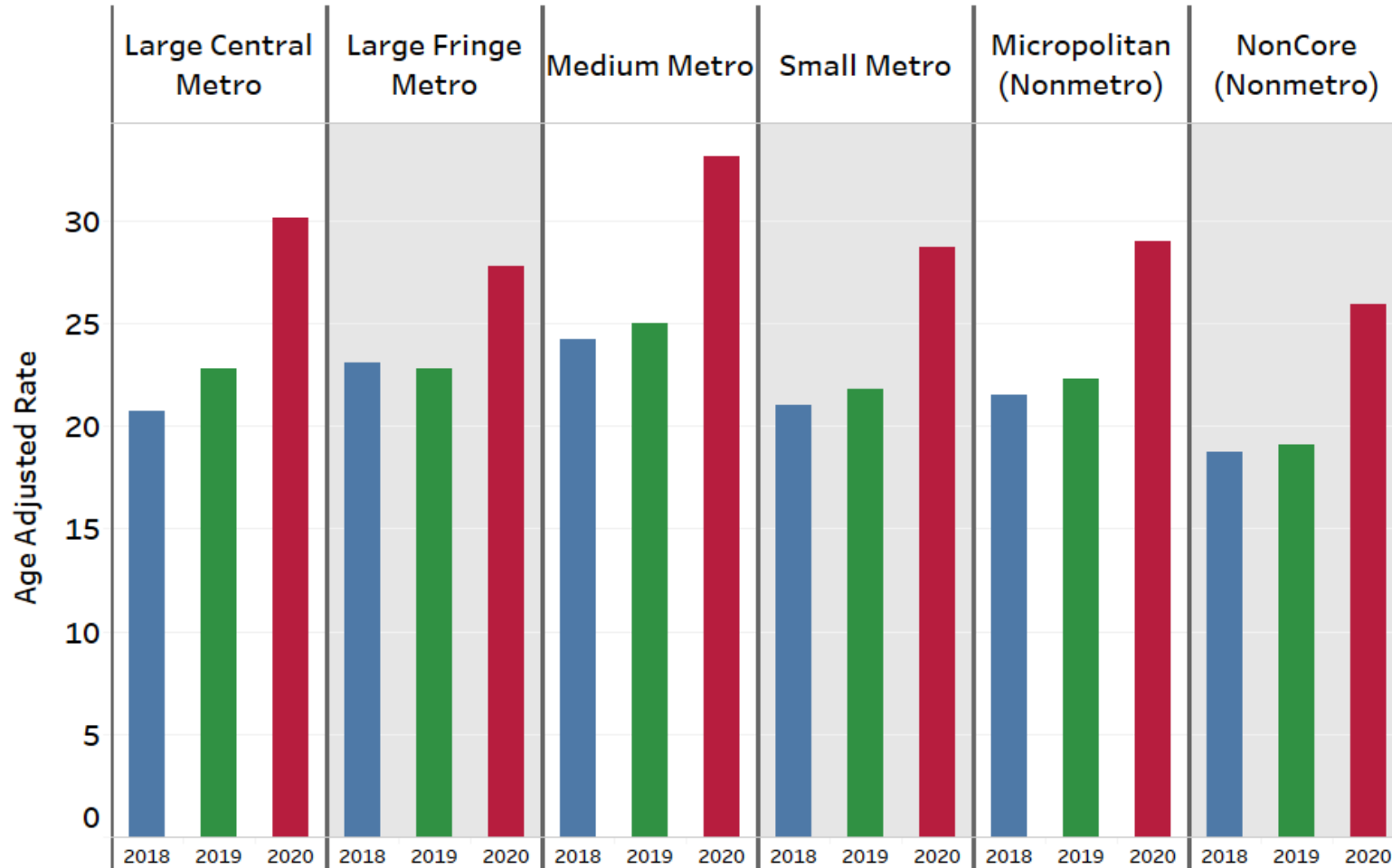


<https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>



Rural Health Policy Issues

A Spike In Rural Overdose Deaths



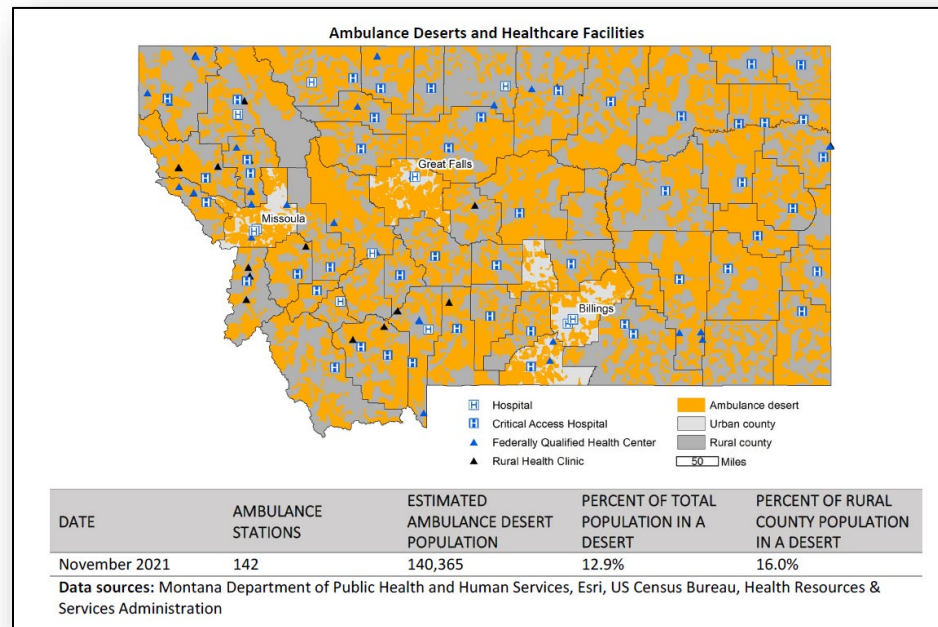
Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 8, 2022 12:55:57 PM



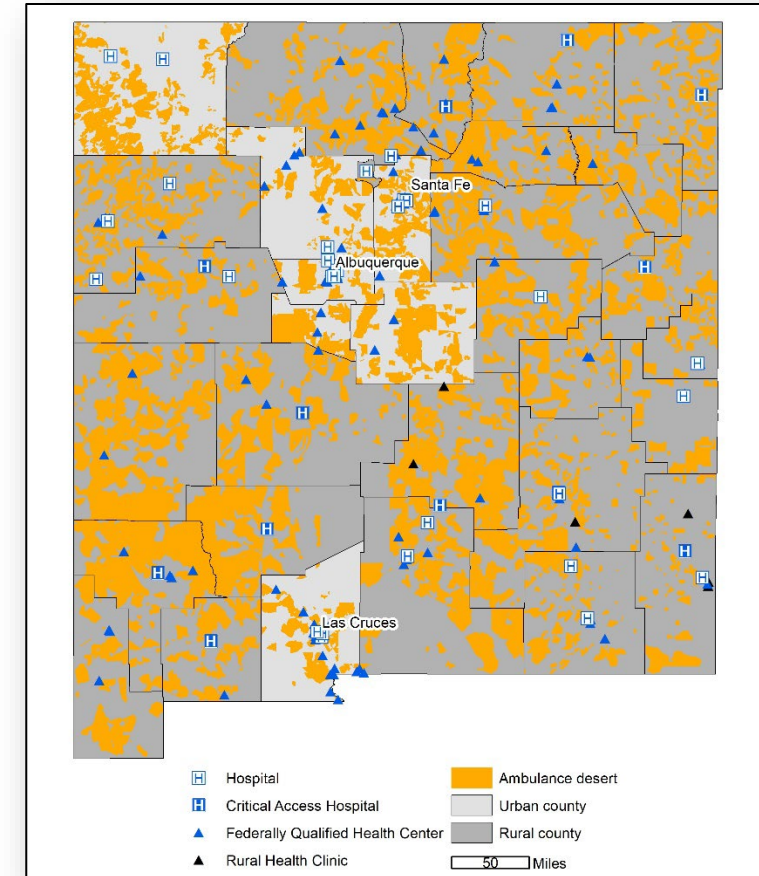
Rural Health Policy Issues

Bringing More Attention to Rural Emergency Medical Service Challenges

- Upcoming Brief from the National Advisory Committee on Rural Health and Human Services
- Southern Maine Study on Rural Ambulance Deserts
- Flex Work



Montana



New Mexico



Opportunities for CAHs

Addressing rural workforce needs by tapping into other HRSA programs



National Health Service Corps, Nurse Corps, Substance Use Disorder & Treatment Program

> 6,000 serve in rural communities



Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene



Teaching Health Center Planning Grants
Teaching Health Center Training Grants



Nurse Education, Practice, Quality and Retention; Advanced Nursing Education Workforce Program; Nurse Education, Practice, Quality and Retention and Nurse Practitioner Residencies:



Area Health Education Centers Program



Behavioral Health Workforce Development Programs



Primary Care Training Enhancement



Opportunities for CAHs

New Investments and Data Resources for Nursing Workforce

- Funding from HRSA and the Department of Labor
 - Focusing on expanding the nurse education workforce and the supply of nurses



On Monday, October 24, HRSA Administrator Carole Johnson, U.S. Senators Chris Murphy and Richard Blumenthal, and U.S. Representative Jahana Hayes visited the [Wheeler Family Health & Wellness Center in Connecticut](#) to highlight the expansion of HRSA's [Pediatric Mental Health Care Access Program](#) through the [Bipartisan Safer Communities Act](#) (PDF - 161 KB). The program helps pediatricians and family medicine providers get direct support from mental health experts by providing behavioral health consultation and other assistance needed to address children and adolescents' mental health needs. The roundtable featured state and local partners, pediatricians, and others sharing their experiences with the program and the way it helps them support communities and families address mental health needs.

HRSA Invests \$13 Million To Grow and Strengthen the Nursing Workforce

HRSA awarded \$13 million to bolster nursing education and training to grow the nursing workforce and improve access to nursing education. This funding will increase the number of nursing faculty as well as the number of clinicians who can supervise nursing students during their clinical rotations, which will help increase the capacity of programs to train more nurses. The awards are part of a [series of Biden-Harris Administration investments](#) to support pathways into quality nursing jobs.

<https://bhw.hrsa.gov/funding/apply-grant#nursing>

DOL NURSING EXPANSION GRANT PROGRAM
 Total Funding Available: up to \$80 MILLION

\$80 million in grant funding available to train, expand, and diversify the nursing workforce for quality jobs

WHAT IT DOES
 The U.S. Department of Labor's Nursing Expansion Grant Program is designed to support nursing training programs to diversify the pipeline of nursing professionals able to fill these jobs and improve the nation's healthcare system. This grant program places an emphasis on training people from historically marginalized and underrepresented populations to bring greater employment equity in underserved communities and improve healthcare workforce diversity.

The department's Nursing Expansion Grant Program is driven by partnerships between public and private sector entities. These grants will support organizations that use worker-centered industry sector strategies to train nursing instructors or create nursing professional pathway programs. Applicants must propose training program models that solicit workers, unions, worker organizations and employers to build partnerships with community-based organizations and training institutions.

THE GOALS OF THE GRANT PROGRAM ARE TO:

1. Increase the number of nursing instructors and educators (including classroom and vocational/clinical instruction) by training new nurses or upskilling experienced current or former nurses into advanced postsecondary credentialing to become nursing instructors and educators.
2. Train participants as frontline healthcare professionals and paraprofessionals, including direct care workers, to advance along a career pathway and attain postsecondary credentials needed for middle- to high-skilled jobs in nursing.

WHO IT SERVES (Target Population)

- Individuals who are at least 17 years old and not currently enrolled in secondary school (high school) within a local educational agency
- Unemployed, underemployed, and incumbent workers
- Veterans, military spouses, and transitioning service members
- Historically marginalized and underrepresented populations including women, people of color, justice-impacted individuals, individuals with disabilities, and other populations with employment barriers

WHO CAN APPLY

- Nonprofit healthcare organizations
- Nonprofit trade, industry, or employer associations
- Labor unions, labor-management organizations, and worker organizations
- Education/Training Providers
- Workforce Development Entities

Stay informed by accessing dol.gov/grants

<https://www.dol.gov/sites/dolgov/files/general/grants/nursing-foa-outreach-flyer.pdf>



<https://data.hrsa.gov/topics/health-workforce/nursing-workforce-survey-data>



Opportunities for CAHs

Support for expanding residency training in rural and underserved areas

Promoting the Growth of Graduate Medical Education Programs



Sec. 126 Distribution of
Additional Residency Positions

Sec. 127 Promoting Rural
Hospital GME Funding
Opportunity

Sec. 131 New Medical
Residency Training Programs
after hosting Resident Rotators
for Short Durations

Consolidated Appropriations Act, 2021 (H.R.133)

<https://www.congress.gov/116/bills/hr133/BILLS-116hr133enr.pdf>



Rural Residency Planning and Development Program

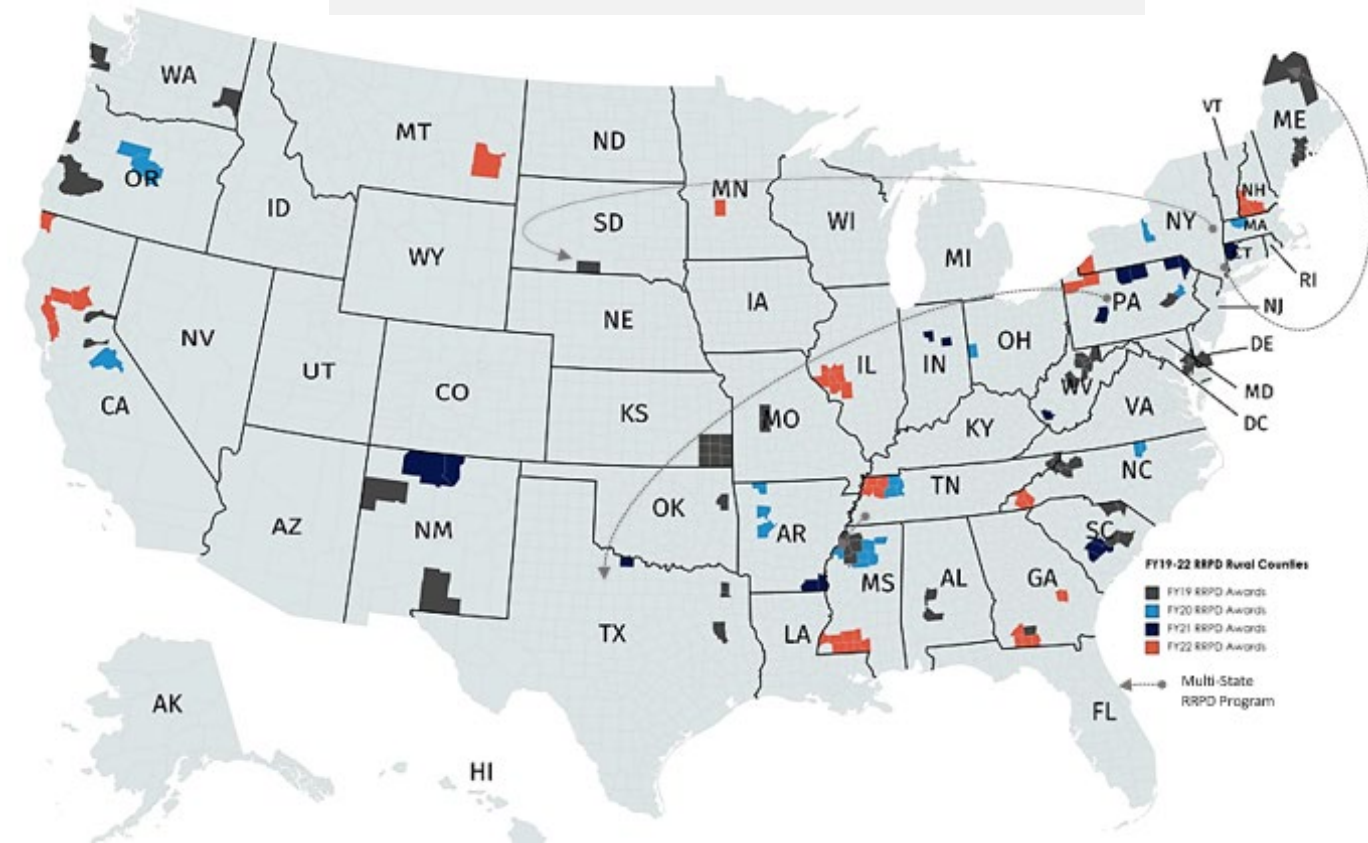
Creating Sustainable Rural Residencies

FY19-FY22 RRPD Grant Program

- HRSA awarded **\$43.4M** to 58 award recipients spanning across 32 states and 5 medicine disciplines.
- Support the development of **new, accredited and sustainable rural residency programs** in family medicine, internal medicine, psychiatry, general surgery, preventive medicine*, and obstetrics and gynecology.
- Created **30 new rural residency programs for 399 new resident positions** in family medicine, psychiatry, internal medicine and general surgery.
- 22 Programs enrolled nearly **190 resident physicians** training in rural clinical settings

* No preventive medicine programs have been funded since inclusion in the FY20 RRPD NOFO.

FY19-22 RRPD Rural Counties

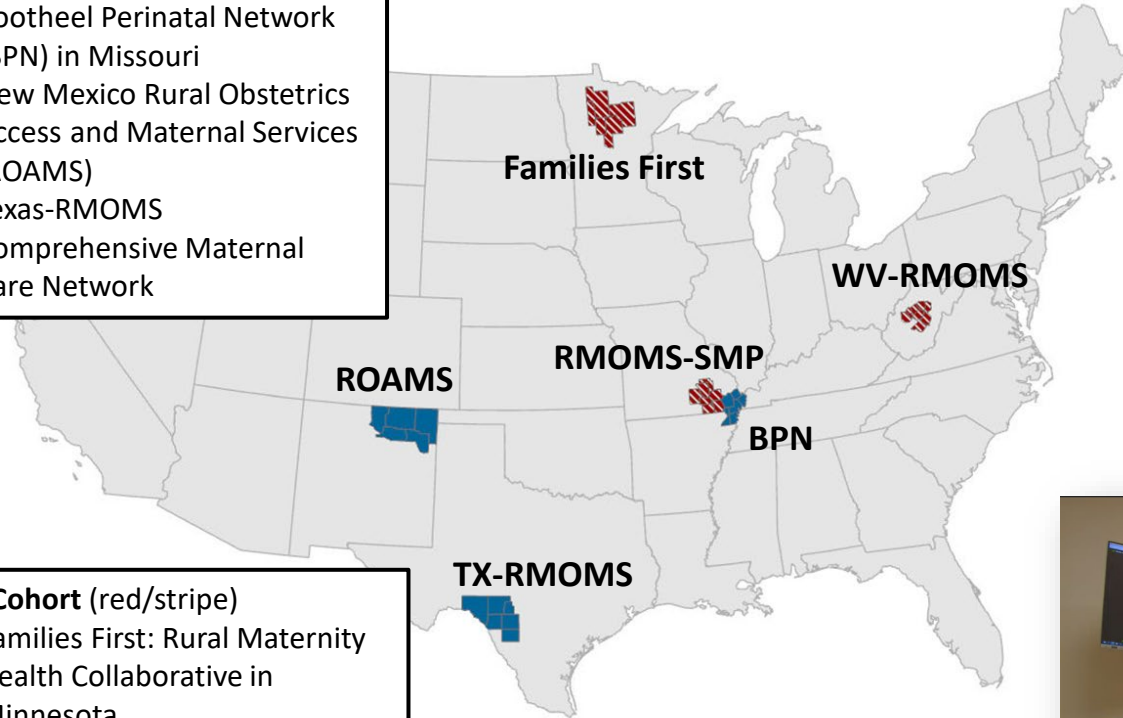


Opportunities for CAHs

Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

2019 Cohort (blue/solid)

- Bootheel Perinatal Network (BPN) in Missouri
- New Mexico Rural Obstetrics Access and Maternal Services (ROAMS)
- Texas-RMOMS Comprehensive Maternal Care Network



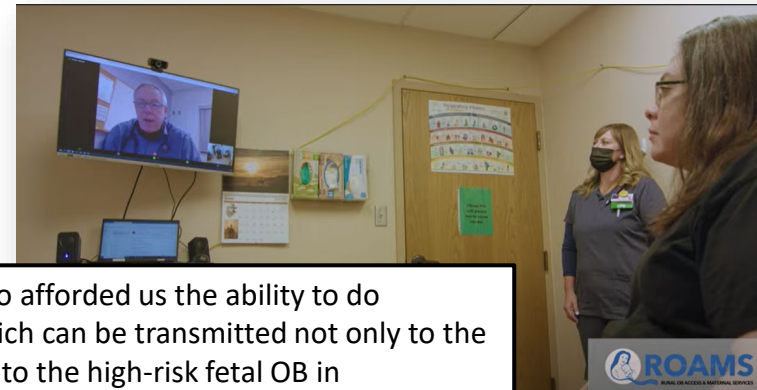
2021 Cohort (red/stripe)

- Families First: Rural Maternity Health Collaborative in Minnesota
- RMOMS-Southeast Missouri Partnership
- West Virginia RMOMS

Highlights from the 2019 Cohort's First Implementation Year

(September 1, 2020 to August 31, 2021)

- Provided prenatal, labor and delivery, or postpartum care to 3,100 rural RMOMS participants
- Implemented telehealth, patient navigation, and direct service expansion initiatives to improve access to maternity care and support services



"ROAMS has also afforded us the ability to do ultrasounds, which can be transmitted not only to the OB in Raton but to the high-risk fetal OB in Albuquerque, Santa Fe, Española, without travel on the patient's part."

- ROAMS Clinician

"The ROAMS program is an incredible grant that allows us to provide both telehealth medicine and rural outreach medicine to the obstetrical patients in our area."

- ROAMS Clinician

<https://roamsnm.org/>

Broadband Funding

Infrastructure Act Created \$658 B in Funding

NTIA will administer \$48B of this new funding

FCC to administer \$14B

\$14.2B
For Affordable Connectivity Program, which will replace the EBB program

USDA to administer \$2B

\$2.0B
Via the Rural Utilities Service

Private Activity Bonds \$600M

\$600M
Authorizes State/local gov'ts to use private activity bonds

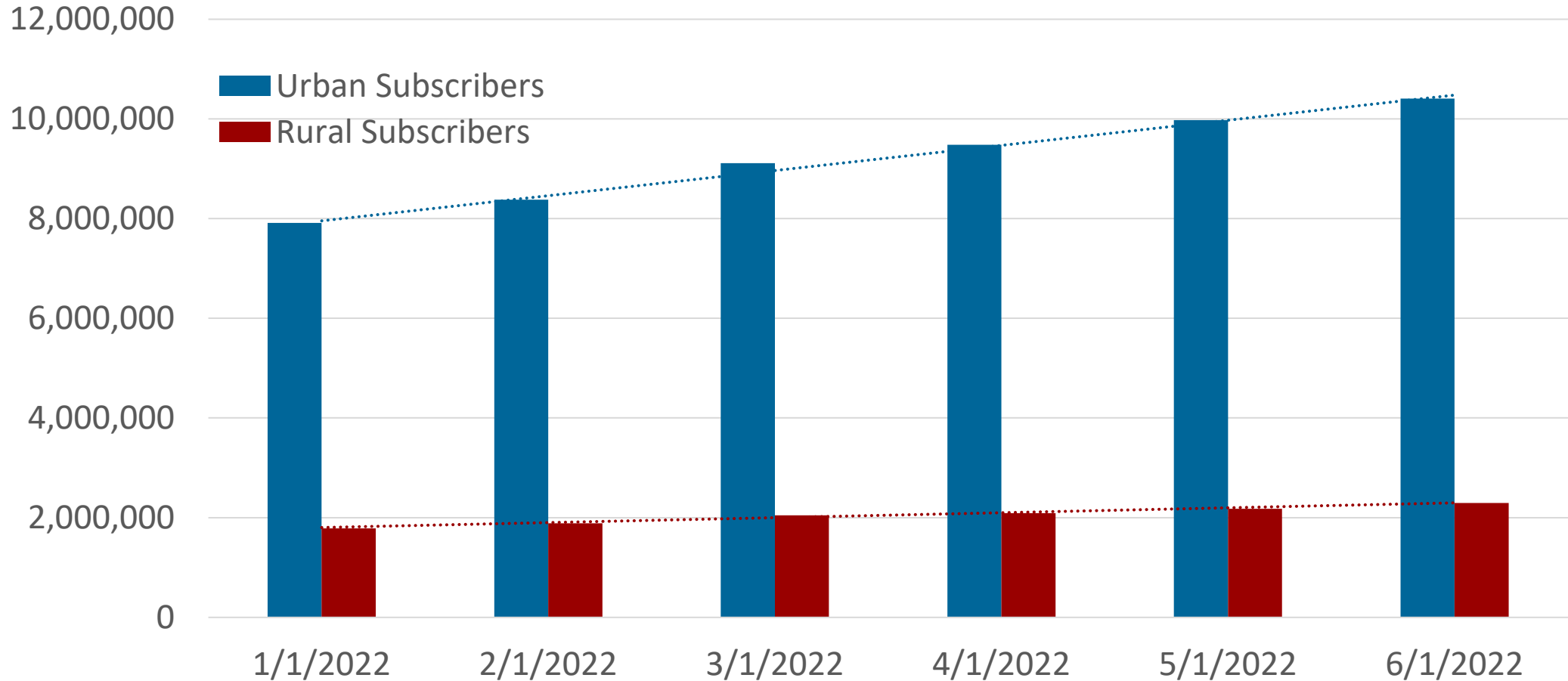
BEAD	DIGITAL EQUITY	TRIBAL	MIDDLE MILE
\$42.45B	\$2.75B	\$2.00B	\$1.00B
<p>Title I - Broadband Equity, Access & Deployment Program</p> <p>Formula-based grant program for U.S. states and territories. BEAD aims to close the access gap for unserved & underserved areas of the country.</p>	<p>Title III – Digital Equity Act</p> <p>Three programs, established for planning & implementation of programs that promote digital equity, support digital inclusion activities, and build capacity related to the adoption of broadband.</p>	<p>Title II - Tribal Connectivity Technical Amendments</p> <p>Further current Tribal Broadband Connectivity Program by investing an additional \$2B to fund broadband adoption and infrastructure projects.</p>	<p>Title IV - Enabling Middle Mile Broadband Infrastructure</p> <p>Provides funding to extend middle mile capacity to reduce cost of serving unserved and underserved areas and enhance network resilience.</p>

* IIIJA, Div F, Pub. L. 117-58 (Nov. 15, 2021) Note: funding amounts inclusive of all administrative set-asides.



Opportunities for CAHs

A Rural-Urban Divide in Sign Up for the Affordable Connectivity Program



Enrollment growing 600,000 per month, with rural staying about 18% of urban



Opportunities for CAHs

Grants and Technical Assistance



Transition and Redesign

- HRSA
 - ✓ Rural Health Value, Rural Health Providers Transition Project
- CMS
 - ✓ CMS and the Rural Emergency Hospital Designation, State demonstrations, CHART, Shared Savings



Ongoing Support

- Flex, SHIP, RHC TA
- Research Policy Analysis, Flex Monitoring Team

Targeted Technical Assistance

- Focusing on “At-Risk” Facilities
 - ✓ Delta Region Community Health Systems Project
 - ✓ Vulnerable Rural Hospital Technical Assistance Program
 - ✓ USDA-National Rural Health Association Rural Hospital Program
- Rural Hospital Quality Improvement Technical Assistance



- <https://ruralhealthvalue.public-health.uiowa.edu/>
- <https://www.hrsa.gov/library/vulnerable-rural-hospital-assistance>
- <https://www.ruralcenter.org/rhptp>
- <https://stratishealth.org/initiative/rural-quality-improvement-technical-assistance-rqita/>



Rural Health Policy Issues

Preparing for the New Rural Emergency Hospital Designation

NC RHRP Findings Brief
NC Rural Health Research Program
July 2021

How Many Hospitals Might Convert to a Rural Emergency Hospital (REH)?

George H. Pink, PhD; Kristie W. Thompson, MA; H. Ann Howard, BS; G. Mark Holmes, PhD

OVERVIEW

The Consolidated Appropriations Act of 2021 establishes a Rural Emergency Hospital (REH) designation under the Medicare program. It is difficult to predict rural hospital interest in conversion to REH because conditions of participation through rulemaking and guidance have yet to be established by the Centers for Medicare & Medicaid Services (CMS). However, some first estimates of the number and type of rural hospitals that might convert to REHs will assist policy makers as they prepare for implementation of the REH model. In this study, we used three measures to predict the number of rural hospitals with 50 beds or less that are likely to consider conversion to an REH: 1) three years negative total margin; 2) average daily census (ADC) (acute + swing) less than three; and 3) net patient revenue less than \$20 million.

KEY FINDINGS

- Using one set of predictors for conversion, 68 rural hospitals are predicted to consider conversion to REHs ("REH converters") in comparison to 1,605 hospitals not predicted to consider conversion ("non-converters").
- In comparison to non-converters, a higher percentage of REH converters are predicted to be government-owned, Critical Access Hospitals (CAHs), and located in the North West Central Census division, and a lower percentage are predicted to be system-affiliated.
- Almost half of REH converters are located in four states: Kansas, Texas, Nebraska, and Oklahoma.
- In comparison to non-converters, REH converters are in counties with a higher median percentage of unemployed and a lower population density.
- The predicted number of REH converters (68) is based on what is currently known about the REH and is an estimate only; different selection criteria would result in a different set of potential REH converters.

BACKGROUND

Currently, a facility can receive Medicare payment for emergency department (ED) and hospital outpatient services only if it is certified by Medicare as a hospital, and the provision of inpatient acute care is required for such certification. This limitation has presented challenges for rural communities where there may not be sufficient patient volume or resources to support the provision of inpatient services, but where access to emergency services and higher-level outpatient services is still necessary.¹

On December 21, 2020, Congress passed the Consolidated Appropriations Act (CAA) of 2021, which established Rural Emergency Hospitals (REHs). Effective January 1, 2023, hospitals that meet specified criteria will be eligible to convert to an REH. Although conditions of participation (CoPs) through rulemaking and sub-regulatory guidance have yet to be established by the Centers for Medicare & Medicaid Services (CMS), in accordance with the CAA, REHs will provide outpatient hospital and ED services without providing acute care inpatient services. REHs will be eligible for Medicare reimbursement for some services at rates higher than rates that would otherwise apply to services furnished in a hospital, and REHs will also receive a facility payment (see Table 1).

Because REHs are a new Medicare provider type, the number of rural hospitals that might consider converting to an REH is unknown. The purpose of this findings brief is to estimate, using one set of criteria, how many rural hospitals might convert to an REH. Developing a model to make this estimate involves several assumptions based on available data and comparisons to see which data points have been associated with the closure of a hospital. Ultimately, decisions about conversion to a new provider type may be driven by more than data or the immediate financial

1

- First New Medicare Hospital Designation Since 1997
- Next Steps
 - Helping communities assess the designation
 - Increasing awareness through State Offices of Rural Health
 - Helping states develop appropriate license standards

117TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
2d Session } { 117-269

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENT TO THE BILL (H.R. 2471) TO MEASURE THE PROGRESS OF POST-DISASTER RECOVERY AND EFFORTS TO ADDRESS CORRUPTION, GOVERNANCE, RULE OF LAW, AND MEDIA FREEDOMS IN HAITI; PROVIDING FOR CONSIDERATION OF THE JOINT RESOLUTION (H.J. RES. 75) MAKING FURTHER CONTINUING APPROPRIATIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2022, AND FOR OTHER PURPOSES; PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 6968) TO PROHIBIT THE IMPORTATION OF ENERGY PRODUCTS OF THE RUSSIAN FEDERATION, AND FOR OTHER PURPOSES; AND PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 7007) MAKING EMERGENCY SUPPLEMENTAL APPROPRIATIONS FOR CORONAVIRUS RESPONSE AND RELIEF FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2022, AND FOR OTHER PURPOSES.

MARCH 9, 2022.—Referred to the House Calendar and ordered to be printed

Rural Emergency Hospital Technical Assistance Program.—The Committee includes \$10,000,000 within the total for Rural Hospital Flexibility Grants to establish the Rural Emergency Hospital Technical Assistance Program. This program will provide technical assistance from existing State Flexibility Programs and other stakeholders to assist facilities in the implementation of the new Rural Emergency Hospital model.

<https://www.shepscenter.unc.edu/product/how-many-hospitals-might-convert-to-a-rural-emergency-hospital-reh/>



Opportunities for CAHs

CMS finalizes payment rules for 2023



CMS NEWS

FOR IMMEDIATE RELEASE

November 2, 2022

Contact: CMS Media Relations

(202) 690-6145 | [CMS Media Inquiries](#)

HHS Finalizes Physician Payment Rule Strengthening Access to Behavioral Health Services and Whole-Person Care

Rule includes expanded cancer screening coverage in support of President Biden's Cancer Moonshot and promotes innovation and coordinated care in Medicare

Today, the U.S. Department of Health and Human Services (HHS), through its Centers for Medicare & Medicaid Services (CMS), is expanding access to behavioral health care, cancer screening coverage, and dental care. The Calendar Year 2023 Physician Fee Schedule (PFS) final rule announced today also promotes innovation and coordinated care in the Medicare program through Accountable Care Organizations (ACOs). This rule directly supports [President Biden's Cancer Moonshot Goal](#) to cut the death rate from cancer by at least 50% and also supports the Administration's commitment of strengthening behavioral health, which the President outlined in his first State of the Union Address and the comprehensive strategy to tackle the nation's mental health crisis, which HHS leaders have furthered through the [National Tour to Strengthen Mental Health](#).

"The Biden-Harris Administration is committed to expanding access to vital prevention and treatment services," said HHS Secretary Xavier Becerra. "Providing whole person support and services through Medicare will improve health and wellbeing for millions of Americans and even save lives."

"Access to services promoting behavioral health, wellness, and whole-person care is key to helping people achieve the best health possible," said CMS Administrator Chiquita Brooks-LaSure. "The Physician Fee Schedule final rule ensures that the people we serve will experience coordinated care and that they have access to prevention and treatment services for substance use, mental health services, crisis intervention, and pain care."

"Together, we are building a stronger Medicare program," said Deputy Administrator and Director for the Center for Medicare, Dr. Meena Seshamani. "No matter who you are, or what diagnoses you have, these changes will help ensure that Medicare treats the whole person—caring for physical health, behavioral health, and social needs that

An official website of the United States government [Here's how you know](#)



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Fact sheet

CY 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule with Comment Period (CMS 1772-FC)

Nov 01, 2022 | Billing & payments, Policy, Hospitals

Share [f](#) [t](#) [in](#) [B](#)

On November 1, 2022, the Centers for Medicare & Medicaid Services (CMS) finalized Medicare payment rates for hospital outpatient and ambulatory surgical center (ASC) services. The Calendar Year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System Final Rule is published annually.

In addition to payment rates, this year's rule includes policies that align with several key goals of the Administration, including addressing the health equity gap, fighting the COVID-19 Public Health Emergency (PHE), encouraging transparency in the health system, and promoting safe, effective, and patient-centered care.

The final rule advances the Agency's commitment to strengthening Medicare and uses the lessons learned from the COVID-19 PHE to inform the approach to quality measurement, focusing on changes that will help close the health equity gap.

These policies will affect approximately 3,500 hospitals and approximately 6,000

Related Releases

Fiscal Year 2023 Inpatient Rehabilitation Facility Prospective Payment System Final Rule (CMS-1767-F)
Jul 27, 2022

Fiscal Year 2023 Medicare Inpatient Psychiatric Facility Prospective Payment System Final Rule (CMS-1769-F)
Jul 27, 2022

Fiscal Year (FY) 2023 Hospice Payment Rate Update Final Rule (CMS-1773-F)
Jul 27, 2022

CMS Publishes Program Year 2021 Open Payments Data on Health Care Providers
Jun 30, 2022

FY 2023 Hospital Inpatient Prospective Payment System

Feedback



CMS NEWS

FOR IMMEDIATE RELEASE

November 2, 2022

Contact: CMS Media Relations

(202) 690-6145 | [CMS Media Inquiries](#)

HHS Continues Biden-Harris Administration Progress in Promoting Health Equity in Rural Care Access Through Outpatient Hospital and Surgical Center Payment System Final Rule

Critical Access Hospitals and Small Rural Hospitals Can Convert to Rural Emergency Hospitals, Allowing Them to Remain Open to Serve Their Communities

Today, the U.S. Department of Health and Human Services (HHS), through its Centers for Medicare & Medicaid Services (CMS), is improving access to health care — including behavioral health services — in rural communities. Reflecting the Biden-Harris Administration's commitments to advance health equity and to improve the nation's behavioral health services, CMS is releasing the calendar year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule with comment period. This final rule will allow Critical Access Hospitals (CAHs) and small rural hospitals to convert to a Rural Emergency Hospital (REH), which may be a more sustainable option for rural hospitals facing closure and supports access to care in rural and underserved communities. An REH is a new Medicare provider type that furnishes outpatient services, emergency services, and observation care. In this rule, Medicare will also pay hospital outpatient departments to provide remote behavioral health services to people at home, which will improve access to care in rural communities and promote health equity.

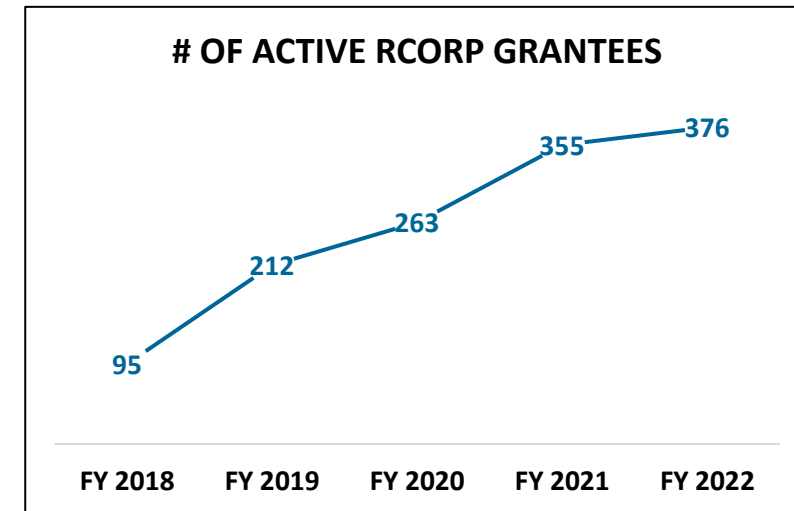
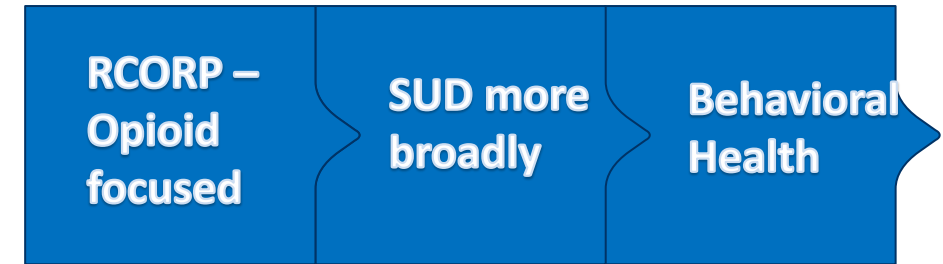
"The Biden-Harris Administration continues to take steps to ensure all Americans, regardless of where they live, have access to high-quality, affordable health care, and this is especially important in rural America, where many hospitals have closed over the past two decades," said HHS Secretary Xavier Becerra. "By helping rural hospitals stay open, we are helping residents of rural areas get the care they need close to home. Having access to care nearby is not only more convenient, but also leads to better health outcomes — and boosts local economies."



Opportunities for CAHs

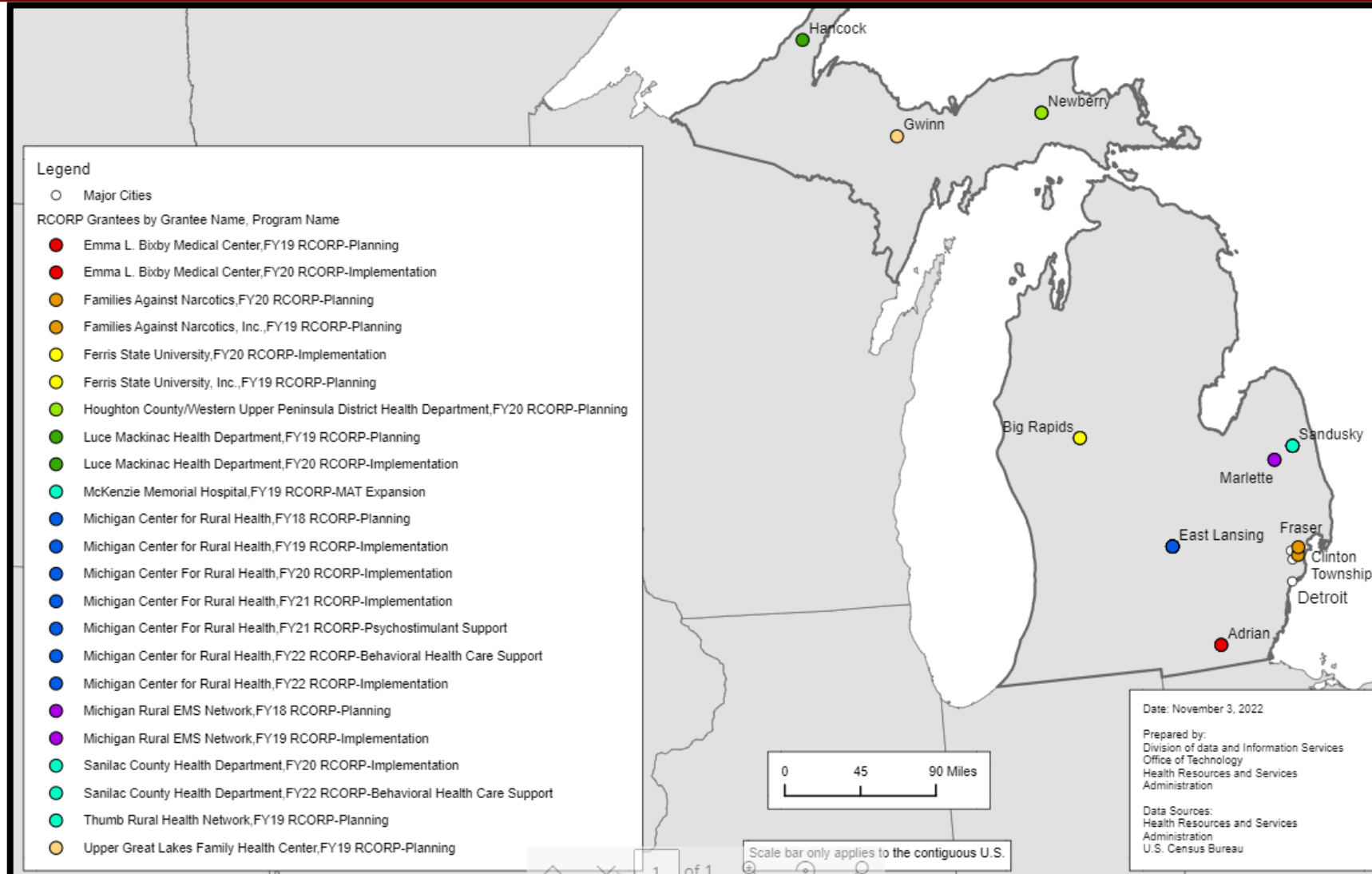
Rural Community Opioids Response Program

- The [Rural Communities Opioid Response Program](#) began as an opioid-specific initiative in FY 2018 with an \$100 million, multi-year appropriation.
- RCORP received annual appropriations every subsequent fiscal year and expanded the scope of RCORP to encompass other substances (e.g., methamphetamine) and broader behavioral health care needs in response to data and stakeholder feedback
- RCORP provides direct grants and technical assistance to rural communities to address behavioral health, including SUD needs
- Since 2018, RCORP grantees have served 47 states and 2 territories, reaching approx. 1,800 rural counties.
- RCORP grant recipients active in FY 2020 provided direct services to more than 2 million rural patients.



Rural Communities Opioid Response Program

Grantees in Michigan



Opportunities for Rural Hospitals to Focus on Community Health

Funding helps test new ideas

The Federal Office of Rural Health Policy (FORHP) has supported:



The goal of rural community programs is to improve health service delivery by strengthening health networks and encourage collaboration among rural health care providers.



Direct Services

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Pilot Programs



Capacity-Building

- Rural Health Network Development
- Rural Health Network Development Planning
- Pilot Programs

Watch Video Profiles of Innovative FORHP Grantees:

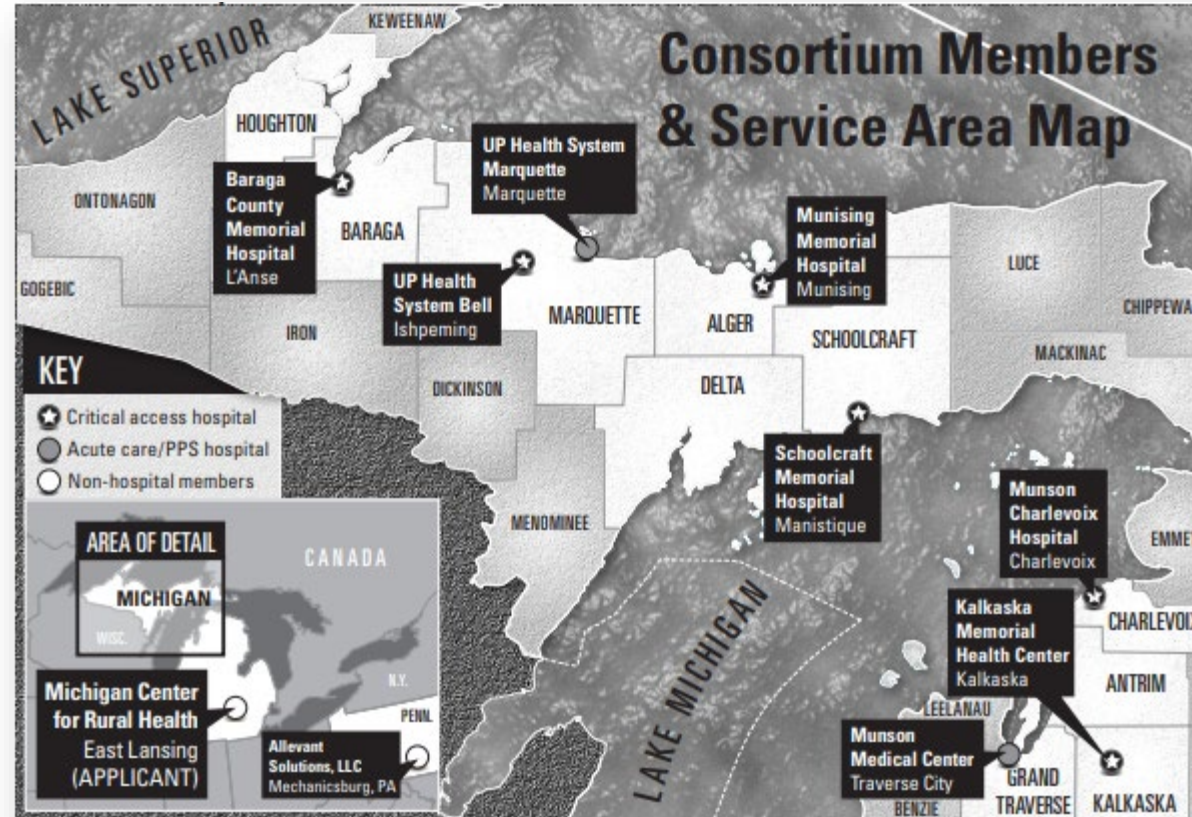
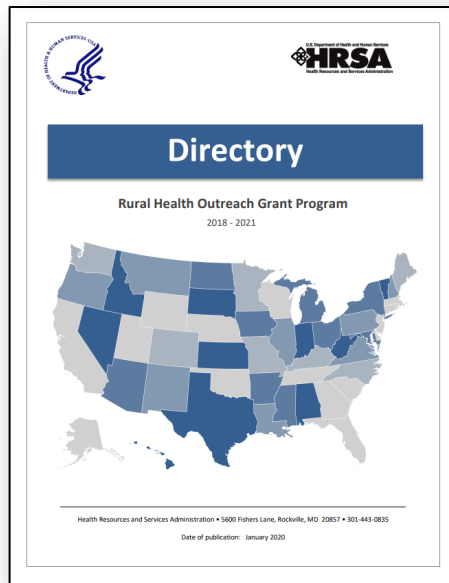
<https://www.ruralhealthinfo.org/project-examples>



Opportunities for CAHs

An Example from Michigan

Upper Peninsula and Northern Michigan Project focused on post-acute transitional care



<https://www.ruralhealthinfo.org/resources/lists/forhp-grantee-directories>



Leveraging the Appropriate Programs

FORHP Grants Target Specific Areas of Concern



Building Capacity

These programs focus on developing a collaborative plan to address community need by bringing together partners and/or engaging in community planning.

- Rural Health Network Development Planning Program
- Rural Public Health Workforce Training Network Program
- Rural Community Opioids Response Program



Expanding Services

These programs expand access to and improve the quality of health care in rural communities.

- Rural Health Outreach Services Program
- Rural Communities Opioid Response Program – Medication Assisted Treatment Expansion
- Rural Communities Opioid Response Program Implementation



Supporting Hospitals

These programs can be used to align with broader value-based efforts

- Rural Healthcare Provider Transition Project
- Small Rural Hospital improvement Program
- Medicare Rural Hospital Flexibility (Flex) Program
- Rural Health Outreach Services and Network Development
- Rural Network Planning



Providing Direct Services

These programs directly improve upon the delivery of health care services and improve population health.

- Rural Health Care Services Outreach
- Small Health Care Provider Quality Improvement
- Delta States Rural Development Network
- Rural Maternity and Obstetrics Management Strategies Program
- Rural Community Opioids Response Program

Community-Based Division

Outreach Funding Opportunity Forecast (Pending Appropriations)

	FY 2023	FY 2024	FY 2025	FY 2026
Rural Health Care Services Outreach*			NOFO Available TBD Project Period Start 5/1/2025	
Rural Health Network Development*	NOFO Available Now Project Period Start 7/1/2023			
Rural Health Network Development Planning	NOFO Available Fall 2022 Project Period Start 7/1/2023	NOFO Available TBD Project Period Start 7/1/2024	NOFO Available TBD Project Period Start 7/1/2025	NOFO Available TBD Project Period Start 7/1/2026
Small Health Care Provider Quality Improvement*				NOFO Available TBD Project Period Start 8/1/2026
Rural Maternity and Obstetrics Management Strategies	NOFO Available Winter 2023 Project Period Start 9/1/2023	(Additional Competitions Possible Depending on Budget Allocation Level and Completion of Prior Grants)		
Rural Residency Planning and Development Grants	NOFO Available: Late Fall 2022 Project Start Date: 8/1/2023	NOFO Available: Late Fall 2023 Project Start Date: 8/1/2024	NOFO Available: Late Fall 2024 Project Start Date: 8/1/2025	NOFO Available: Late Fall 2025 Project Start Date: 8/1/2026



Rural Strategic Initiatives Division

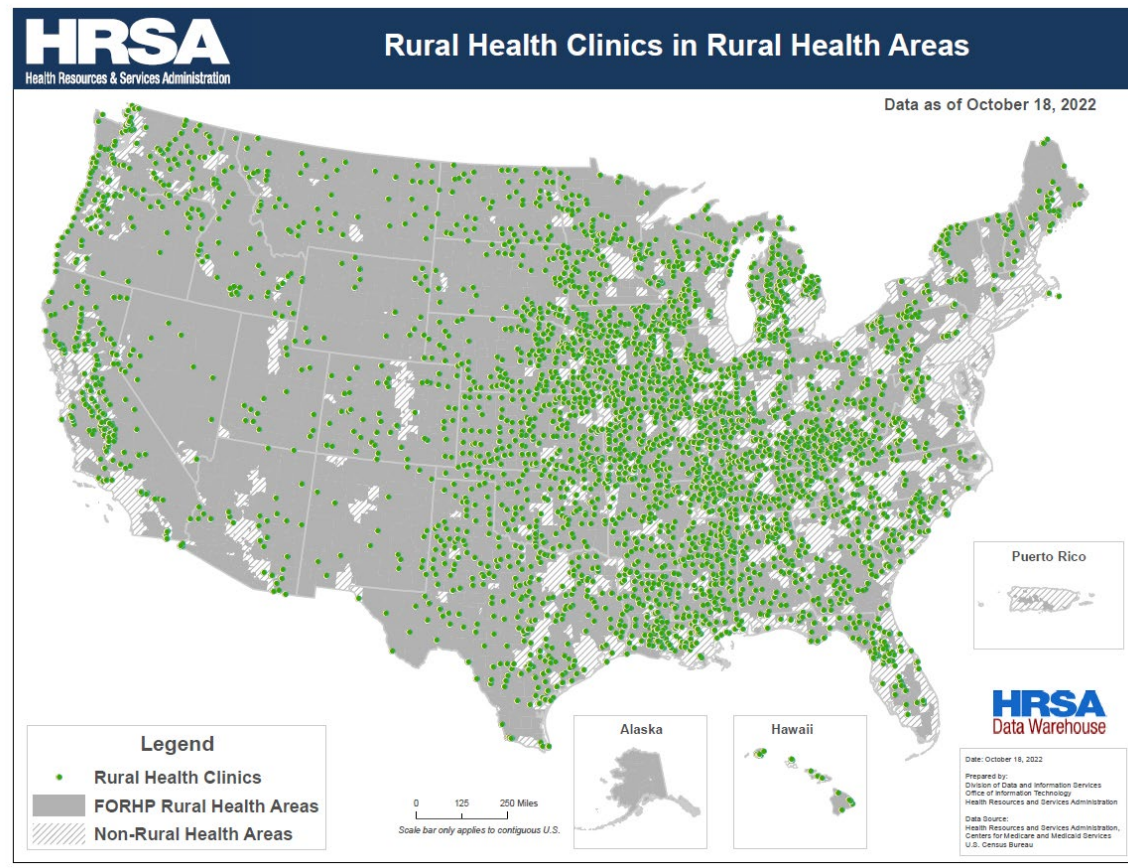
Funding Opportunity Forecast (Pending Appropriations)

	FY 2023	FY 2024
Rural Communities Opioid Response Program (RCORP)-Rural Tribal Support	NOFO Available: Fall 2022 Project Start Date: 9/1/2023	
RCORP-Child and Adolescent Behavioral Health	NOFO Available: Winter 2022 Project Start Date: 9/1/2023	
RCORP-Neonatal Abstinence Syndrome	NOFO Available: Winter 2022 Project Start Date: 9/1/2023	
RCORP-Overdose Response	NOFO Available: Fall 2022 Project Start Date: 9/1/2023	NOFO Available: Fall 2023 Project Start Date: 9/1/2024
RCORP-Evaluation	NOFO Available: Fall 2022 Project Start Date: 9/1/2023	
RCORP-Rural Centers of Excellence on Substance Use Disorder	NOFO Available: Fall 2022 Project Start Date: 9/1/2023	
Rural Health Clinic Behavioral Health Program	NOFO Available: Winter 2022 Project Start Date: 9/1/2023	
RCORP-Psychostimulant Support		NOFO Available: Fall/Winter 2023 Project Start Date: 9/1/2024
RCORP-Pilot (TBD)		NOFO Available: Fall/Winter 2023 Project Start Date: 9/1/2024



Opportunities for CAHs

RHC Support for Vaccine Distribution and Testing



Health Resources & Services Administration | Bureaus & Offices | Newsroom | A-Z Index | Contact Us

HRSA

Health Resources & Services Administration

Grants | Loans & Scholarships | Data Warehouse | Training & TA Hub | About HRSA

Home > Coronavirus (COVID-19) Information > Expanding COVID-19 Response in Rural Communities through Rural Health Clinics

Expanding COVID-19 Response in Rural Communities through Rural Health Clinics

To expand access to vaccines and ensure equity in COVID-19 response in rural communities, the Health Resources and Services Administration is working with Rural Health Clinics (RHCs) across the nation to strengthen vaccine allocation and confidence, and to expand COVID-19 testing and mitigation.

RHCs are a special certification given to health care practices in underserved rural areas by the Centers for Medicare & Medicaid Services (CMS). Nearly 5,000 Rural Health Clinics (RHCs) in 45 states make up a key part of the rural health care infrastructure and help address health equity gaps in medically underserved rural communities to improve health outcomes for rural residents.

Rural Health Clinic (RHC) COVID-19 Programs

In response to the coronavirus pandemic, four new programs are available to help RHCs meet community needs and improve rural health care services:

- Expanding COVID-19 Testing and Mitigation**
 - [Rural Health Clinic COVID-19 Testing and Mitigation \(RHCCTM\) Program](#) helps RHCs maintain and increase testing levels and establish and expand mitigation activities tailored to local community needs. The program builds upon HRSA's Rural Health Clinic COVID-19 Testing Program.
- Ensuring Equitable Distribution of Vaccines in Rural Areas**
 - [Rural Health Clinic Vaccine Distribution \(RHCVD\) Program](#) was launched in partnership with the Centers for Disease Control and Prevention (CDC). Under the program, enrolled CMS-certified RHCs will receive direct COVID-19 vaccines in addition to their normal jurisdictions' weekly allocation.
- Building Vaccine Confidence**
 - [Rural Health Clinic Vaccine Confidence \(RHCVC\) Program](#) supports outreach efforts to increase vaccinations in rural communities. Nearly 2,000 RHCs are using these resources to promote vaccine confidence and work to get more people vaccinated and protected from COVID-19 in medically underserved rural communities.
- Expanding Access to COVID-19 Testing Supplies**
 - [Rural Health Clinic COVID-19 Testing Supply Program](#) provides free COVID-19 testing supplies to CMS-certified RHCs. RHCs choosing to participate receive direct shipments of COVID-19 testing supplies to distribute in their communities. Supplies available through this program include: at-home self-test kits, point of care testing supplies (POC) and other COVID-19 specific supplies such as N95 masks, as available.



<https://www.hrsa.gov/coronavirus/rural-health-clinics>

[https://www.narhc.org/narhc/COVID-19 At-Home Tests.asp#rhcspt](https://www.narhc.org/narhc/COVID-19%20At-Home%20Tests.asp#rhcspt)



Rural Health Policy Issues

2023 Budget Proposals for Expanding Behavioral Health



FY2023 President's Budget

- **Rural Health Clinic Behavioral Health Initiative (\$10 million)**
 - "... to allow clinics in rural areas where there are no existing behavioral health providers to ...expand the availability of services such as mental health screenings, counseling and therapy."
- **Modernize Medicare Mental Health Benefits**
 - "Allow payment to Rural Health Clinics and Federally Qualified Health Centers for Licensed Professional Counselors and Family Therapists providing mental health services."

Aligning with the Statute, Regulations, and Guidance

- **Aligning behavioral health with the RHC statute and regulations**
 - Addressing definitions for treating mental health and providing specialty services
 - Leveraging flexibilities for telehealth that also RHCs to serve as distant sites (i.e., providers of service) for mental and behavioral health

<https://www.hhs.gov/sites/default/files/fy-2023-budget-in-brief.pdf>

Additional Technical Assistance Materials for Rural Communities in Subsequent Slides

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



FOLLOW US:

[Sign up for the HRSA eNews](#)



Rural Health Policy Issues

Accessible and Through a Rural Lens

The screenshot shows the HRSA website with the following content:

- Header: Health Resources & Services Administration | Bureaus & Offices | Newsroom | A - Z Index | Contact Us
- Banner: Get reimbursed for COVID-19 testing and treatment of uninsured individuals. [Learn more »](#)
- HRSA logo and search bar.
- Navigation: FORHP Home, Find Funding, Resources, About Us
- Breadcrumbs: Home > Federal Office of Rural Health Policy > Rural Health Policy
- Section: Rural Health Policy
- Sub-section: Regulatory Review
- Text: The Federal Office of Rural Health Policy is charged in [Section 1102\(p\) of the Social Security Act](#) with advising the Secretary of the U.S. Department of Health and Human Services on the effect that federal health care policies and regulations may have on rural communities. Monitoring current and proposed changes, including programs established under titles XVIII and XIX (Medicare and Medicaid), FORHP analyzes their impact on the financial viability of small rural hospitals and clinics, on the ability of rural areas to attract health professionals, and on rural areas' access to high quality care.
- Text: Data collection and analysis is essential to understanding the challenges in rural communities, how those communities are impacted by policy, and setting policy for the future. For this reason, the work of the [Rural Health Research Centers](#) informs that of FORHP's policy team and vice versa.
- Section: Policy Updates
- Date: April 1
- Text: [CMS Guidance to Resume Hospital Survey Activities](#) (PDF - 265 KB). As of March 23, 2021, the Centers for Medicare & Medicaid Services (CMS) is lifting the suspension on hospital survey activities, which was put in place due to the public health emergency. Non-immediate jeopardy
- Section: Reports
- Text: [Guide for Rural Health Care Collaboration and Coordination](#) (2019) (PDF - 2 MB) This Guide describes how rural hospitals, community health centers, local public health departments, and other rural stakeholders can work together to assess and address their rural communities' health needs.
- Text: [Interim Report to Congress on Frontier Health Demonstration Project](#) (2018) (PDF - 565 KB)
- Text: [Final Report to Congress on Frontier Health Demonstration Project](#) (2020) (PDF - 345 KB) This final Report to Congress expands on the interim report, with findings from the duration of the 3-year model and recommendations for legislative and administrative action.

Questions about Policy Updates?

Write to ruralpolicy@hrsa.gov

The screenshot shows the website for the National Advisory Committee on Rural Health & Human Services with the following content:

- Header: National Advisory Committee on Rural Health & Human Services
- Navigation: Home, About, Committee Activities, Publications, Reports and Recommendations, Letters
- Section: Ninetieth Meeting of the National Advisory Committee on Rural Health and Human Services
- Date: Monday April 11 - Wednesday April 13, 2022
- Text: Register now @ [Agenda](#) (PDF - 122 KB)
- Text: The National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee) advises the Secretary of Health and Human Services on health care challenges in rural America.
- Text: The Committee is an independent advisory group representing a public-private partnership focused on the provision of health care in rural areas.
- Section: Charter
- Text: Read the NACRHHS Charter (PDF - 273 KB)
- Section: Vision, Mission, and Values
- Text: Read the Vision, Mission, and Values of the National Advisory Committee on Rural Health and Human Services (PDF - 132 KB)
- Section: Members
- Text: The Committee's 21 members serve overlapping four-year terms and have expertise in a wide range of rural health and human services issues.

The screenshot shows the Rural Health Research Gateway website with the following content:

- Header: Rural Health Research Gateway
- URL: ruralhealthresearch.org
- Text: The Rural Health Research Gateway is an online library of research and expertise. The website is free to use, searchable, and provides access to the work of the Rural Health Research Centers and Analysis Initiatives funded by the Federal Office of Rural Health Policy.
- Text: The Rural Health Research Center program is the only federal program that is dedicated entirely to producing policy-relevant research on healthcare in rural areas. The centers study critical issues facing rural communities in a quest to secure adequate, affordable, high-quality health services for rural residents.
- Section: This online resource of research connects you to:
- List-Group:
 - Research and policy centers
 - Products and journal publications
 - Fact sheets
 - Policy briefs
 - Research projects
 - Email alerts
 - Experts
 - Dissemination toolkit
- Section: Connect with us
- List-Group:
 - info@ruralhealthresearch.org
 - facebook.com/RHRGateway
 - twitter.com/rhrgateway
- Image: A landscape photo of a tree in a field at sunset.
- Text: This project was supported by the Federal Office of Rural Health Policy (FROHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS).

www.ruralhealthresearch.org

<https://www.hrsa.gov/advisory-committees/rural-health/index.html>



Opportunities for CAHs

The Affordable Connectivity Program

Three Ways to Apply

Get started by visiting AffordableConnectivity.gov to



APPLY ONLINE
Fill out the online application

OR



APPLY BY MAIL
Download or call to request an application via mail

OR



APPLY THROUGH A COMPANY
Find a participating internet company at www.AffordableConnectivity.gov/companies-near-me/

If you have a disability and need assistance with your application, contact the ACP Support Center at (877) 384-2575.

Learn more at AffordableConnectivity.gov

ACP SUPPORT CENTER

(877) 384-2575 | 9 AM-9 PM ET



7 DAYS PER WEEK | ACPsupport@usac.org






AFFORDABLE CONNECTIVITY PROGRAM

A Federal Communications Commission program that provides a monthly discount on internet service for qualifying households and one device discount on a laptop, tablet, or desktop computer.

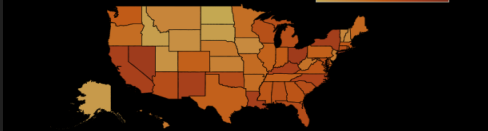



Last updated: 8/31/2022
Dashboard created by the Institute for Local Self-Reliance

Affordable Connectivity Program

Enrollment by State

Percentage of Eligible Households Enrolled: 9.6% to 57.6%



See Enrollment by State | See Enrollment by Zip Code

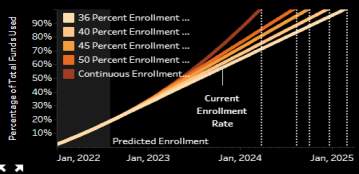
13 of 37 Million
Households Currently Enrolled of Eligible

36.5 Percent
Eligible Households Enrolled Nationwide

\$12.6 Billion
Funds Remaining

When Will Funding Run Out?

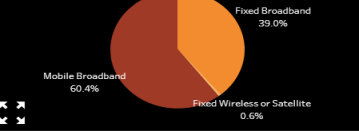
Percentage of Total Funds Used



\$411 Million

Spent Each Month

Subscribers by Service Type



+ a b l e a u | You may need to scroll left or right to view the entire dashboard

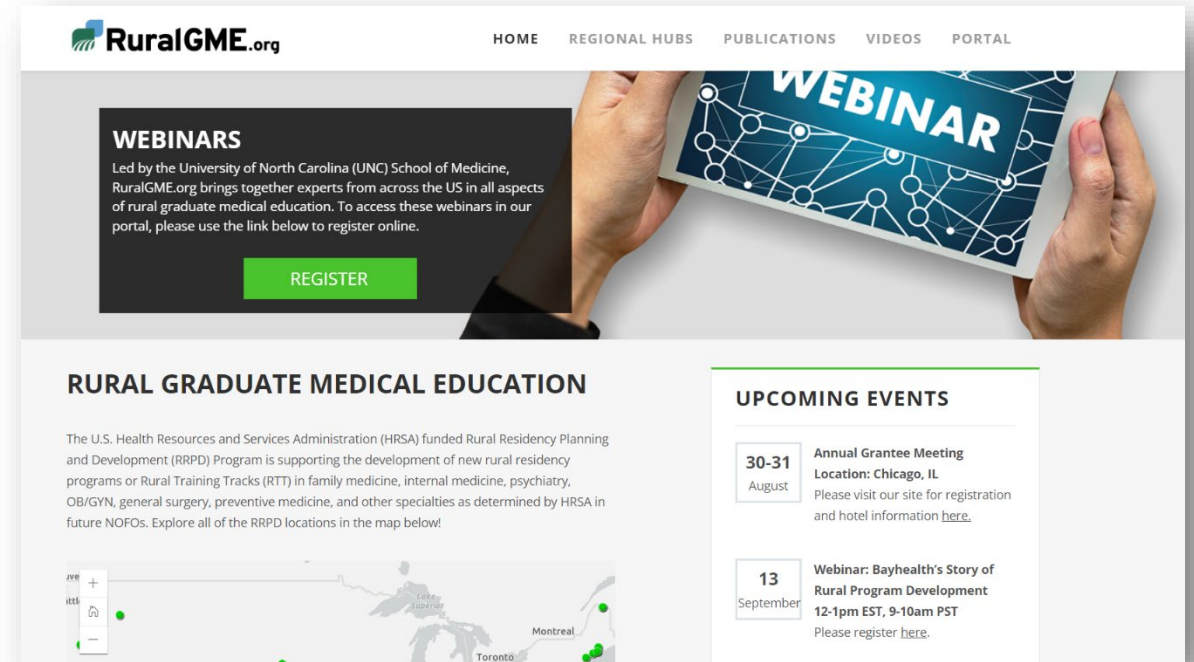
Rural Residency Planning & Development (RRPD) Program

Creating Sustainable Rural Residencies

RRPD Technical Assistance (RRPD-TA) Program

- Consortium led by the University of North Carolina (UNC) at Chapel Hill consists of **experts in all aspects of rural residency development** and structured into 3 regional hubs (central, eastern, and western).
- Awarded in FY18 to establish the RRPD-TA Center and again in FY21 to provide direct technical assistance and resources to RRPD awardees and applicants.
- Free resources and tools (e.g., webinars, presentations) are available on the RuralGME.org portal for key topics such as **program accreditation, financing, faculty development, and resident recruitment and training.**

■ Website: <https://www.ruralgme.org/>



The screenshot displays the RuralGME.org website. At the top, the navigation menu includes HOME, REGIONAL HUBS, PUBLICATIONS, VIDEOS, and PORTAL. The main content area features a 'WEBINARS' section with a 'REGISTER' button. Below this is a section for 'RURAL GRADUATE MEDICAL EDUCATION' with a map showing RRPD locations. To the right, an 'UPCOMING EVENTS' section lists two events: an Annual Grantee Meeting in Chicago, IL (August 30-31) and a webinar on Bayhealth's Story of Rural Program Development (September 13).



Resources for CAHs

Rural Health Information Hub (RHIfhub)

Topic Guides

MORE ON THIS TOPIC

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Models and Innovations

About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce

Maintaining the healthcare workforce is fundamental to providing access to quality healthcare in rural areas. Rural healthcare facilities must employ enough healthcare professionals to meet the needs of the community. They must have proper licensure, adequate education and training, and cultural competency skills. Equally important, optimizing how health professionals are used and enhancing coordination among them helps ensure that patients are getting the best care possible.

Strategies can include:

- Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider
- Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice.
- Removing state and federal barriers to professional practice, where appropriate
- Changing policy to allow alternative provider types, once evidence shows they can provide quality care

Funding Opportunities

MORE ON THIS TOPIC

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About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce – Funding & Opportunities

For additional funding options, please see RHIfhub's [Online Library: Funding & Opportunities](#)

Sort By: [Date](#) | [Name](#) Hide Inactive Funding

[Narrow by type](#) [Narrow by geography](#) [Narrow by topic](#)

Indian Health Service Loan Repayment Program

Loan repayment for undergraduate and graduate health professional educational loans in return for full-time clinical service in Indian Health Service programs.

Geographic coverage: Nationwide

Application Deadline: Aug 15, 2019

Sponsors: Indian Health Service, U.S. Department of Health and Human Services

NIDDK Education Program Grants (R25 Clinical Trial Not Allowed)

Grants to support educational activities that complement and/or enhance the training of a workforce to meet the nation's biomedical, behavioral and clinical research needs. Institutions are encouraged to diversify their student and faculty populations to enhance the participation of individuals from groups identified as underrepresented in the biomedical, clinical, behavioral and social sciences.

Models and Innovations

MORE ON THIS TOPIC

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About This Guide

Rural Health > Topics & States > Topics

Rural Healthcare Workforce – Models and Innovations

These stories feature model programs and successful rural projects that can serve as a source of ideas and provide lessons others have learned. Some of the projects or programs may no longer be active. Read about the [criteria and evidence-base](#) for programs included.

Sort By: [Date](#) | [Name](#)

[Narrow by geography](#) [Narrow by topic](#)

Promising Examples

High Plains Community Health Center Care Teams

Updated/reviewed February 2019

- **Need:** Meeting health care demands in a region with a limited number of physicians, where recruiting additional providers is considered impractical.
- **Intervention:** Using the additional support of health coaches, implementation of care teams consisting of 3 medical assistants to support each provider.
- **Results:** More patients seen per provider hour, with improved patient outcomes and clinic cost savings.



<https://www.ruralhealthinfo.org/>



Resources for CAHs

Leveraging HRSA Resources

- Sign up for regular updates:

Example: Health Workforce Funding Updates and HRSA e-News

✓ https://public.govdelivery.com/accounts/USHHSHRSA/subscriber/new?topic_id=ENEWS

The screenshot shows the HRSA Email Subscriptions sign-up form. At the top, it says "HRSA Health Resources & Services Administration" and "Email Subscriptions". Below that, the heading is "Email Updates". The text reads: "To sign up for updates or to access your subscriber preferences, please enter your contact information below." There is a text input field for "Email Address" with a red asterisk indicating it is required. Below the field are "Submit" and "Cancel" buttons. At the bottom, a note states: "Your contact information is used to deliver requested updates or to access your subscriber preferences." There are also links for "Privacy Policy", "Cookie Statement", and "Help".

The screenshot shows the HRSA eNews newsletter for November 3, 2022. The header includes the HRSA logo and the tagline "HEALTHY COMMUNITIES. HEALTHY PEOPLE." The main content features an article titled "October in Brief: Growing and Strengthening the Nursing Workforce, Expanding Support for Children's Mental Health Care, Reducing Health Disparities in Maternal Health Care, Releasing the National Survey of Children's Health and more". Below the article is a photo of a group of people and a "Read the release" link. Another article is titled "HRSA Awards \$8 Million to Historically Black Colleges and Universities to Address the HIV Epidemic in Africa", with a photo of a woman and a "Read the release" link. A sidebar on the right lists "November" events: Veterans Day (11), National Rural Health Day (17), and Thanksgiving (24). Below that, it lists "Funding Opportunities" under "Health Workforce": Geriatrics Academic Career Awards (apply by November 3), Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB) (apply by November 15), Preventive Medicine Residency (apply by November 21), and NHSC Students to Service Loan Repayment Program (apply by December 1).

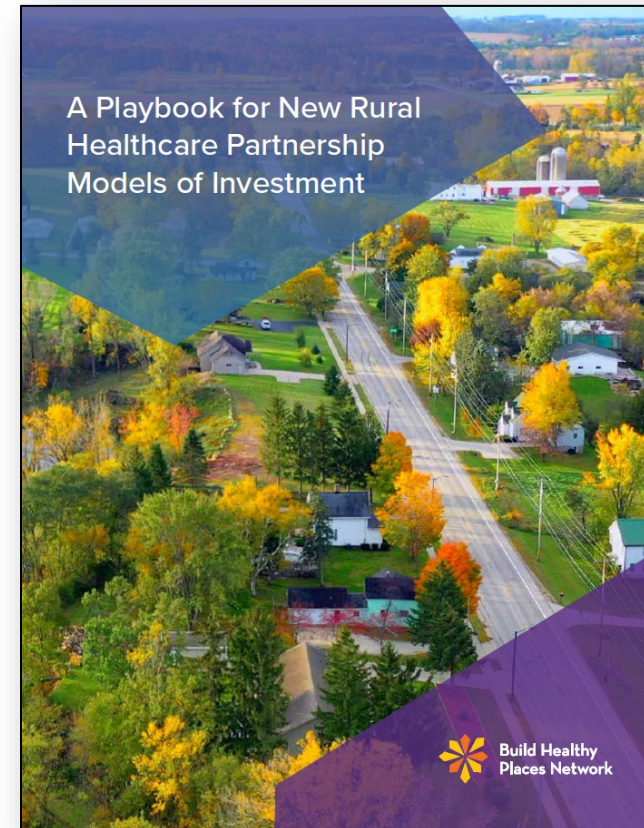
The screenshot shows the HRSA Workforce Connections Newsletter for Spring 2022. The header includes the HRSA logo and the tagline "HEALTHY COMMUNITIES. HEALTHY PEOPLE." Below that, it says "Updates from HRSA's Bureau of Health Workforce" and "Spring 2022". The main content features an article titled "HRSA Celebrates National Nurses Month" with a photo of a nurse. Below the article is a video player showing a woman speaking. The video title is "Celebrating NHSC's 50th Anniversary". Below the video is a caption: "Listen as HRSA's Administrator, Carole Johnson, congratulates National Health Service Corps current members, alumni, and approved sites on 50 years of dedicated service." At the bottom, there is a note about the NHSC's 50th Anniversary celebration: "As a part of NHSC's 50th Anniversary celebration, HRSA is hosting #amNHSC day on Wednesday, June 1. This is a day dedicated to the NHSC's members, alumni, sites, and stakeholders, who have helped the NHSC reach 50 years of service. Join the celebration by posting a short video, photo, selfie, or anecdote highlighting your NHSC story or advice for the next generation of providers. You might be featured on the NHSC's social media!"

Resources for CAHs

New Rural Tool from the Building Healthy Places Network (BHPN)

Mission of BHPN: To transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States.

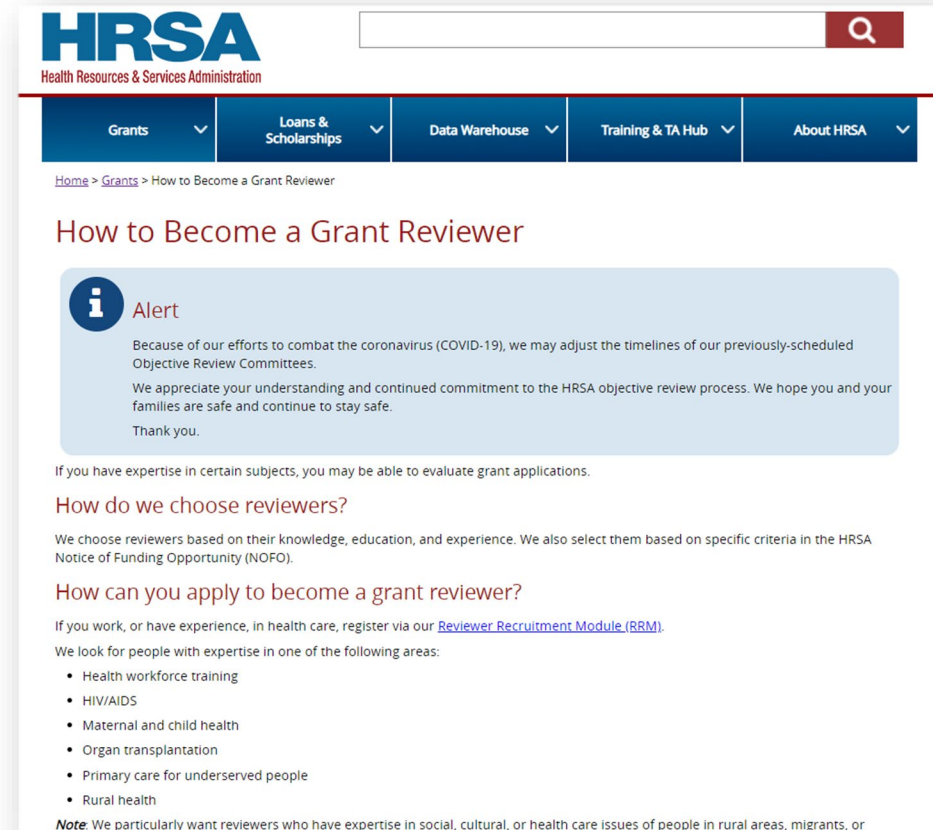
Purpose: *To uplift community-led solutions and accelerate cross-sector investments in persistently marginalized communities to create healthier, more equitable, and thriving places.*



<https://bit.ly/3PDF4N9> and <https://bit.ly/3amz4Zn>

HRSA Needs Your Help!

Consider Being a HRSA Grant Reviewer



The screenshot shows the HRSA website header with the logo and navigation menu. The main content area is titled "How to Become a Grant Reviewer" and includes an "Alert" box with information about COVID-19 adjustments to review timelines. Below the alert, there is a section titled "How do we choose reviewers?" and another titled "How can you apply to become a grant reviewer?" which lists various expertise areas.

HRSA
Health Resources & Services Administration

Grants | Loans & Scholarships | Data Warehouse | Training & TA Hub | About HRSA

Home > Grants > How to Become a Grant Reviewer

How to Become a Grant Reviewer

i Alert

Because of our efforts to combat the coronavirus (COVID-19), we may adjust the timelines of our previously-scheduled Objective Review Committees.

We appreciate your understanding and continued commitment to the HRSA objective review process. We hope you and your families are safe and continue to stay safe.

Thank you.

If you have expertise in certain subjects, you may be able to evaluate grant applications.

How do we choose reviewers?

We choose reviewers based on their knowledge, education, and experience. We also select them based on specific criteria in the HRSA Notice of Funding Opportunity (NOFO).

How can you apply to become a grant reviewer?

If you work, or have experience, in health care, register via our [Reviewer Recruitment Module \(RRM\)](#).

We look for people with expertise in one of the following areas:

- Health workforce training
- HIV/AIDS
- Maternal and child health
- Organ transplantation
- Primary care for underserved people
- Rural health

Note: We particularly want reviewers who have expertise in social, cultural, or health care issues of people in rural areas, migrants, or

<https://www.hrsa.gov/grants/reviewers>



FORHP Weekly Announcements

Focus on ...

- ✓ Rural-focused Funding opportunities
- ✓ Policy and Regulatory Developments Affecting Rural Providers and Communities
- ✓ Rural Research findings
- ✓ Policy updates from a Rural Perspective

To sign up: Email Michelle Daniels at mdaniels@hrsa.gov



U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

Announcements from the
Federal Office of Rural Health Policy

July 15, 2021

What's New

HHS Boosts Funding for COVID-19 Response in Rural Areas. On Tuesday, the U.S. Department of Health & Human Services (HHS) announced \$398 Million for COVID-19 testing and mitigation. The funds will be distributed by State Offices of Rural Health to 1,540 rural hospitals through the [Small Rural Hospital Improvement Program](#).

One Month Left to Enroll in, or Change, Health Insurance Marketplace Coverage. Last week, HHS released a report on current [trends and challenges to accessing affordable health care in rural America](#). Analysts found that, although uninsured rates have fallen in rural areas, other barriers to care such as geographic distances, infrastructure limitations, and provider shortages contribute to rural health disparities. The report comes one month before the special enrollment period [for qualified individuals and families](#) ends on August 15. As noted in the HHS brief, 65 percent of the 1.9 million rural uninsured individuals in [HealthCare.gov states](#) may be able to find a zero-premium plan on the platform.

NOSORH Accepting 2021 Community Star Nominations. The National Organization of State Offices of Rural Health (NOSORH) seeks nominations until August 2 of individuals, organizations, or consortia making a big difference in the health of rural communities.

COVID-19 Resources

Rural Health Clinic Vaccine Distribution (RHCVD) Program. Under the program, Medicare-certified RHCs will receive direct COVID-19 vaccines in addition to their normal jurisdictions' weekly allocation. Contact RHCvaxDistribution@hrsa.gov for more information.

