



NATIONAL RURAL
HEALTH ASSOCIATION

Advocacy Report

2022



NRHA Advocacy

NRHA's Government Affairs Team spends countless hours every year educating Congress and the Administration on the issues important to rural America.

Through advocacy efforts, NRHA connects thousands of rural health stakeholders with local, state, and federal lawmakers, ensuring our legislative requests are heard by those with the power to enact change at every level.

NRHA's 2022 advocacy priority areas included:

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

Using the association's 2022 policy agenda, NRHA advocated Congress, the White House, and federal agencies. With Washington beginning to open this year, NRHA jumped at the opportunity to introduce the organization in person to key staff in the Administration, and on Capitol Hill, that had previously been via videoconference.

2022 by the numbers

- More than 150 meetings with Capitol Hill offices
- More than 110 NRHA-endorsed and developed pieces of legislation throughout the 117th Congress
- More than 45 alerts sent to Capitol Hill to support rural health, including the creation of a month-end newsletter outlining NRHA's work to staff on Capitol Hill
- Executed a December virtual advocacy week to encourage rural representation in the Consolidated Appropriations Act of 2023. More than 20 states participated in meetings on Capitol Hill.

Key NRHA Legislation in 117th Congress

- H.R. 6400 Save America's Rural Hospital Act
- H.R. 4390 Protect 340B Act of 2021
- S. 4009 Rural Hospital Support Act
- S.1893 Rural Physician Workforce Production Act
- S. 1512/ H.R. 2903 CONNECT for Health Act
- S. 3593 Telehealth Extension and Evaluation Act
- S. 2037 Protecting Access to Ground Ambulance Services
- S.165/ H.R. 588 Stopping the Mental Health Pandemic Act
- S. 3149/ H.R. 5848 Rural Health Equity Act

Legislative Victories



NRHA's 33rd Annual Rural Health Policy Institute gave advocates an opportunity to champion rural health priorities in the Consolidated Appropriations Act (CAA) 2022, which passed in mid-March, followed by Inflation Reduction Act of 2022 and CAA, 2023 which passed in December 2022. NRHA fought to ensure rural providers and communities were strongly represented throughout 2022 in all legislation signed into law.

2

Telehealth

The proliferation of telehealth capabilities has proven to be the silver lining of the COVID-19 pandemic. Throughout 2022, NRHA advocated for telehealth flexibilities, resulting in extension until December 31, 2024, including audio-only telehealth visits and allowing rural health clinics (RHC) and Federally Qualified Health Centers (FQHC) to serve as distant site providers. NRHA will continue advocating for rural changes to telehealth policy including payment parity for telehealth at RHC and FQHC sites.

1

Critical Medicare Funding

In the CAA, 2023, several important rural health care programs were continued due to significant advocacy from NRHA. The Low-Volume Hospital (LVH) and Medicare-Dependent Hospital (MDH) designations were both continued through September 30, 2024. Additionally, the ground ambulance add-on payments of three percent rural and 22.5 percent super rural were continued through December 31, 2024. Lastly, the home health rural add-on payment was continued at one percent through the end of CY 2023.

3

Rural Public Health Infrastructure

In the CAA, 2023, NRHA successfully advocated for the creation of an Office of Rural Health within the Centers for Disease Control and Prevention (CDC) to improve public health data collection and funding dissemination to rural areas in the country. NRHA is committed to working with Congress and the Administration to ensure that the office is stood up in a manner consistent with the needs of rural communities.

4

Maternal Health

NRHA worked to pass the Rural Maternal and Obstetric Modernization of Services (Rural MOMS) Act as part of the CAA, 2022. The Rural MOMS Act develops and expands initiatives supporting rural maternal health networks, use of telehealth, and maternal health professional training in rural communities.

5

340B Drug Pricing Program

Among the many stressors facing rural hospitals in 2022, those participating in the 340B Drug Pricing Program were in jeopardy of losing their 340B status due to a reduction in inpatient hospital admissions of low-income Medicare and Medicaid patients. Thanks to NRHA advocacy, this metric for determining 340B eligibility was waived for COVID-19 cost report years through a provision included in the CAA, 2022.

6

Behavioral Health

In the CAA, 2023, Congress included provisions to expand Medicare to include coverage of Marriage and Family Therapists (MFT) and mental health counselors (MHC). Additionally, the legislation created 200 new residency slots under the Medicare GME program for psychiatry or psychiatry subspecialties, including a 10% set aside for rural areas.

7

Sequestration Relief

NRHA successfully advocated for the waiver of the four percent PAYGO sequestration cuts to Medicare payments until January 2025 in the CAA, 2023.

NRHA is pleased this devastating policy did not go into effect and is committed to continuing educating elected officials on the detrimental impacts of sequestration policies on rural providers.

8

State Office of Rural Health Program

NRHA successfully advocated for the reauthorization of the State Offices of Rural Health (SORH) Program. Congress passed S. 4978, the State Offices of Rural Health Program Reauthorization Act, to authorize the program through FY 2027 at its current funding level.

9

Principal Rural Health Programs

NRHA advocacy brought significant investments in the rural health safety net, with nearly a 10% funding increase in the core Federal grant and loan programs that support the rural health care infrastructure. Of note, inclusion of \$5 million in FY 22 and FY 23 to support technical assistance for conversion of rural hospitals to Rural Emergency Hospital designation.

Regulatory Process

In 2022, several new laws were implemented through the regulatory process. These provisions included new Medicare GME slots, changes to the RHC program, and regulations setting up the new Rural Emergency Hospital (REH) designation. NRHA provided comments on major Medicare regulations including the Inpatient Prospective Payment System (IPPS), the Outpatient Prospective Payment System (OPPS), and the Medicare Physician Fee Schedule. Each of these proposals had significant provisions to shape health care delivery in our rural communities.

NRHA engaged members in the regulatory process through new grassroots features. NRHA hosted 5 listening sessions to solicit member feedback on major proposed rule. NRHA heard member input during listening sessions on the REH conditions of participation, the OPPS proposed rule, changes to the Medicare Shared Savings Program, Medicare Advantage, and public health emergency waivers and flexibilities. NRHA also released comment templates for members to use to submit their own comments on the REH and CAH conditions of participation and OPPS proposed rule. These new tools amplified the rural voice in the rulemaking process.

2022 by the numbers

- NRHA submitted comments on 7 proposed rules from CMS, the Federal Communications Commission, and the Occupational Safety and Health Administration.
- NRHA submitted 8 responses to requests for information (RFI) from CMS, HHS, the Substance Abuse and Mental Health Services Administration, National Telecommunications and Information Administration, and the Federal Trade Commission.
- NRHA sent 7 letters to CMS, HHS, the White House, the Health Resources and Services Administration (HRSA), and the Medicare Payment Advisory Commission.

Key NRHA Regulatory Issues

- Medicare Advantage
- Strengthening primary care
- Public health emergency waivers and flexibilities
- Nursing home standards
- Behavioral health
- 340B and Pharmacy Benefit Manager practices
- Health disparities facing rural Americans

Regulatory Victories



1

CAH Primary Roads Definition

In the REH and CAH conditions of participation final rule, the Centers for Medicare and Medicaid Services (CMS) included a new definition of primary roads for determining CAH distance requirements. In our comment on the proposed rule, NRHA advocated for CMS to exclude one-lane Federal highways from the definition and to exclude rural emergency hospitals from CAH distance determinations because they are outpatient-only facilities. CMS defined primary roads as a numbered Federal highway, including interstates, intrastate, expressways, or any other numbered Federal highway with 2 or more lanes each way, or a numbered State highway with 2 or more lanes each way.

3

Health Professional Shortage Areas

Early in 2022, HRSA proposed a large number of Health Professional Shortage Areas (HPSA) for withdrawal. NRHA expressed significant concerns with this decision to both HRSA and the Department of Health and Human Services (HHS) leadership. NRHA was pleased to see HRSA announce a one-year pause for all HPSAs designated for withdrawal. NRHA will continue advocating for rural solutions in 2023 to ensure rural communities do not lose access to workforce resources.

2

Rural Emergency Hospital

In the CAA, 2021, Congress created a new Rural Emergency Hospital designation to be established by January 1, 2023. The new designation was implemented through the regulatory process in 2022, including the development of a payment methodology and conditions of participation. NRHA hosted listening sessions and created draft templates to guide members in the comment process. Through significant NRHA advocacy, the conditions of participation closely mirrored Critical Access Hospital (CAH) requirements. For calendar year 2023, REHs will receive \$272,866 monthly payment that will increase annually by the market basket update.

4

Medicare Shared Savings Program

In the final Medicare Physician Fee Schedule, the Centers for Medicare and Medicaid Services (CMS) outlined significant changes to the Medicare Shared Savings Program (MSSP) to allow for greater engagement of rural providers. Historically, NRHA had worked with CMS to see more rural representation and rural inclusive provisions in the MSSP. NRHA will continue working with CMS to see these rural-friendly provisions implemented in a conducive way for rural participation in the program.

Grassroots Engagement

In 2022, NRHA made a concerted effort to amplify the rural voice and presence in Washington through improvements in our grassroots advocacy available to NRHA members.

PROJECTS	DETAILS
Social Media	NRHA launched an advocacy focused Instagram page to better interact with members and share advocacy tips and messages. Additionally, NRHA better tailored our Twitter, LinkedIn, and Facebook, messaging to be reflective of our national advocacy and ways for our members to get involved. Look for more opportunities to engage via social media in 2023!
Capitol Hill Newsletter	NRHA continued its emphasis on advocacy by creating a monthly newsletter to share with staff on Capitol Hill. The newsletter outlines the key rural health priorities, what NRHA members are saying, and ways Congress can advance causes important to rural health care. This newsletter is sent to all 535 elected officials each month.
Rural Roundup	The NRHA Rural Roundup, an established tool to promote weekly rural policy activity, was revamped and reorganized in 2022. Of note, is the inclusion of a rural health advocate of the month, as well as a section highlighting the work of an elected official. Additionally, NRHA created a section to highlight articles relevant to rural health care.
Advocacy Campaigns	NRHA increased its focus on making advocacy simpler for members to engage. This included growing the number of Advocacy Campaigns available to members. In 2022, NRHA had six Campaigns active at a given time, giving rural advocates resources they could easily advocate with their elected officials.
Year-End Advocacy	New in 2022, NRHA worked with rural state leads to do member advocacy in December, to ensure that rural was adequately represented in the year-end package. Due to the success of the 2022 virtual advocacy week, NRHA got several important provisions into the CCA 22.
Coalition Building	On National Rural Health Day 2020, NRHA worked with other national advocacy organizations to launch the Rural Health Action Alliance (RHAA), an NRHA-led coalition with emphasis on rural health care. While RHAA was established in 2020, engagement with the group was limited due to the pandemic. In 2022, NRHA hosted several in-person coalition meetings to discuss common rural health priorities. To underscore the importance of National Rural Health Day, NRHA hosted RHAA's inaugural Hill Day to meet with Capitol Hill offices to introduce the coalition as a resource.

Our 2023 Priorities

1

Healthcare Workforce

NRHA is fighting for consistent, increased funding for critical programs line items like the National Health Service Corps, nursing training programs, and Rural Residency Planning and Development Program are adequately funded. The association will continue advocating for changes to the Medicare GME program so that rural providers can train and obtain the physicians they need.

3

Rural Health Clinics

NRHA will aim to modernize the RHC program and provide important regulatory relief for RHCs including relief. Further, NRHA will continue working on Capitol Hill to see provider-based RHC payment returned to its original cost-based methodology.

5

Maternal health

NRHA recognizes to fully address the rural maternal health care deserts, legislation must be introduced to ensure that rural communities have access to the resources they need to improve maternal health outcomes.

7

Telehealth and broadband

NRHA will advocate to ensure that rural providers are able to continue providing care through permanent telehealth provisions, including the ability for Federally Qualified Health Centers and Rural Health Clinics to provide distant-site telehealth services at equitable payment rates.

2

Provider Payments

NRHA will continue to educate Congress on the consequences that ill-advised sequester policies have on rural providers. The Association will continue to underscore the need for updated payment policies to ensure long term viability for rural Medicare providers.

4

Public health

NRHA successfully advocated for the creation of an Office of Rural Health within the Centers for Disease Control and Prevention (CDC) and is committed to working with Congress and the Administration to ensure that the office is stood up in a manner consistent with the needs of rural communities.

6

Rural Hospital Viability

NRHA will work to ensure stabilization of small rural hospitals by making critical changes to strengthen the rural health safety net including re-establishing necessary provider criteria.

8

340B Drug Pricing Program

NRHA remains committed to working with elected officials on Capitol Hill to see the program's intent is upheld and to ensure equitable treatment of covered entities and pharmacies participating in the 340B Drug Pricing Program.

We thank you for your ongoing support of rural health

Contact us!

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