

The Rural Health Landscape

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CEO

May 2022



NRHA
Your voice. Louder.

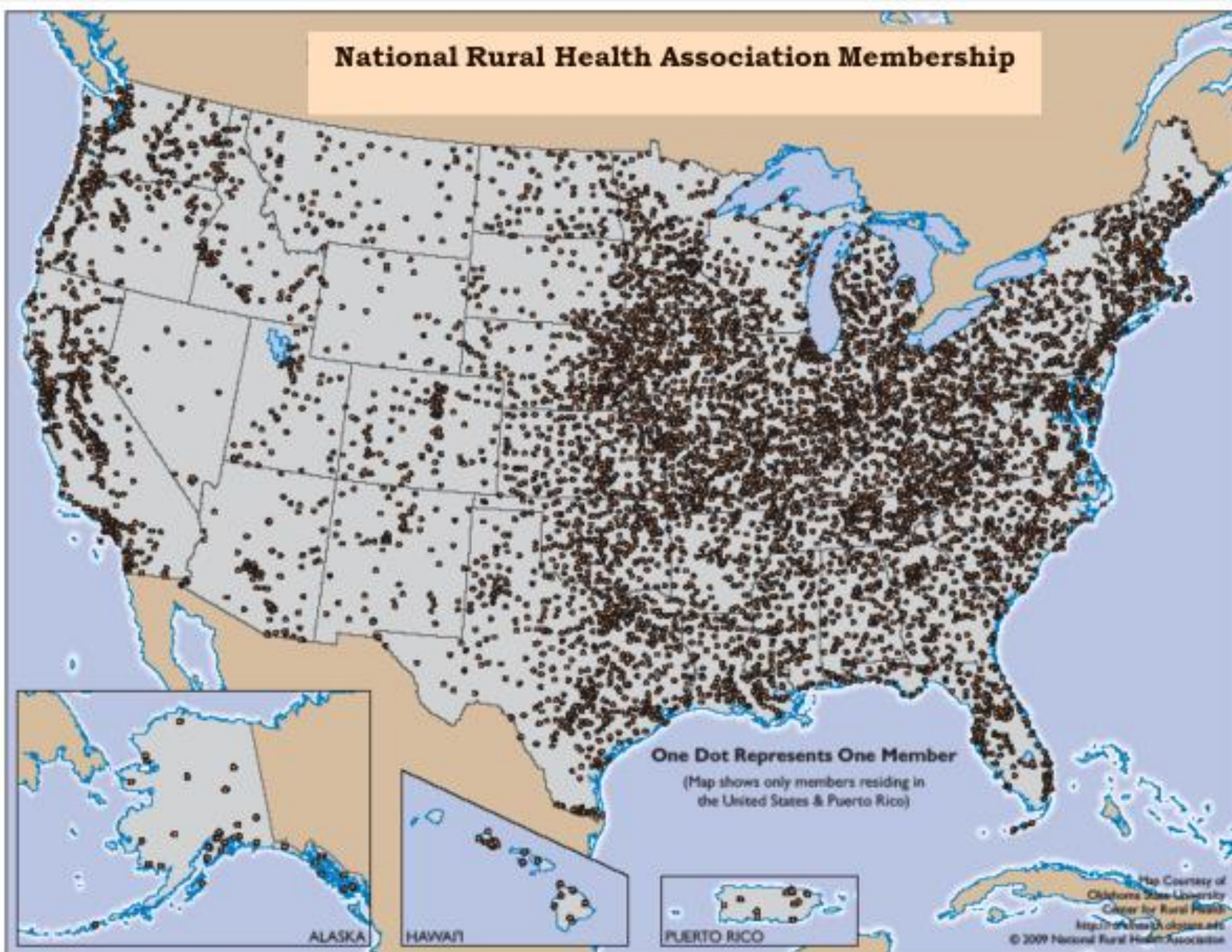
**Our mission is to provide
leadership on rural health issues.**

The State of Rural America

- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**



National Rural Health Association Membership





2022: An unprecedented year (continued)

- Unprecedented challenges to an already fragile rural health safety net
- Impact of the pandemic today and tomorrow
- Unprecedented NRHA advocacy and funding victories
- Rural health inequality and racial injustice focus
- New 117th Congress and Biden Administration
- Innovation continues

The Rural Landscape

Fragile Rural Health Safety Net Pre-COVID-19

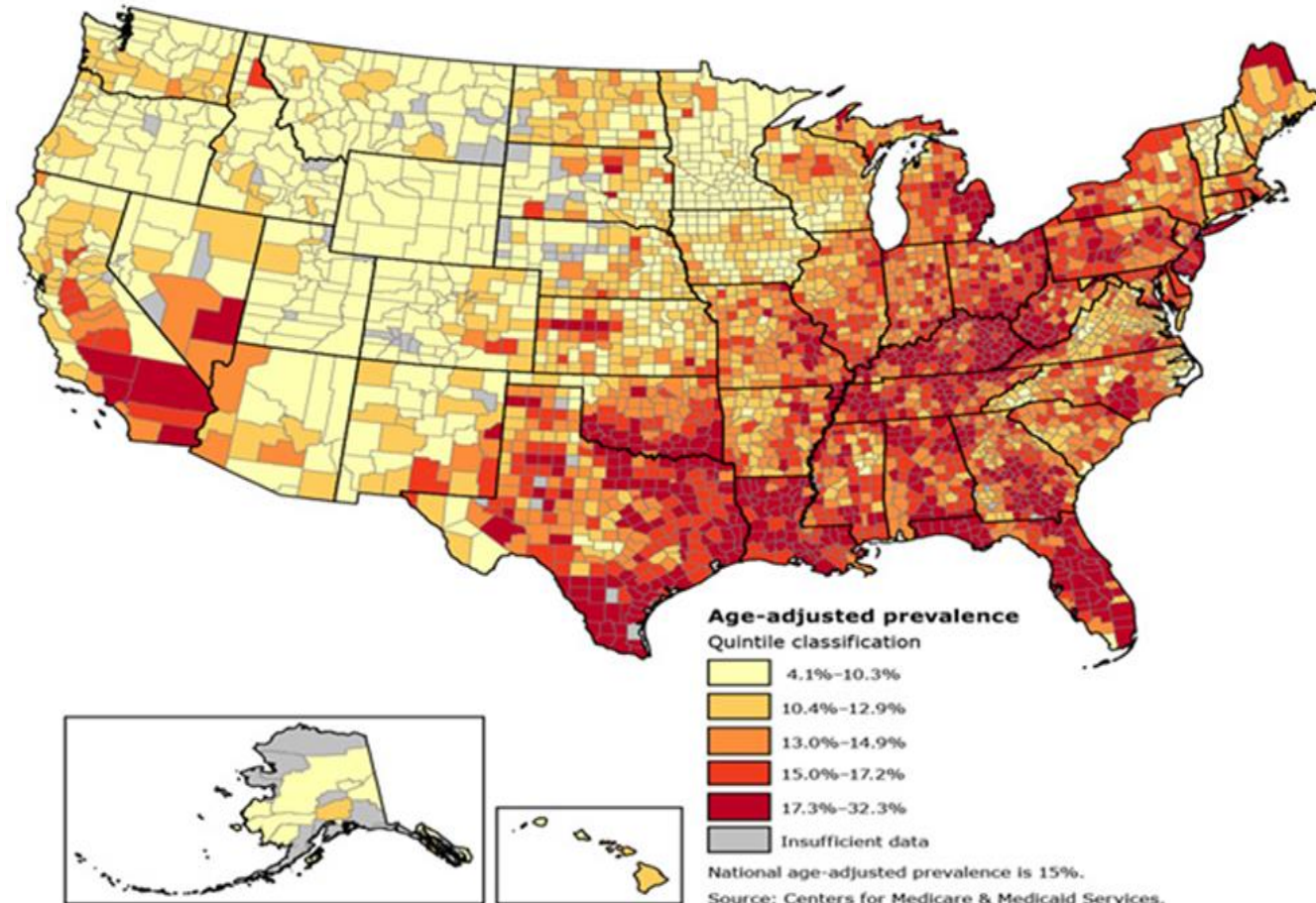
- Vulnerable populations
- Systemic workforce shortages
- Scattered populations with inherent access to care issues
- Limited resources for providers
- Inadequate Medicare, Medicaid and private insurance coverage
- Lack of Medicaid expansion and high uninsured populations
- Rural provider closures

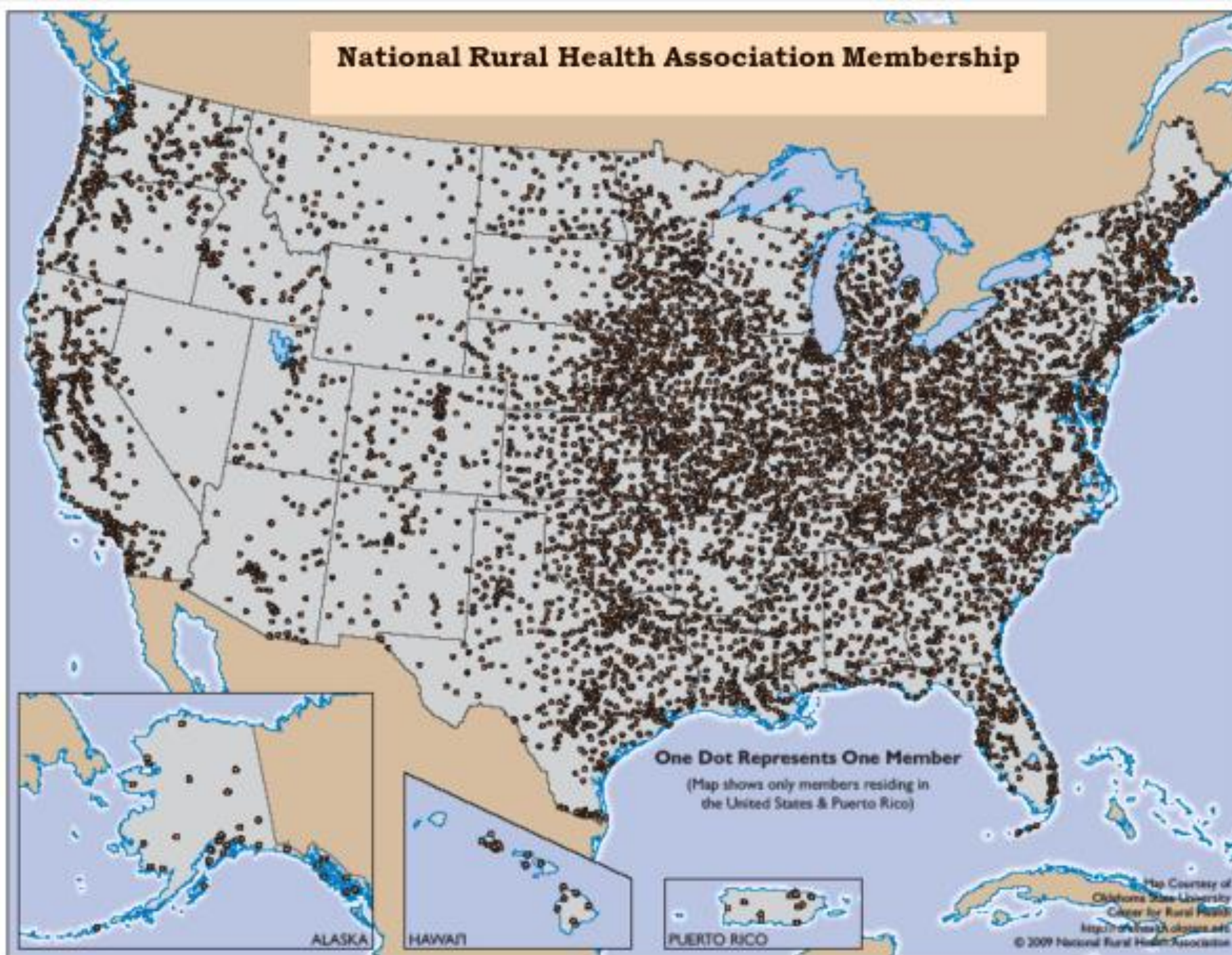
Rural has an Older, Sicker and Poorer Population

- The median age of adults living in rural areas is greater than those living in urban:
 - Rural: 51 years
 - Urban: 45 Years
- 18.4% of rural residents are age 65+, whereas its 14.5% in urban
- **Rural areas have higher rates of several health risk factors/conditions:**
 - **Obesity**
 - **Diabetes**
 - **Smoking**

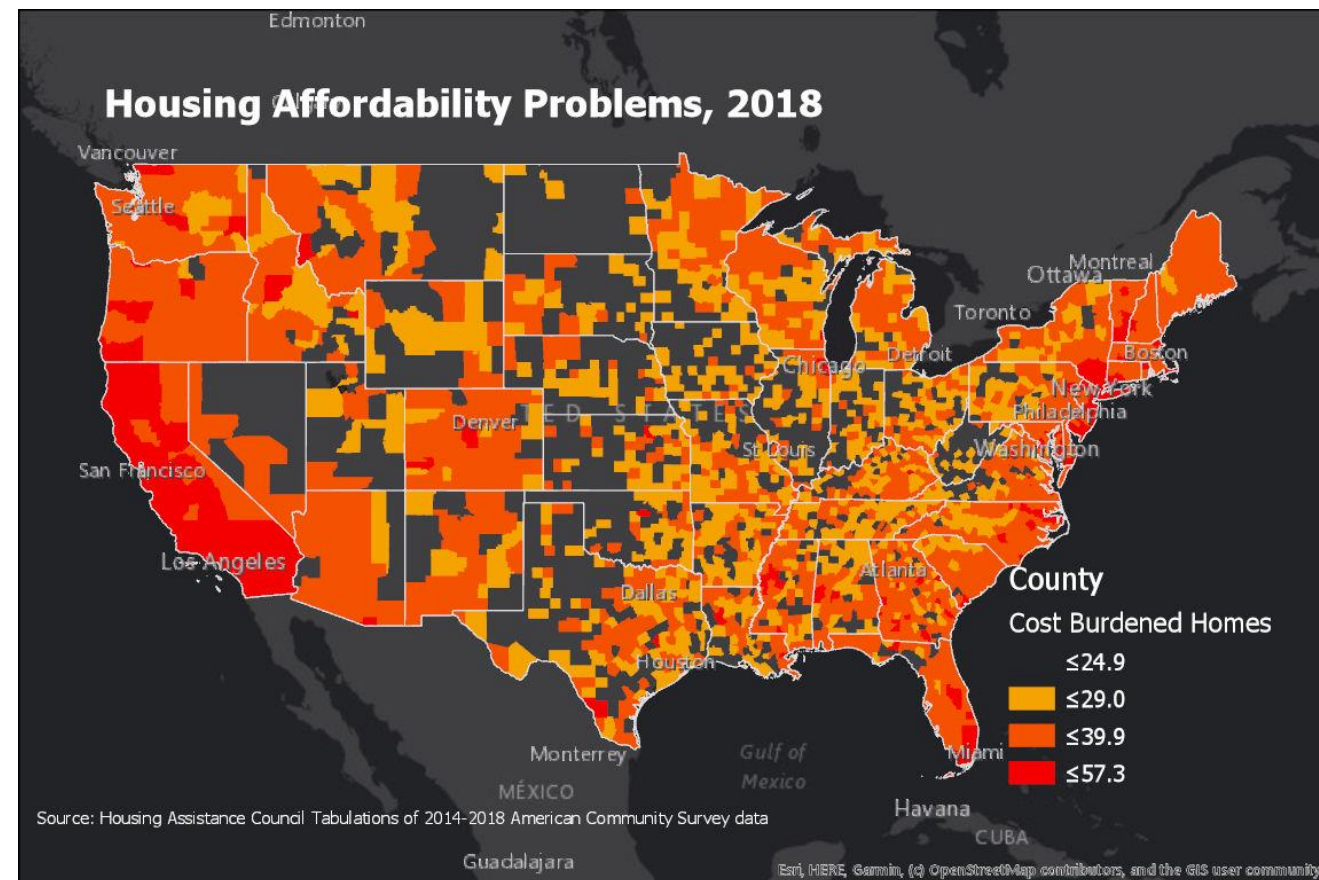
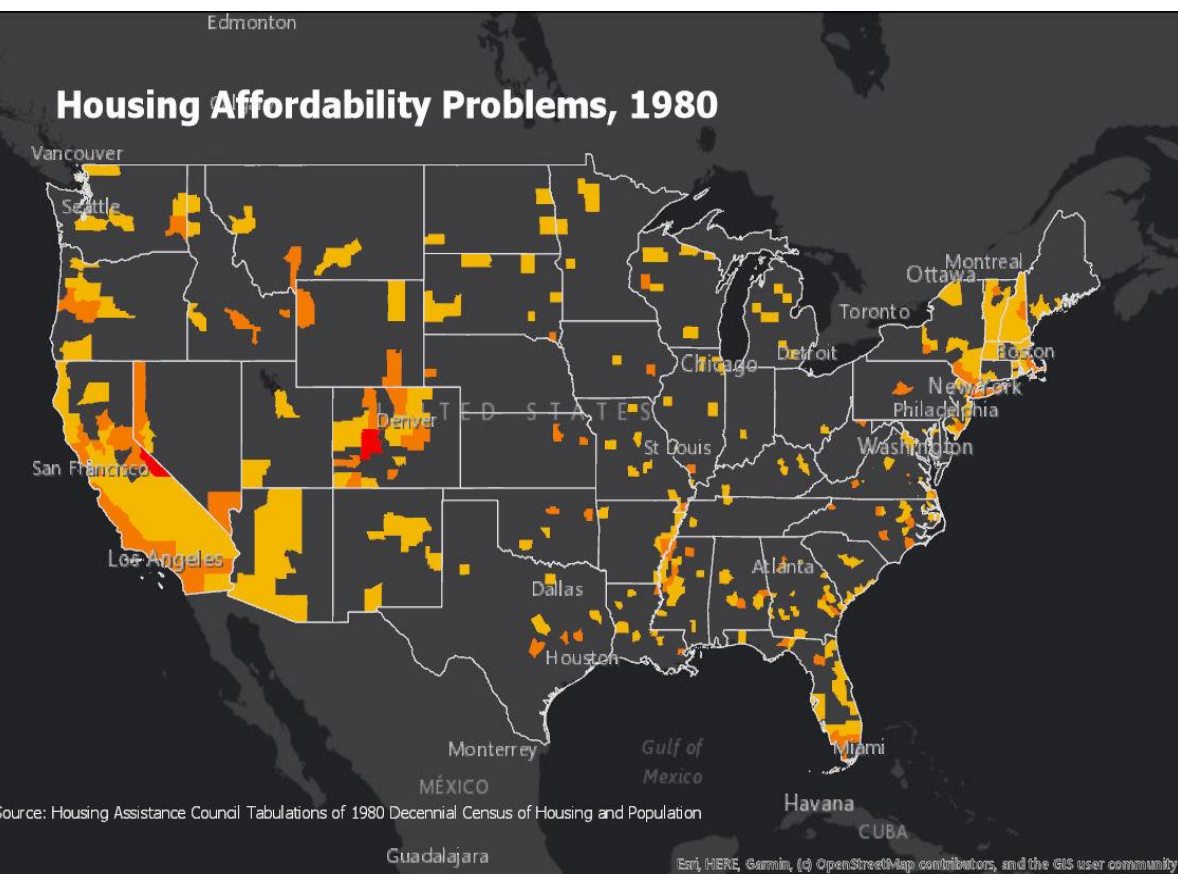
Prevalence of Medicare Patients with 6 or more Chronic Conditions

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

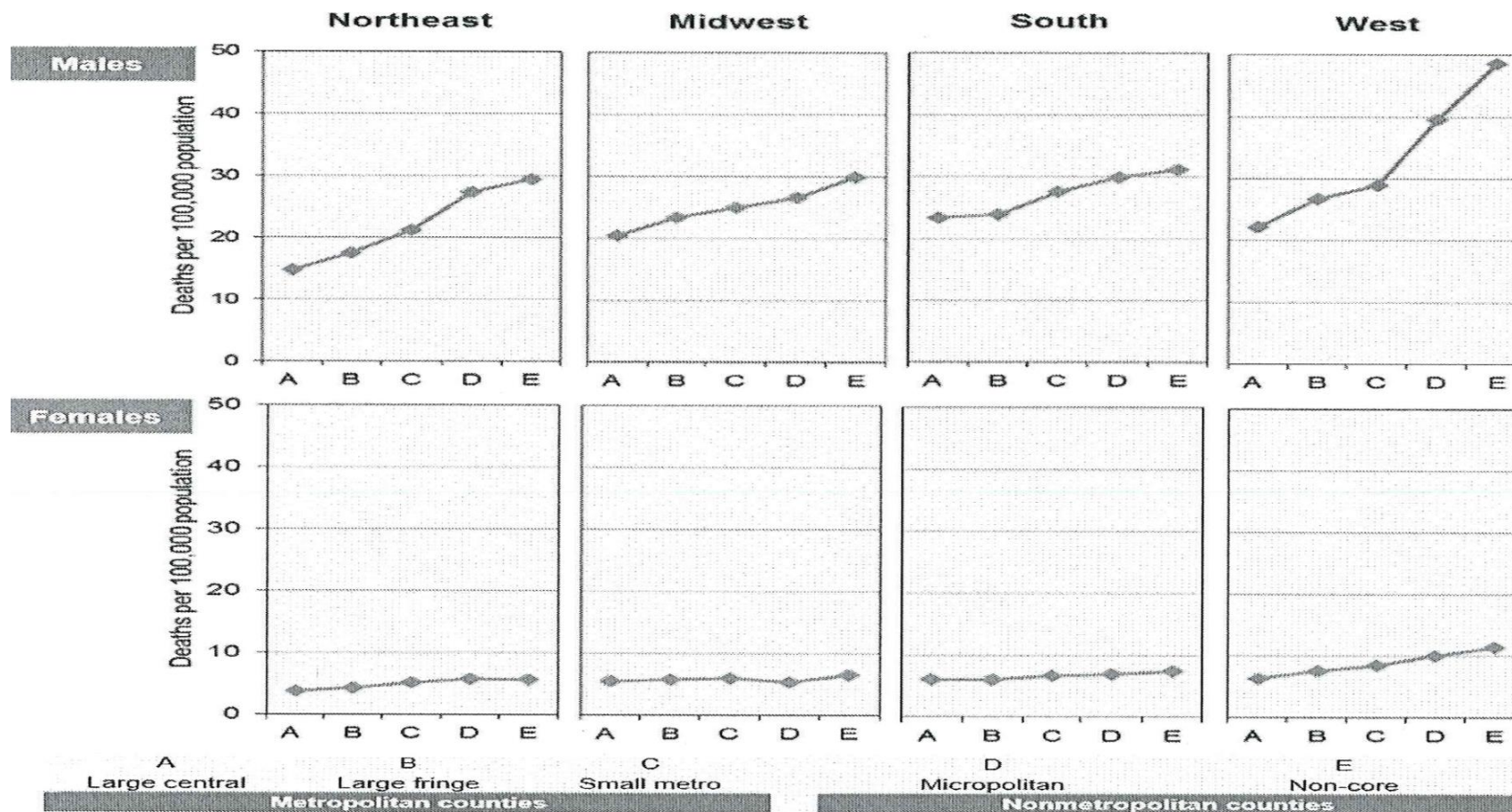




Rural Housing



Behavioral Health- Rural Suicide Rates



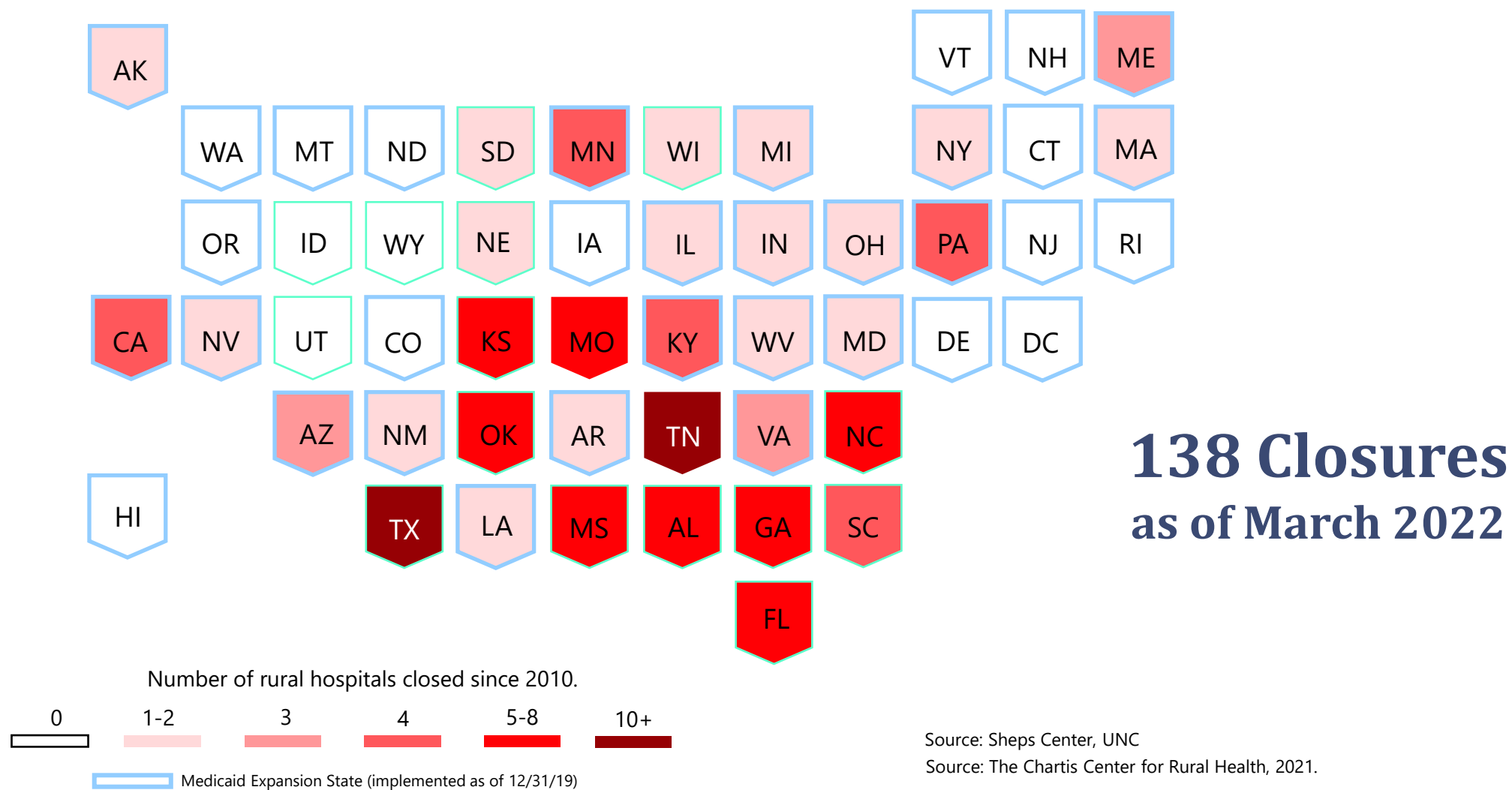
NOTES: Rates are age adjusted. See Technical Notes for description of age-adjustment method and urbanization levels. See Data Table 19 for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

The Pre-COVID Rural Provider Environment

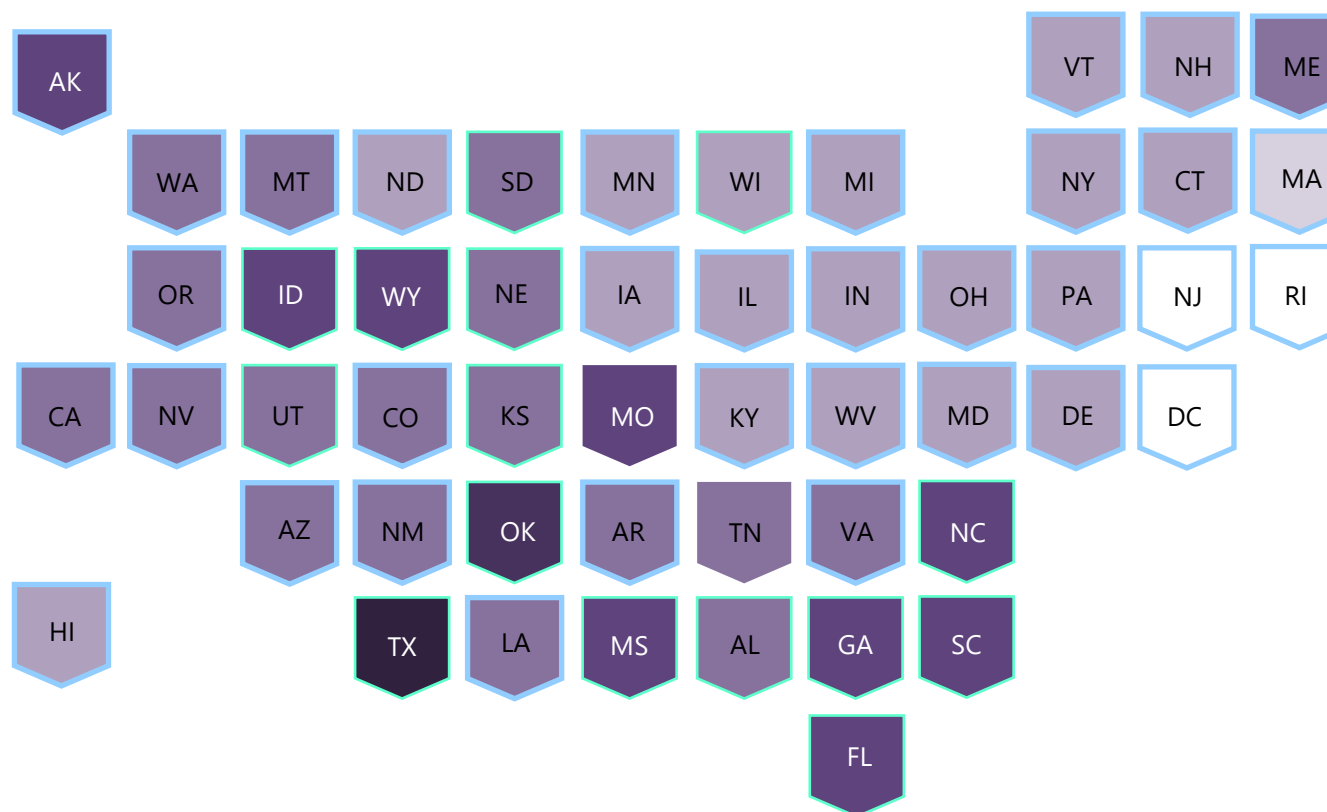
- 1400 total Federally Qualified Community Health Centers
(600 rural, serve 1 in 5 rural residents)
- 5000 Rural Health Clinics
- 1300 Critical Access Hospitals
- 500 Rural Prospective Payment Hospitals

Rural Hospital Closures

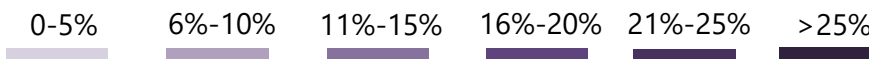


Rural Population Disparity

Uninsured Adults



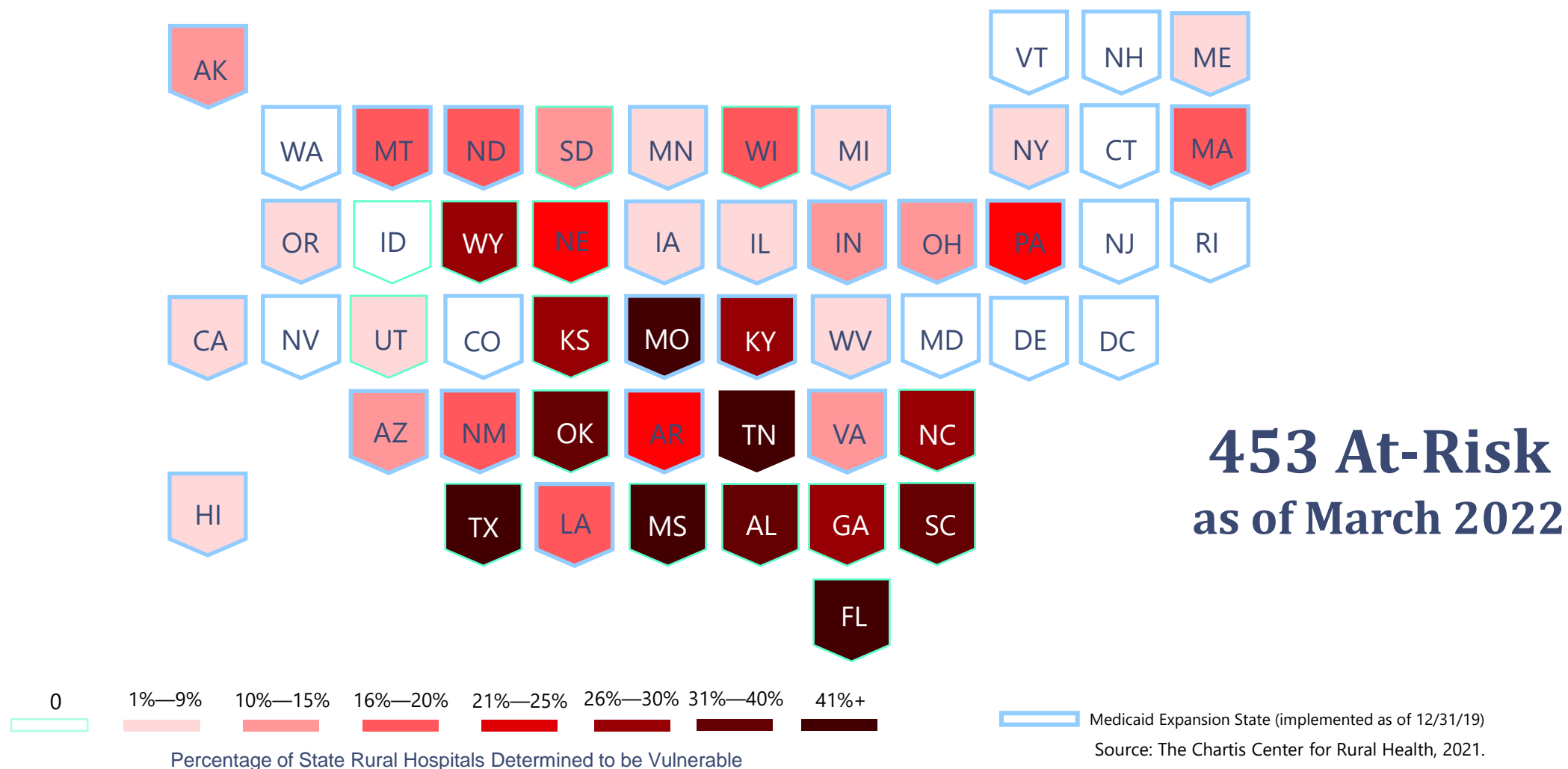
Percentage of population served by rural hospitals that is adults under age 65 without health insurance.



 Medicaid Expansion State (implemented as of 12/31/19)

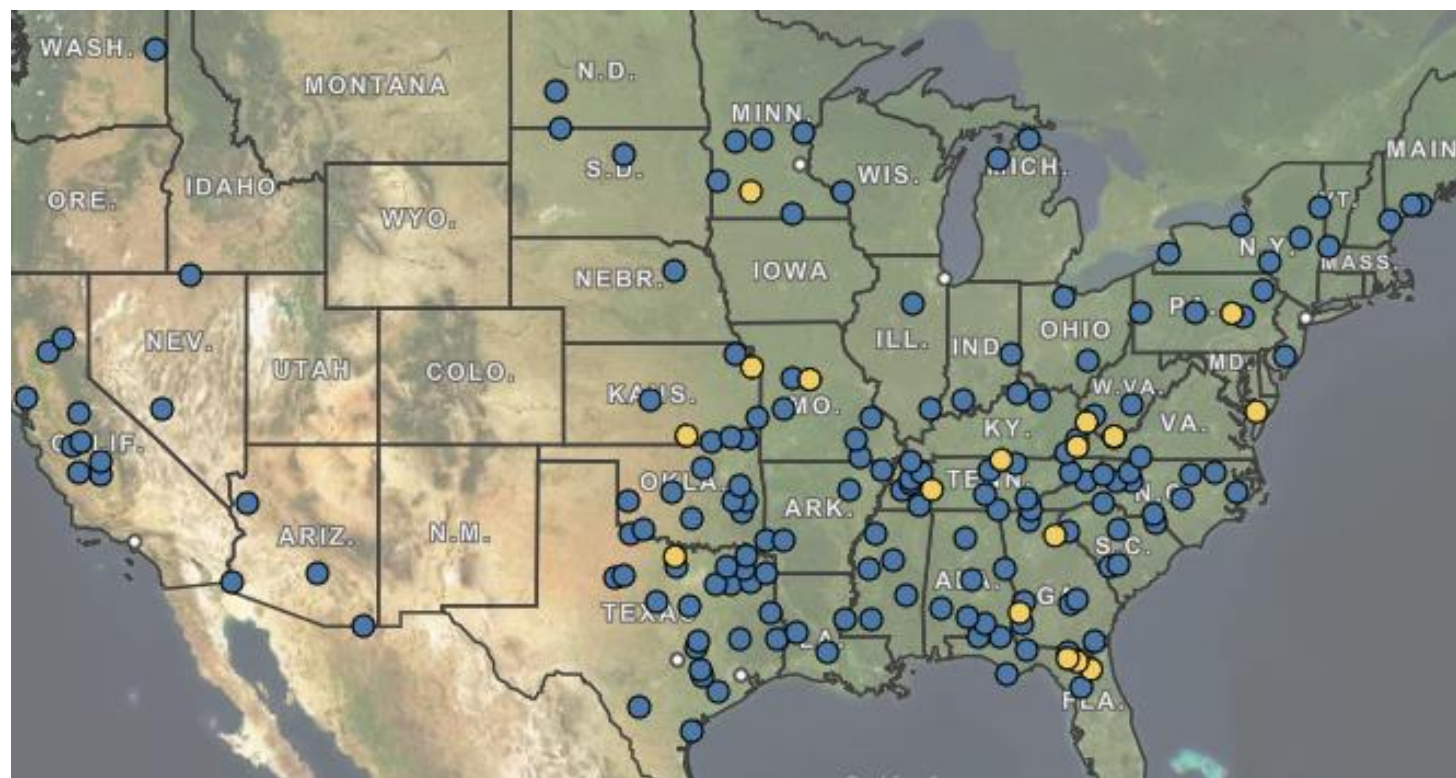
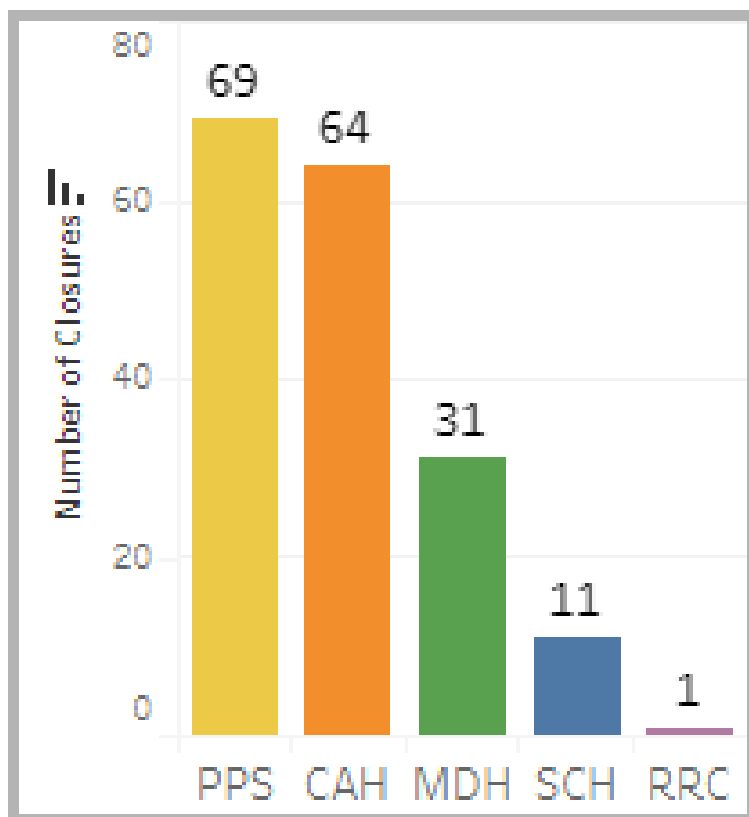
Source: The Chartis Center for Rural Health, 2021.

Rural Hospitals Vulnerable to Closure



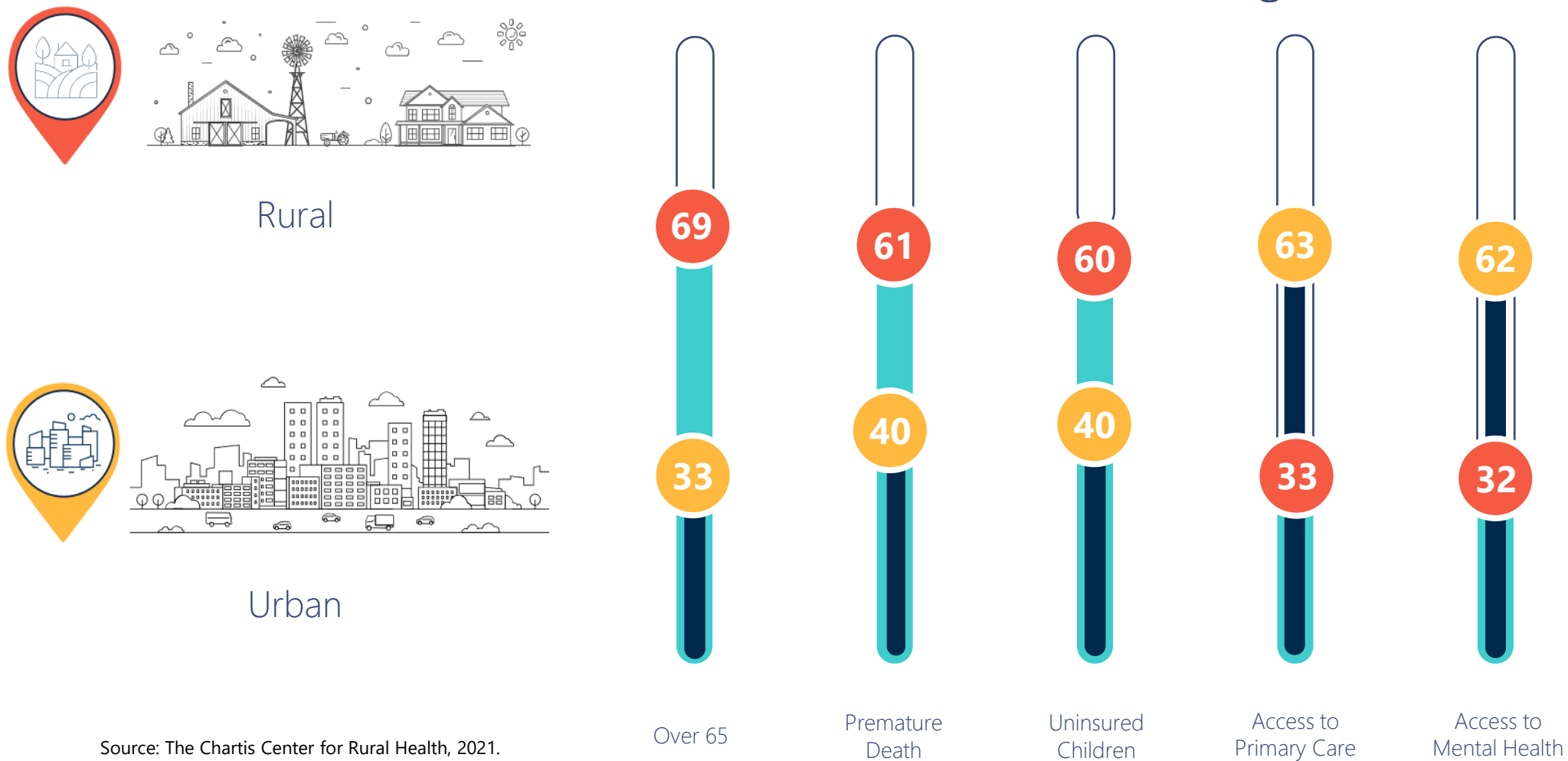
Rural Hospital Closures

176 Rural Hospital Closures: January 2005 – Present (134 since 2010)

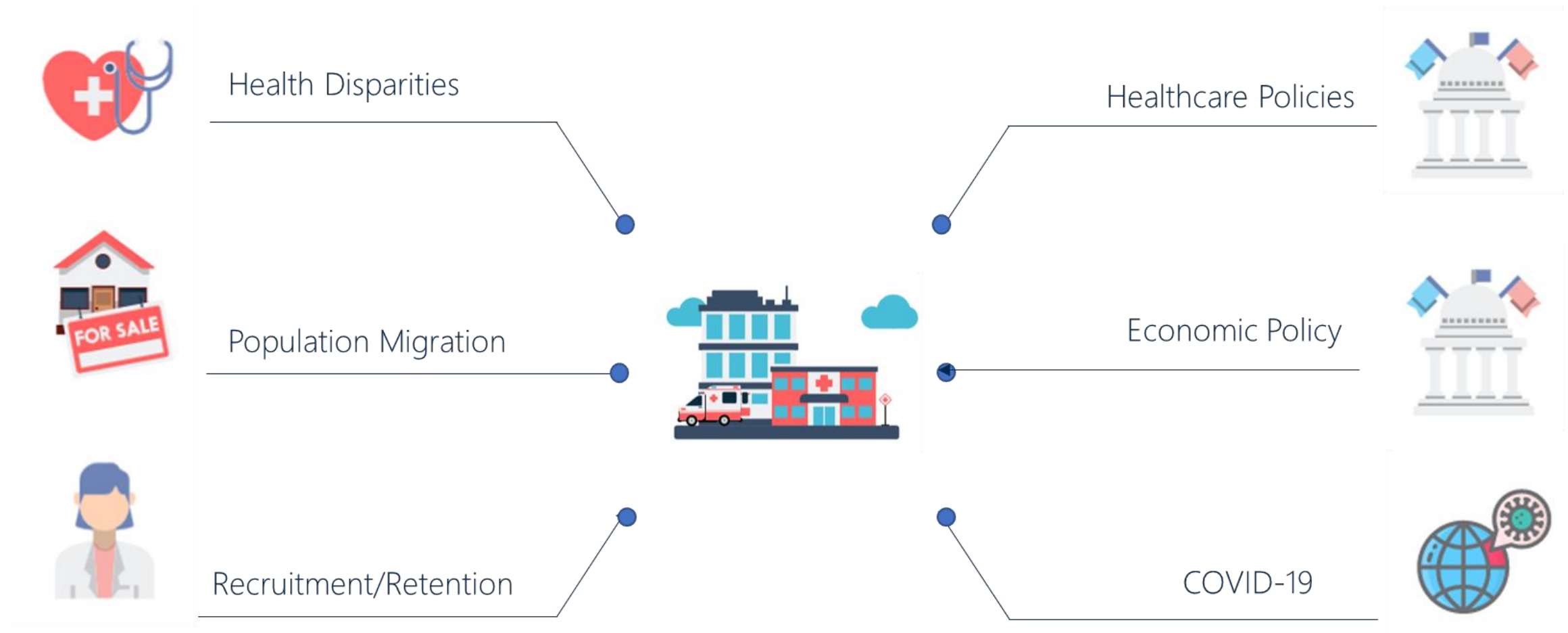


Population Health Disparity

Percentile Ranking



Rural Hospitals: Convergence of Multiple Pressure Points



Addressing COVID-19

COVID-19 – A Rural Story



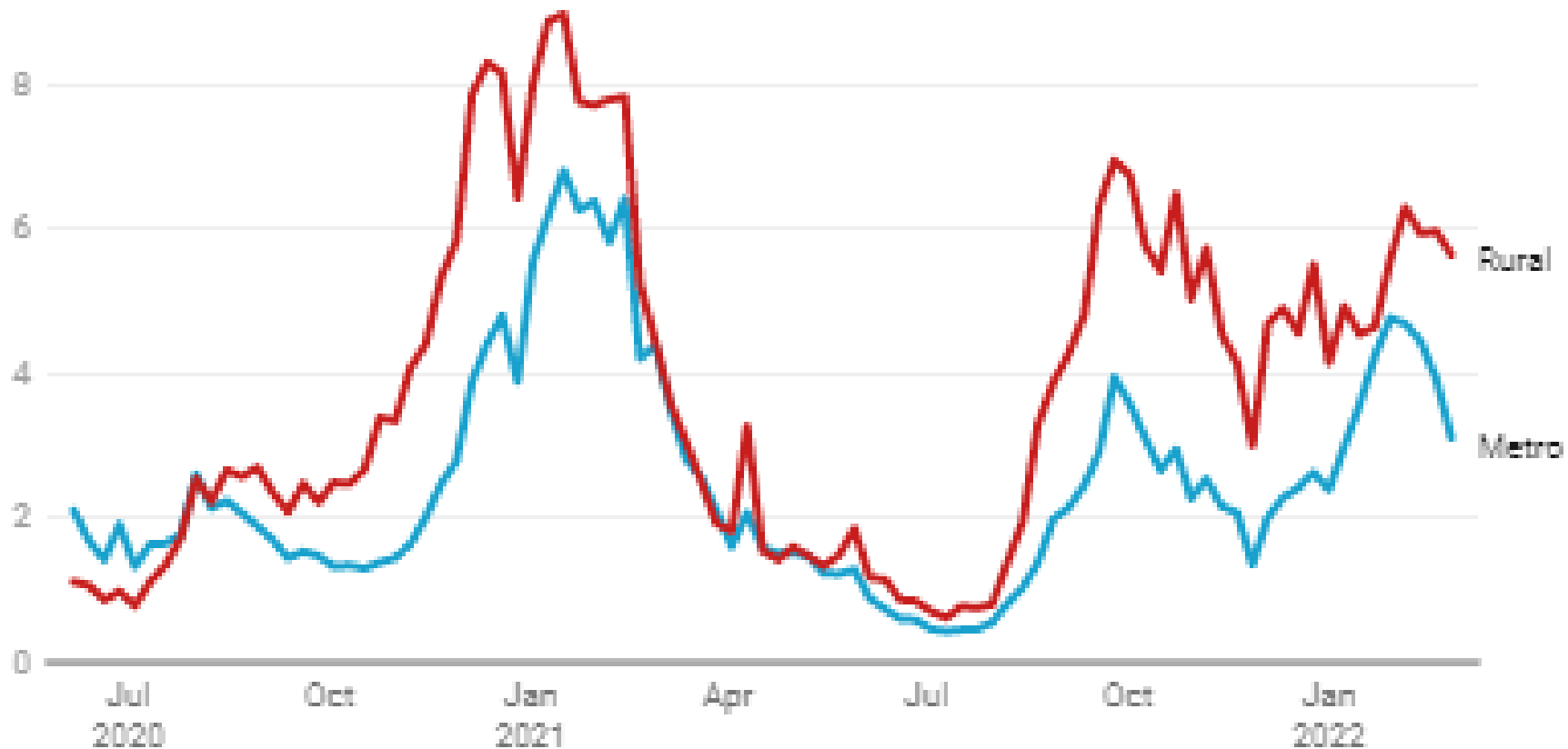
[WATCH NOW](#)

CORONAVIRUS

Covid is killing rural Americans at twice the rate of people in urban areas

The pandemic is devastating rural America, where lower vaccination rates are compounding the already limited medical care.

Rural COVID-19 Mortality Rate



As of March, 2022

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

HHS Secretary Extends PHE & Distributes COVID-19 Funds

Renewal of Determination That A Public Health Emergency Exists

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective July 20, 2021, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, that a public health emergency exists and has existed since January 27, 2020, nationwide.

July 19, 2021

Date

/s/

Xavier Becerra

\$100 million for rural health clinics (RHC) for vaccine outreach

\$398 million for small rural hospitals for COVID-19 testing and mitigation

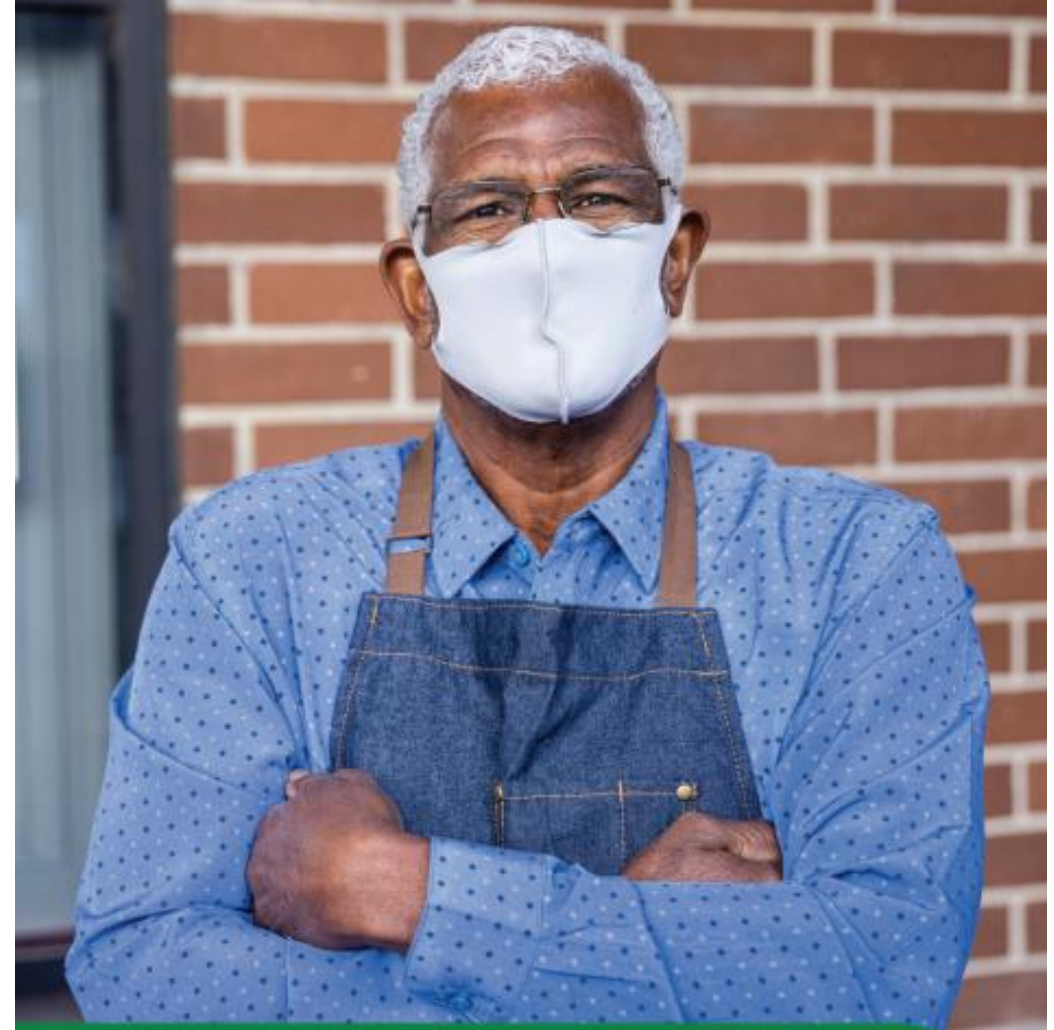
\$103 million to reduce burnout & promote mental health for the health workforce

\$144 million for HRSA Health Center Program look-alikes to respond to and mitigate the spread of COVID-19

Rural Vaccine Confidence: Key Messages

- Sharing **THE FACTS**: *safe, effective, free of charge, development*
- Protecting **LOCAL BUSINESSES** while strengthening economy: *local healthcare works, keeping workers safe, stay open*
- Protecting **YOURSELF**: *hospitalizations/death, personal choice*

NRHA: COVID-19 Vaccine Talking Points



NRHA COVID-19 Outreach Toolkit

Objectives

Promote the benefit of COVID-19 vaccination in rural America

Increase rural residents' confidence in the COVID-19 vaccines

Empower rural leadership from three key sectors to support vaccination activities in their communities

Stakeholders

Rural Healthcare Leaders: hospitals, outpatient clinics, community health workers, public health officials

Rural Faith Leaders

Rural Agriculture Leaders

Features

Talking points for community leaders

Fillable templates including op-eds, posters, social media, PSAs

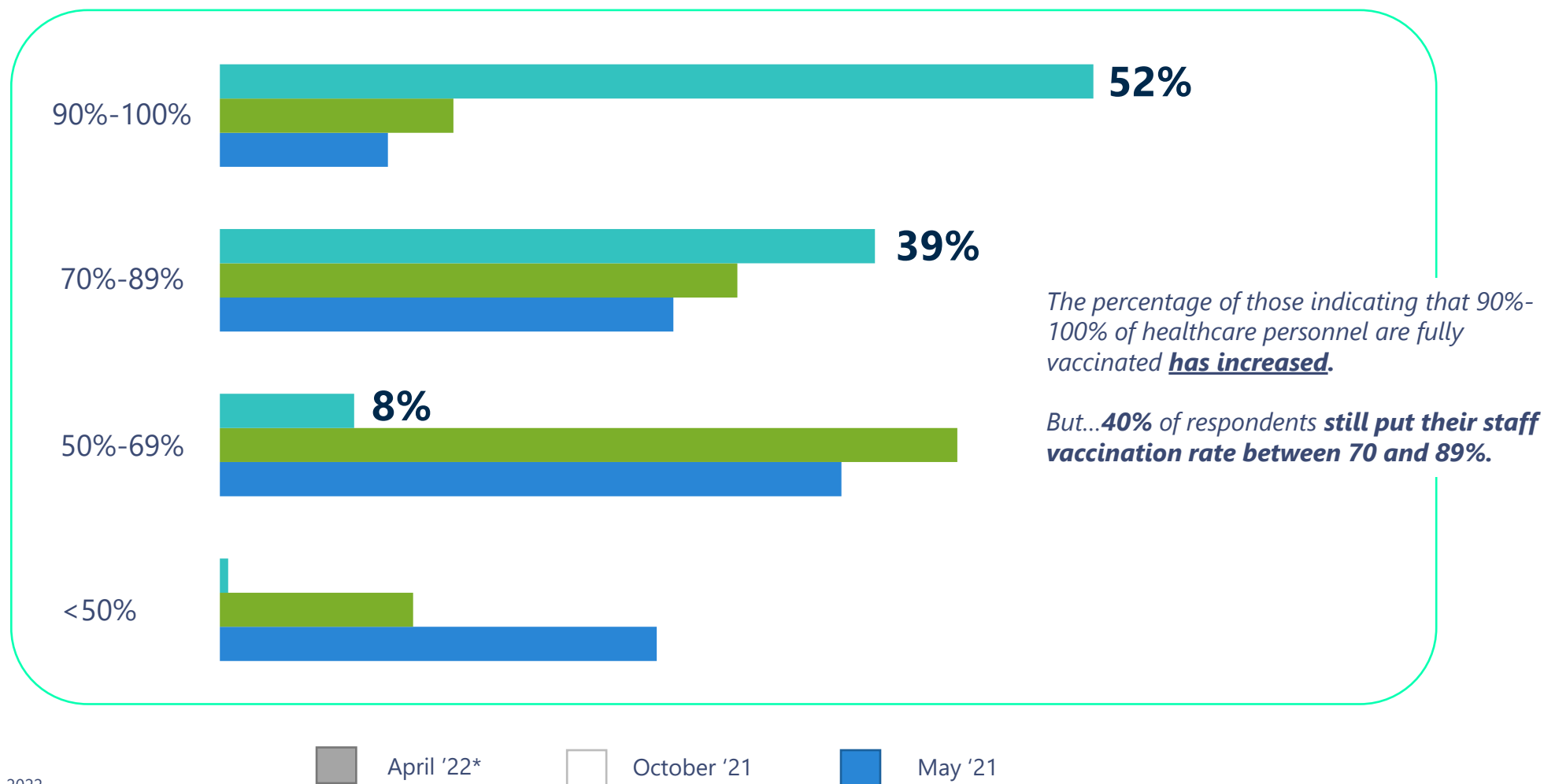
Community guides and assessments

FAQs, Fact Sheets

Data and survey findings

Rural Hospital Staffing Survey

What percentage of your healthcare personnel is fully vaccinated?



*Survey conducted March 2, 2022 – April 15, 2022.

Rural Hospital Staffing Survey

For those opting not to receive a COVID vaccine, would you say it was mostly due to:



Matter of Personal
Choice

80%

Lack of Trust
in Vaccines

11%

Existing Health
Conditions

Safety Concerns

*Throughout our year-long exploration of vaccine hesitancy among rural hospital healthcare personnel, **vaccination as a matter of personal choice continues to be the defining sentiment of this issue.***

Rural Hospital Staffing Survey

Which roles are you experiencing the greatest difficulty filling?



Nursing 96.2%

Ancillary Services 66.2%

Facilities

Physicians

Other

Admin

Nursing was identified by **96.2%** of respondents as a role in which they are having difficulty filling. ***Staffing shortages can directly impact quality of care and access to care for rural communities.***

Rural Hospital Staffing Survey

How would you rank the following reasons for nurse staff departures in 2021?

48%



More financially lucrative opportunities at staffing agency



More financially lucrative opportunities at another hospital



Pandemic Burn Out



Retirement



Unwillingness to comply with vaccine mandate



Other

Among survey respondents, **48%** ranked more financially lucrative opportunities at staffing agencies as the #1 reason for nurse staff departure this year.

Rural Health Workforce

1. Expand the Medicare Graduate Medical Education (GME) Program

- *S. 1893, the Rural Physician Workforce Production Act*

2. Provide supplemental appropriations to National Health Service Corps

3. Support the nursing workforce to expand access to care

- *S. 246 / H.R. 851, the Future Advancement of Academic Nursing (FAAN) Act*



Updates from Congress

COVID-19 Relief Legislation & Administrative Action: NRHA Advocacy

- Public Health Emergency Declaration
- Coronavirus Preparedness and Response Supplemental Appropriations Act
- Families First Coronavirus Response Act
- Coronavirus Aid, Relief, and Economic Security (CARES) Act
- Paycheck Protection Program and Health Care Enhancement Act
- Paycheck Protection Program Flexibility Act
- Consolidated Appropriations Act (CAA), 2021
- American Rescue Plan Act
- Medicare sequestration relief

Supplemental COVID-19 Funding

- The Biden Administration pushed for the inclusion of \$22 billion in additional COVID-19 funding to be included in the FY 2022 Omnibus package.
- A \$10 billion funding agreement was reached in the Senate for booster shots, therapeutics, and other COVID-19 related items.
- NRHA will advocate the inclusion of stability provisions, such as Medicare sequestration relief.



The Bipartisan Infrastructure Package

- Congress passed the \$1.2 trillion bipartisan infrastructure package.
- Key rural provisions:
 - \$65 billion for broadband connectivity buildout, with significant mention of rural.
 - \$110 billion for roads, bridges, and major transportation projects.
 - \$55 billion for clean drinking water investments.
 - \$21 billion in environmental remediation for Superfund sites.
 - \$7.5 billion to build out a national network of electric vehicle chargers with a focus on rural and hard-to-reach communities.

The Build Back Better Reconciliation Package

- In December, the Build Back Better (BBB) reconciliation package stalled in the Senate after passing the House.
- Thus far, in 2022, there has been little discussion on Capitol Hill on a path forward on the package BUT... resuscitation efforts happening.
- Current key elements:
 - Coverage gap and marketplace tax credits
 - Childcare investments
 - Healthcare workforce development
 - Medicare hearing benefits
 - Maternal health care access



FY 2023 Appropriations

NRHA introduced a new advocacy campaign for members to utilize to urge full funding for rural health in FY 23.

NRHA FY 2023 Requests (dollars in millions)			
Program	FY22	NRHA Request	PB Request
Rural Hospital Flexibility Grants	62	68	58
New! Rural Health Clinic Behavioral Health	-	10	10
Rural Maternity & Obstetrics Management Strategies Program	6	10	10
New! Rural Maternal & OB Care Training Demonstration	-	5	-
Rural Residency Planning and Development	11	13	13
CDC Office of Rural Health	-	10	-
Rural Hospital Technical Assistance Program	2	5	0

H.R. 6400, Save America's Rural Hospitals Act

In January, Representatives Graves (R-MO) and Huffman (D-CA) introduced the [Save America's Rural Hospitals Act](#) which included several of [NRHA's](#) rural hospital and rural health clinic priorities.

Sec. 114: Restore full CBR AIR in exchange for reporting requirements for provider-based RHCs.

Sec. 101: Elimination of Medicare sequestration for rural providers.

Sec. 111: Makes permanent increased payments for ground ambulances.

Sec. 113: Makes permanent telehealth distant site status for FQHCs and RHCs.

Sec. 401: Reauthorizes the Medicare Rural Hospital Flexibility Program.



340B Program Lifeline

- Ensure the 340B Drug Pricing Program remains a critical resource for rural hospitals by addressing:
 - Attacks on contract pharmacies
 - Medicare payment cuts
 - Pharmacy Benefit Manufacture restrictions
 - Scope of patient definition
- 340B Program reforms:
 - Protect rural hospitals
 - Increase HRSA's enforcement authority
 - NRHA urges support for H.R. 4390, the Protect 340B Act of 2021



Rural Health Clinics

NRHAs advocates to modernize and improve the rural health clinic program

- Allow provider-based RHCs to receive reimbursement rates not subject to the upper-payment limit cap in exchange for quality reporting measures
- Permanently extend CARES Act telehealth flexibilities for both RHCs and FQHCs and allow for telehealth service reimbursement closer to their in-person rate
- Rural Health Clinic Behavioral Health Initiative at \$10 million in the FY23 Appropriation
- Modernize Medicare mental health benefits to allow licensed professional counselors and family therapists
- Census bureau rural definition change alignment with RHC location requirements

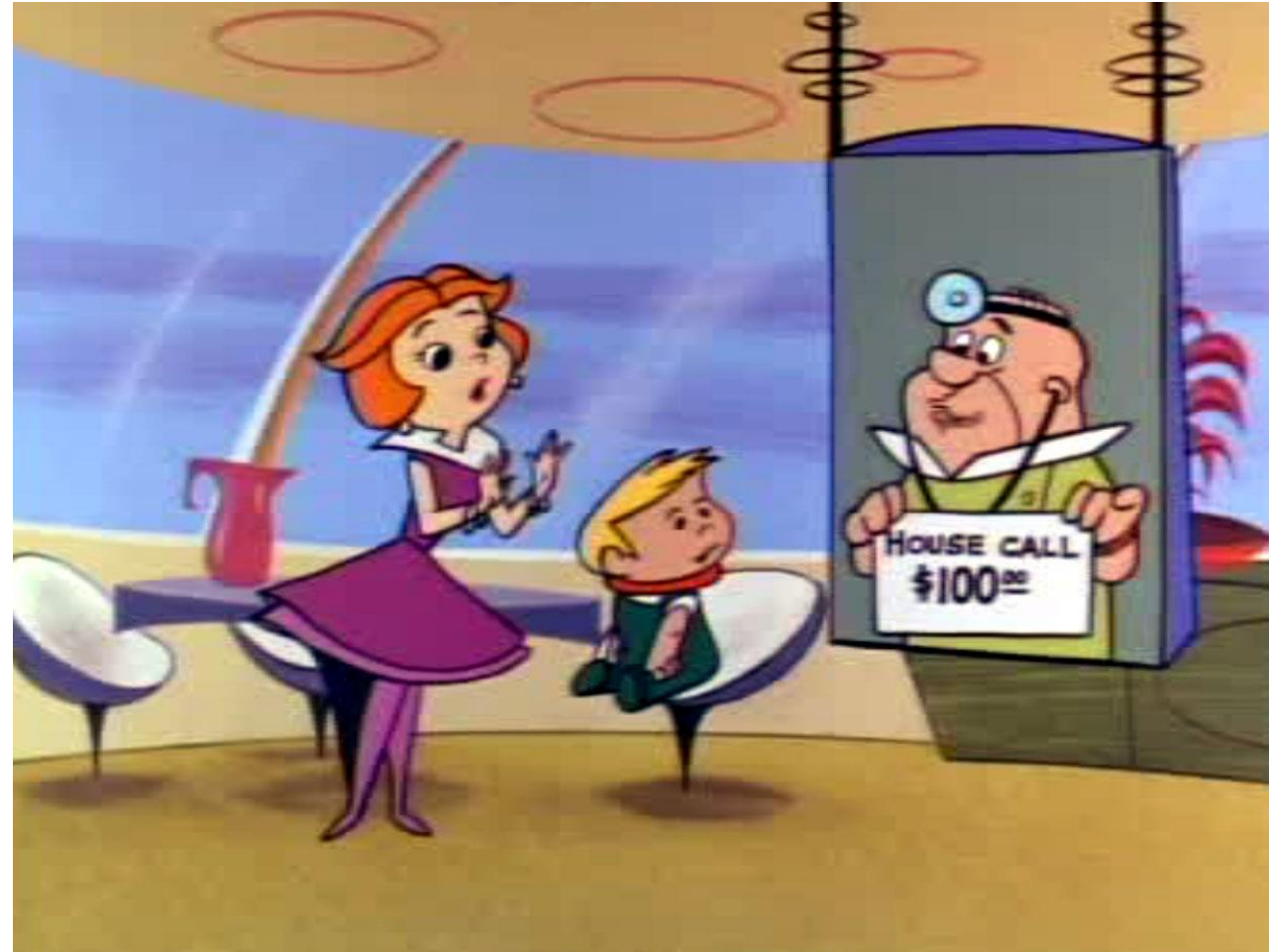
Federal responses since March 2020 impacting rural telehealth:

- FCC: \$200 million to help provide services to patients at their homes or mobile locations.
- HRSA: \$275 million to support rural Critical Access Hospitals, rural tribal health and telehealth programs, and poison control centers.
- HRSA: \$2 billion appropriated for Community Health Centers, for multiple purposes, a fourth of which is to enhance telemedicine through actions related to infrastructure and to support transitions to increase care through telehealth.
- USDA: \$25 million for rural development to support the Distance Learning and Telemedicine Program, and \$100 million to the ReConnect program.
- Indian Health Services \$1.032 billion – includes new investments for telehealth.

Telehealth During COVID-19

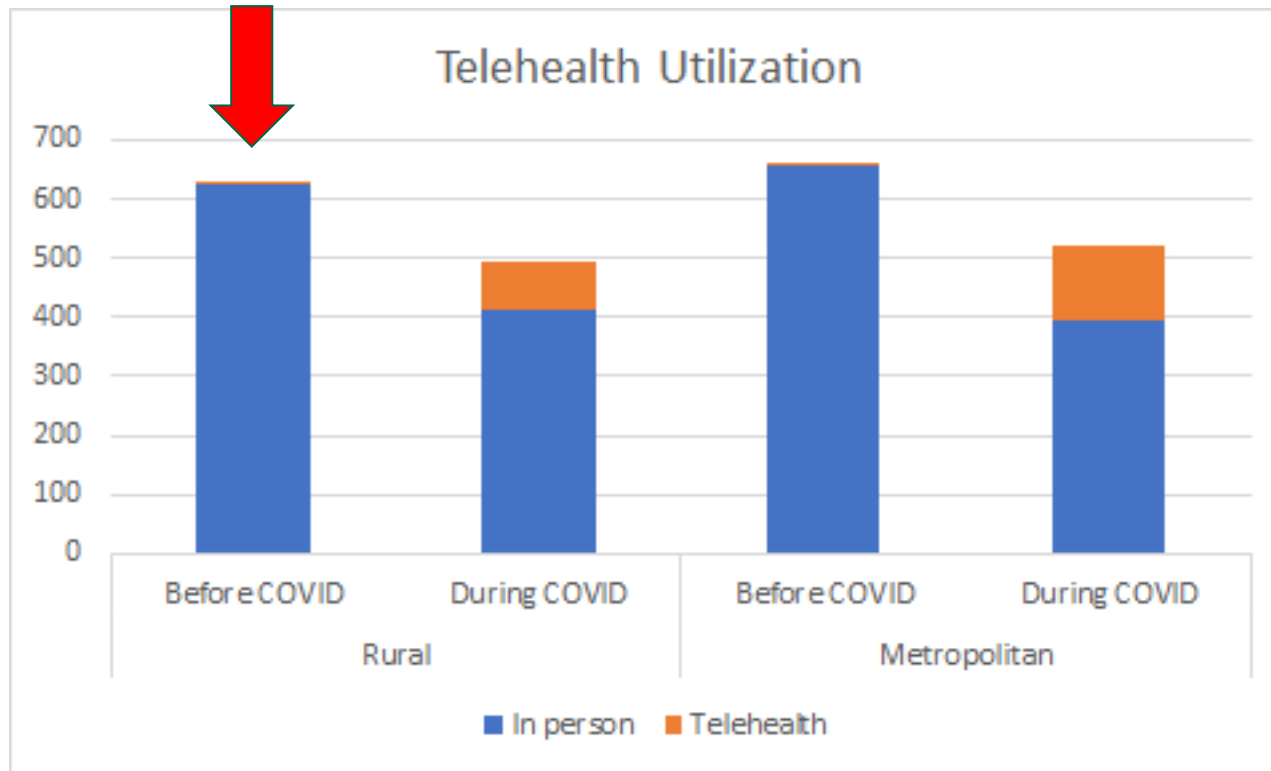
- CARES Act provided the largest expansion of telehealth flexibilities in history for the duration of the public health emergency.
 - Medicare to pay for telehealth services provided by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) (Sec. 3704).
- The administration, through the 1135 waiver process also enhanced telehealth access.
- Unfortunately, all notable telehealth provisions are tied to the end of the public health emergency.
- NRHA is adamant that telehealth provisions be extended beyond the duration of the public health emergency so rural providers and patients can continue an increased access to care.

1962 - 2021



Pre COVID

- Low utilization

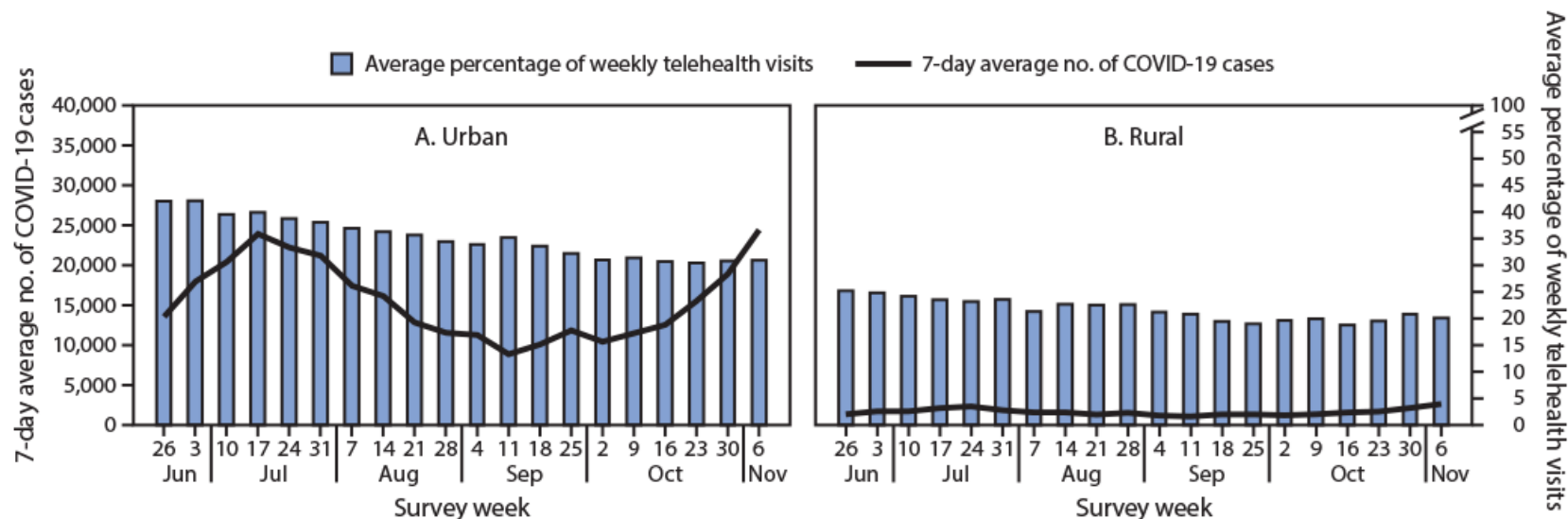


Why?

- Regulation
- Infrastructure (and cost)
- Reimbursement

2021 Rural vs. Urban

- Cohort study of 36 million Americans with private insurance
- 0.3% of contacts in 2019 to 23.6% of all contacts in 2020 (March-June)
- This represents a 79x increase
- Rural-urban disparity



Rural Utilization of Telehealth

- According to [ASPE's 2021 report](#), "Black and rural beneficiaries had lower use of telehealth compared with white and urban beneficiaries, respectively. Telehealth use varied by state with higher use in the Northeast and West, and lower in the Midwest and South."
- Why is this?
 - Broadband accessibility;
 - Provider readiness and infrastructure.

CMS Center for Innovation

OLDER MODELS

- Frontier Extended Stay Clinic (FESC)
- Frontier Community Health Integration Project (F-CHIP)
- Rural Community Hospital Demonstration Program

NEWER MODELS

- Global Budget Model
 - Sen. Bob Casey (D-PA)
- 24/7 ER Model with Cost-Based Reimbursement
 - Community Outpatient Hospital
 - REACH ACT

Key Rural Telehealth Legislation

- CONNECT Act ([S. 1512/H.R. 2903](#))
 - Comprehensive telehealth legislation that includes the extension of several CARES Act flexibilities. Included is the permanent extension of RHCs and FQHCs to serve as distant-site providers, with payment parity.
- Telehealth Modernization Act ([S. 368/H.R. 1332](#))
 - Makes permanent CARES Act provisions with no modifications.
- Protecting Rural Telehealth Access Act ([S. 1988](#))
 - Allows payment-parity for audio-only health services. Brings CAHs into the fold, and updates RHC and FQHC payment rates to consider geographic constraints.
- Telehealth Extension and Evaluation Act ([S. 3593](#))
 - Two-year extension of telehealth services. Provides payment parity for RHCs and FQHCs. Brings CAHs into the fold.

Other Advocacy Items

- Rural hospital sustainability
 - REH designation; reinstatement of necessary-provider status for CAHs; elimination of the 96-hour rule for CAHs.
- Graduate Medical Education
 - Rural Physician Workforce Production Act
- Continuation of telehealth flexibilities
- Behavioral health and substance use disorder assistance
- Rural health clinic modernization
 - Creation of reporting requirements for provider-based RHCs in exchange for eliminating the cap they're subject to

Advocate With Us!

NRHA's Legislative Tracker

Legislative Tracker

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

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

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

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

Find Legislation

Federal



Enter Keywords

Search

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) ✓

Current Advocacy Campaigns

**Urge Congress to Pass
COVID-19 Relief to Support
Rural Providers**

**Urge Congress to Invest in
Rural Health**

**Urge Congress to pass Save
America's Rural Hospitals Act**

**Urge Congress to Include
Rural Friendly Provisions in
PREVENT Pandemics Act**

NRHA is drafting advocacy campaigns for other rural health priorities for the future, so be on the lookout!

Destination NRHA

Plan now to attend these 2022 events.



Annual Conference	May 10-13, 2022	Albuquerque, NM
Rural Hospital Innovation Summit	May 10-13, 2022	Albuquerque, NM
Rural Health Clinic Conference	Sept. 20-21, 2022	Kansas City, MO
Critical Access Hospital Conference	Sept. 21-23, 2022	Kansas City, MO

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NRHA
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