

NRHA's 2024 Advocacy Guide

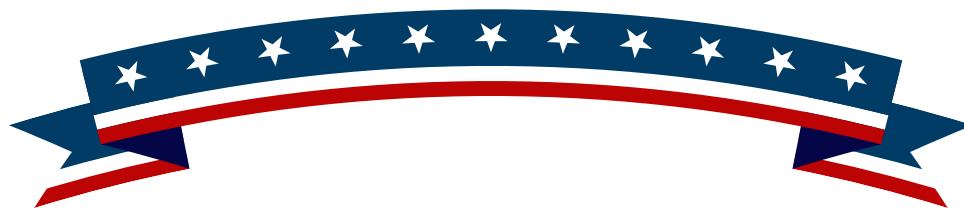


How to Advocate During an Election-Year



National Rural
Health Association

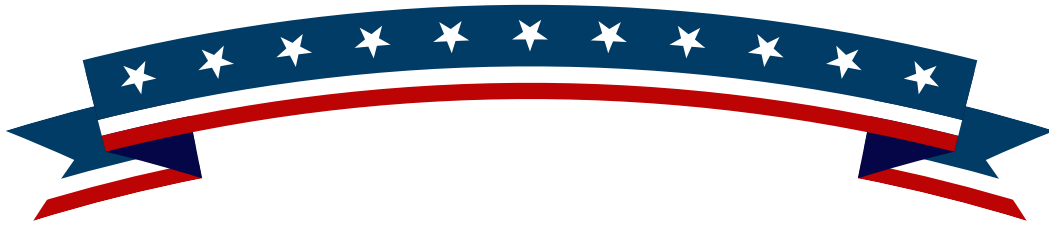
Table of Contents



About this guide	3
How to engage with your District Member about End of Year Priorities	4
Email Template.....	5
How to engage with your District Member as a Candidate	6
Email Templates.....	7
How to uplift your priorities.....	9
NRHA advocacy campaign talking points.....	
Urge Congress to Invest in Rural Health	10
Urge Congress to Extend Rural Healthcare Bills and Programs	11
Urge Congress to Protect 340B	17
Urge Congress to Invest in Rural Communities in Farm Bill	19
Urge Congress to Improve Rural Emergency Hospitals	21
Urge Congress to Invest in Rural Health Infrastructure	22
Urge Congress to Invest in a Robust Rural Health Workforce	24
Urge Congress to Block CMS' Minimum Staffing Standards Rule	26
Urge Congress to Reduce Burden in Rural Health Clinics	27
Encourage your Member of Congress to Join the Rural Health Caucus	28
Other advocacy resources	29
How to use social media.....	30



NRHA's Guide: How to Advocate During an Election-Year



About this toolkit

This toolkit serves as a guide on how to prioritize advocacy efforts for rural health during an election-year. During an election year, you can anticipate changes in congressional offices locally and federally. It's important to still engage with your district Members and continue to uplift rural voices on key rural legislation!

About NRHA

The National Rural Health Association (NRHA) is a national nonprofit membership organization that brings together thousands of members from across the United States. NRHA's mission is to provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA's membership consists of a diverse collection of individuals and organizations, all sharing a common interest in rural health.

How to Engage With Your District Member

Emailing Members and Staff about End of Year Priorities

With the 118th Congress winding down there is still plenty of work to be done, especially around funding for rural health and making Medicare policies permanent. Follow the steps below to connect with your members. Make sure to share information about the importance of rural health, the urgency to act in the coming months, and request a brief meeting with your candidates.

1

- Find your Legislator and other elected officials by entering your zip code [here](#).
- Most members of Congress have a website with contact information. If you have trouble finding that information, please contact NRHA Government Affairs staff.

2

- Email the legislator requesting a meeting. Include any relevant materials so they have a chance to review them before your meeting.
- Find out who the Health Staffer is or use the general office inquiry form to send an email requesting a meeting using the template provided in this guide.

3

- Have the meeting! During the meeting, thank them for any positive actions they've taken, share your personal interest in the issue, and make a clear request.
- Use the talking points provided in this toolkit below as a guide to establish next steps the member or staff can make.

4

- Follow Up. After the meeting, thank the staffer or representative for their time. Be sure to get their email address and follow up with them via email.

How to Engage With Your District Member

Email Template

Emailing Members and Staff about End of Year Priorities

[ON YOUR LETTERHEAD]

(DATE)

The Honorable (FIRST & LAST NAME OF REPRESENTATIVE/SENATOR)

U.S. House of Representatives/U.S. Senate

Washington, DC (ZIP CODE)

Dear (REPRESENTATIVE/SENATOR LAST NAME),

My name is X, and I am writing on behalf of [Name of your organization.] [Describe your organization].

I am writing to request a meeting with you and your healthcare staff on [XXX Date.] With the end of the 118th congress in sight, it is more important now than ever to address crucial rural healthcare policy and ensure that rural health is included in end of year packages.

[Name of your Organization] would like to discuss critical issues related to access, equity, and the quality of healthcare for rural Americans. [Optional: Include specific state requests, bills, or include talking points from the priorities below you wish to discuss with your Member of Congress here.]

Thank you for considering this request. To schedule the meeting, please contact me at [your contact information]. I look forward to meeting with you and your healthcare staff soon.

Sincerely,

[Your Full Name]

[Your Organization]

[Your Contact Information]



How to Engage With Your District Member

How to Engage with your District Member as a Candidate

According to the Pew Research Center, over 60% of Americans see the affordability and accessibility of healthcare as a "very big problem," accordingly most candidates are likely to have a healthcare platform. It's crucial to understand where candidates stand on rural health issues. Email is one of the most effective ways to reach incumbent members of Congress and candidates, as well to engaging with a member or their staff in person. Follow these steps to share information on the importance of rural health and request a brief meeting with your candidates.

1

- Find US Senate and US House of Representatives Candidates Information.
- You can find your sample ballot via the [Sample Ballot Lookup](#) on [Ballotpedia](#). Enter your address to find information on candidates in your district.
- The [Sample Ballot Lookup](#) on [Ballotpedia](#) also offers information and ways to contact candidates. This can come in the form of email, social media or campaign office information.

2

- Once you have used Ballotpedia to find your member and candidates information you can send an email.
- NRHA has prepared a sample email in this guide that is customizable. Simply copy and paste the email template. Then add which talking points are important to you and your district.

3

- Have the meeting!
- During the meeting, thank them for taking the time meet and note any positive actions they've emphasized during the campaign, share your rural health story, and make a clear request for the candidate to emphasize rural care in this election.
- Utilize the talking points in this toolkit a guide to establish the next steps the member or staff can make.

4

- After the meeting, thank the candidate for their time. Be sure to get their email address and follow up with them via email.
- Attended events the candidates are hosting and become an important part of the conversation.

TIP: If the candidate you are reaching out to is a sitting Member of Congress and you have an established contact in their office (for example you met with them during Policy Institute), feel free to email your contact directly for additional information.

How to Engage With A Candidate

Email Template 1:

Rural Health is a Key Issue – Voters Agree

Dear [CANDIDATE],

As your constituent, I am writing to you today because I have been following your campaign and appreciate the attention you have given to health care [add a personalized note]. I would like to learn more about your position on improving rural health access by investing in a strong safety net, strengthening our workforce, and addressing the decline in rural life expectancy.

I represent [name or name of your organization], as well as the National Rural Health Association (NRHA), a membership organization of over 21,000 rural Americans. NRHA members include everyone from hospital CEOs to public health activists and grassroots organizers, all working to ensure that our rural communities can thrive. NRHA and I share one goal: to improve rural healthcare in the United States.

Rural populations often face significant barriers that limit their ability to obtain the care they need. The past five years have devastated the financial viability of rural practices, disrupted rural economies, and eroded the availability of care.

- Since 2010, nearly 170 rural hospitals have closed or discontinued inpatient services. Nationally, 50% of rural hospitals are operating with negative margins, making them vulnerable to closure. [Can personalize [data related to your rural hospital.](#)]
- For decades, rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers. Nearly 70% of rural or partially rural counties are designated Health Professional Shortage Areas, and close to one in ten counties have no physicians at all. [Can personalize figures here to your district by [looking at HPSA Data here](#)]
- Medical deserts are appearing across rural America leaving the over 60 million Americans who call rural areas home vulnerable or without timely access to healthcare.

These alarming statistics highlight the growing need for political action. Addressing rural inequities and declining life expectancy rates is a top priority for your rural constituents, and I hope that your policy platform will include this moving forward. With this, my questions to you are simple: [Questions are based on NRHA's Policy Priority Areas, please feel free to choose which questions feel most appropriate to you and your candidates]

Investing in a Strong Safety Net:

- How will you prioritize rural hospitals and investing in the rural health safety net by supporting rural hospitals, Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers?

Reducing Rural Healthcare Workforce Shortages:

- Can you commit to working with both parties to support rural Graduate Medical Education and workforce programs like the National Health Service Corps to address rural healthcare workforce shortages?

Addressing Rural Declining Life Expectancy and Rural Equity:

- How will you invest in specific programs that will bring funding to our rural community in order to improve life expectancy for rural residents?

Thank you for your time and attention to these critical issues. I have attached some additional informational resources to this email. I look forward to your response, and I would welcome a short meeting with [the candidate /your contact /the staff member overseeing health policy.] If you have any questions, you can reach me at [your contact information].

With Sincerity,
[Your Full Name]
[Your Organization]

How to Engage With Your District Member

Email Template 2:

Rural Health is a Key Issue – Voters Agree

Dear [CANDIDATE],

As your constituent, I am writing to you today because I have been following your re-election campaign and appreciate [your support for ____ / add a personalized note related to the rural health safety net, strengthening rural workforce, and addressing the decline in rural life expectancy.]

I represent [name or name of your organization], as well as the National Rural Health Association (NRHA), a membership organization of over 21,000 rural Americans. NRHA members include everyone from hospital CEOs to public health activists and grassroots organizers, all working to ensure that our rural communities can thrive. NRHA and I share one goal: to improve rural healthcare in the United States.

Rural populations often face significant barriers that limit their ability to obtain the care they need. The past five years have devastated the financial viability of rural practices, disrupted rural economies, and eroded the availability of care.

- Since 2010, nearly 170 rural hospitals have closed or discontinued inpatient services. Nationally, 50% of rural hospitals are operating with negative margins, making them vulnerable to closure. [Can personalize [data related to your rural hospital.](#)]
- For decades, rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers. Nearly 70% of rural or partially rural counties are designated Health Professional Shortage Areas, and close to one in ten counties have no physicians at all. [Can personalize figures here to your district by [looking at HPSA Data here](#)]
- Medical deserts are appearing across rural America leaving the over 60 million Americans who call rural areas home vulnerable or without timely access to healthcare.

These alarming statistics highlight the growing need for political action. Addressing rural inequities and declining life expectancy rates is a top priority for your rural constituents, and [I hope that your policy platform will include this moving forward]. With this, my questions to you are simple: [Questions are based on NRHA's Policy Priority Areas, please feel free to choose which questions feel most appropriate to you and your candidates]

Investing in a Strong Safety Net:

- How have you supported rural healthcare providers, such as rural hospitals, Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers, to ensure they have the resources they need to provide quality care?

Reducing Rural Healthcare Workforce Shortages:

- What strategies would you pass to help rural communities recruit, train, and retain healthcare professionals, also known as the grow your own model?

Addressing Rural Declining Life Expectancy and Rural Equity:

- How have you prioritized public health investments and what actions further actions will you take to address health disparities and inequities that are growing in rural communities?

Thank you for your time and attention to these critical issues. I have attached some additional informational resources to this email. I look forward to your response, and I would welcome a short meeting with [the candidate / your contact / the staff member overseeing health policy.] If you have any questions, you can reach me at [your contact information].

With Sincerity,
[Your Full Name]
[Your Organization]

How to Uplift Your Priorities

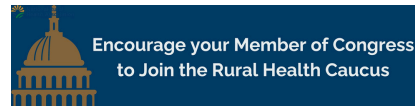
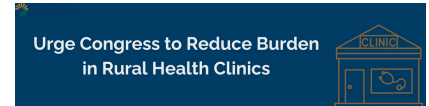
5 Steps to Be an Effective Advocate

1. Be specific in your ask. Clearly articulate the problem and potential solutions.
2. Understand the jurisdiction of the people you are speaking to. Know the member's role and what they could do to help.
3. Make sure to understand the issue and impacts of your ask. Attempt to reach out in multiple ways.
4. Explain the importance of your ask. How does your experience support the data or research?
5. Be concise and follow up. Offer yourself as a resource for information in the future.

Learn more with NRHA's Advocacy 101 leave-behind [here](#)

Utilize Your Resources

[NRHA's Advocacy Campaigns Talking Points Cheat Sheet here](#)



NRHA Advocacy Materials:

- [NRHA Rural Health Extenders Priorities](#)
- [NRHA 2024 Legislative Agenda](#)
- [NRHA 2025 Appropriation Priorities](#)
- [NRHA Rural Hospital Legislative Priorities](#)
- [NRHA Farm Bill Legislative Priorities](#)
- [NRHA Rural Health 101](#)



NRHA Advocacy Campaigns

Talking Points

2025 Urge Congress to Invest in Rural Health (FY 2025 Appropriations).

Background:

- Since 2010, 170+ rural hospitals have closed or discontinued inpatient services. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin exits, affecting the larger community.
- In this economic environment, it is critical Congress uses every tool to equip rural providers with the stability they need to keep their doors open. Currently, more than 50 percent of rural hospitals operating on negative margins like those that closed.
- Rural providers suffer from long-standing challenges, including workforce shortages, low patient volumes, higher prevalence of chronic diseases, a lower socio-economic population, and challenging payer mixes.
- [PERSONAL STORY OF THE IMPACT OF RURAL HEALTH AND IMPORTANCE OF FUNDING]

Some key legislation and programs to highlight:

- **The Small Hospital Improvement Program (SHIP)** is used to assist rural hospitals with purchase of HIT and equipment, etc. In FY25, NRHA calls for an increase in funding to support small rural hospital readiness against **cyber security** attacks to address the growing threats.
- **Rural Hospital Stabilization Pilot Program** improves health care in rural areas by providing in-depth technical assistance (TA) to rural hospitals to enhance and/or expand service lines to meet local need.
- The **CDC Office of Rural Health** enhances implementation of CDC's rural health portfolio, coordinates efforts across CDC programs, and has developed a strategic plan for rural health that maps the way forward.
- The **Rural Maternal and Obstetric Management Strategies (RMOMS)** programs to help improve rural maternal health outcomes.
- The **Rural Residency Planning and Development Program** supports the development of new rural residency programs to address the ongoing workforce shortages faced by rural communities.
- **Rural Communities Opioid Response Program (RCORP)** addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD).

NRHA Resources:

- [NRHA FY25 Appropriations Asks Table](#)
- [NRHA Legislative Agenda](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs.

It is crucial that Congress continues to extend critical Medicare programs that improve rural healthcare infrastructure, the rural healthcare workforce, and equitable rural healthcare access.

Resources:

- [NRHA Critical Healthcare Extenders and Programs one-pager](#)

Medicare Telehealth Flexibilities Extenders:

- Telehealth is not a substitute for all clinical interactions, but if used appropriately, it may supplement care provided in rural areas, improve access to important health care services, and alleviate travel burdens.
- Telehealth enables remote primary care providers to have timely access to specialists at larger facilities, and specialists to be able to serve a larger geographic area.
- Factors such as improved patient satisfaction and health outcomes, provider cost-savings, and avoided transportation barriers are among the benefits of telehealth utilization.
- [PERSONAL STORY ON TELEHEALTH IMPACT IN YOUR HOSPITAL/ CLINIC HERE]
- These bills seek to extend Medicare telehealth flexibilities through 2026. The proposals would remove geographic originating site restrictions for two years and continue the hospital-at-home program for an additional five years. Additionally, TMA would permanently remove geographic requirements for telehealth services and permit the continued use of audio-only technology.
- **H.R. 7623:** Telehealth Modernization Act of 2024
- **S.2016/ H.R. 4189,** The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act

NRHA Resources:

- [Rural Telehealth legislative priorities one-pager](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs. (cont.)

Medicare Dependent Hospitals (MDHs) and Low-Volume Hospital (LVH)

Designations:

- Medicare-dependent hospital (MDH) program and low-volume hospital (LVH) programs serve as critical lifelines for rural hospitals.
- The MDH program allow hospitals with 100 or fewer beds that serve a high proportion of Medicare patients to receive a slightly enhanced reimbursement compared to the normal payment rate larger hospitals receive under the Centers for Medicare and Medicare Services (CMS) prospective payment system. These payments allow MDHs greater financial stability and leave them better able to serve their communities.
- The LVH program gives rural hospitals with low volumes between a 0-25% payment boost on a sliding scale based on their low volumes.
- Fifty percent of rural hospitals are operating with negative margins. Designations like these provide critical support for struggling rural hospitals.
- [PERSONAL STORY OR EXAMPLE OF EXPERIENCES ON THE IMPACT OF MDH AND LVH MEDICARE DESIGNATION HERE]
- These bills seek to extend MDHs and LVH Medicare designations in recognition of their low volumes and significant Medicare population.
- **S. 1110**, The Rural Hospital Support Act: this would permanently extend the MDH program and add an additional base year that hospitals may choose for calculating payments.
- **H.R. 6430**, The Assistance for Rural Community Hospitals (ARCH) Act: this would help rural hospitals continue serving their patients and communities by extending the current MDH and LVH programs by five years.

NRHA Resources:

- [Rural Hospitals legislative priorities one-pager](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs. (cont.)

Rural Ground Ambulance Payments Extenders

- Rural EMS providers are faced with greater physical distances when responding to calls, difficulty recruiting and retaining their workforce, and higher fixed costs over a lower volume of services.
- Four out of five counties (82%) have at least one ambulance desert, being 25 minutes or more from services. This comprises 4.5 million people in impacted rural areas
- [PERSONAL STORY OR EXAMPLES OF EMS AND ACCESS TO EMERGENCY CARE EXPERIENCES HERE]
- These bills seek to extend temporary additional Medicare reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.
- **S. 1673/ H.R. 1666**, The Protecting Access to Ground Ambulance Medical Services Act of 2023

NRHA Resources:

- [Rural EMS legislative priorities one-pager](#)



NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs. (cont.)

Safety Net Program Extenders

- Maintaining an adequate supply of primary care providers remains one of the key challenges in rural health care. Nearly 70% of rural counties are Health Professional Shortage Areas.
- Community based teaching health center Graduate Medical Education (GME) programs can help sustain and retain the rural workforce as it is shown that many residents that practice their education in rural areas end up staying in rural areas.
- Community Health Centers sites care for one in seven rural residents and provide essential safety net services in rural communities.
- [PERSONAL STORY ON IMPACT OF FUNDING ON TRAINING AND WORKFORCE AT YOUR HOSPITAL/ CLINIC HERE]
- These bills seek to extend federal funding for critical programs providing training and services in underserved rural areas.
- **S. 2308**, The Community Health Care Reauthorization Act: will extend funding for teaching health centers that operate GME programs, community health centers, and the National Health Service Corps.
- **H.R. 2559**, The Strengthening Community Care Act of 2023: extends funding through FY2028 for the Community Health Center Fund (CHCF) and the National Health Service Corps (NHSC) Fund. The CHCF supports grants for health center facilities that provide care to medically underserved populations.

NRHA Resources:

- [NRHA Legislative Agenda – workforce section](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs. (cont.)

Site-neutral payments

- Proposed site-neutral payment reforms would adversely affect patients' access to services by reducing hospital revenues, raising particular concerns about access for rural and low-income populations.
- Revenue losses would be larger for some hospitals than for others. For example, MedPAC estimated it's proposed approach would lead to relatively large decreases in Medicare revenues for smaller and rural hospitals.
- Outpatient provider-based departments (PBDs) may be the only source of care in many rural communities and thus are critical to keeping care local and ensuring that rural patients can receive the services that they need.
- Nationally, 50% of rural hospitals are operating with negative margins, making them vulnerable to closure. Any decline in payments threatens a rural provider's ability to keep their doors open.
- [PERSONAL STORY ON THE IMPACT OF SITE-NEUTRALITY FOR YOUR HOSPITAL/CLINIC HERE]
- We oppose implementation of site-neutral payments given rural hospital vulnerabilities as proposals would cost rural hospitals \$272 million in the next 10 years.

Resources:

- [Site neutral one pager.docx](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Extend Rural Healthcare Bills and Programs. (cont.)

Medicaid Disproportionate Share Hospital (DSH) cuts

- The Medicaid Disproportionate Share Hospital (DSH) program provides essential financial assistance to hospitals that care for our nation's most vulnerable populations, including rural communities. These hospitals also provide critical community services, such as trauma and burn care, maternal and child health, high-risk neonatal care and disaster preparedness resources.
- Even with this critical supplemental funding, hospital costs for providing care to vulnerable populations are not fully met. Medicaid, on average, covers only 87 cents of every dollar spent treating patients. Now is not the time for additional cuts to funding when many hospitals are facing financial hardship.
- [PERSONAL STORY ON THE IMPACT OF DSH CUTS IN YOUR HOSPITAL/ CLINIC HERE]
- We support further delay of Medicaid Disproportionate Share Hospital (DSH) cuts for FY25, beyond the current extension to January 1, 2025.

Resources:

- [AHA Medicaid DSH Program Factsheet](#)



NRHA Advocacy Campaigns

Talking Points

Urge Congress to Protect 340B

Background:

- The 340B Program is an essential source of discounted outpatient drugs for many rural hospitals serving vulnerable populations who may lack insurance or be low income.
- For rural safety-net hospitals operating on thin financial margins, the funds saved through the 340B program help to maintain critical operations and service lines. Rural provider participation comprises five percent of 2022 program purchases; a small component of the overall program, but one that has significant impact on rural health systems and patients.
- Since 2010, over 170 rural hospitals have shut their doors or ceased inpatient services. Half of rural hospitals are operating with negative margins and therefore vulnerable to closure. Specific services, such as obstetrics and chemotherapy, continue to vanish at an alarming rate.
- When a rural hospital or service line closes, the impact can be devastating for a community.
- The significant restrictions on covered entities by manufacturers in recent years are having a disproportionate impact on rural safety net providers. The loss of 340B savings limits providers' ability to invest in new services for the community and provide high quality care at a time when rural hospitals need it most.
- [PERSONAL STORY OF RURAL PHARMACY AND DRUG PRICING EXPERIENCES HERE]

Important program preservations include:

- Retain rural access: Preserving the original intent of the 340B program – to stretch scarce federal resources – must be the core of any legislative proposal.
- Protect contract pharmacy arrangements: Prohibit manufacturer limitations on the number and location of contract pharmacies with which rural covered entities may work.
- End discrimination: Place clear statutory restrictions on PBMs' and payers' ability to treat 340B participants differently.
- Limit reporting requirements: Avoid imposing burdensome and duplicative reporting requirements on rural entities covered.

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Protect 340B (cont.)

Key legislation:

- **H.R. 7635**, the 340B PATIENTS Act, introduced by Rep. Matsui (D-CA), would prohibit manufacturers from placing unfair limitations on rural covered entities' contract pharmacy arrangements and stop the erosion of 340B savings.
- **H.R. 2534**, the PROTECT 340B Act, introduced by Reps. Spanberger (D-VA) and Johnson (R-SD) ensures equitable treatment of covered entities and pharmacies participating in the 340B Program.
- **S. 4587/H.R. 8144**, Rural 340B Access Act, introduced by Sen. Peters (D-MI), Reps. Bergman (R-MI) and Dingell (D-MI), allows Rural Emergency Hospitals (REHs) to participate in the 340B program. Currently, REHs are not eligible covered entities in the 340B statute.

NRHA Resources:

- [340B Drug Pricing Program legislative priorities one-pager](#)
- [340B Discount Drug Program Reform Policy Principles](#)



NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in Rural Communities in Farm Bill

Background:

- The Farm Bill is an opportunity to improve health care, build rural community and economic development, and enhance the overall quality of life in rural communities.
- NRHA's Farm Bill reauthorization advocacy efforts are focused on rural development, broadband and telehealth, behavioral health, and nutrition.
- [PERSONAL STORY OF EXPERIENCES IN RURAL DEVELOPMENT, TELEHEALTH/ BROADBAND, BEHAVIORAL HEALTH, AND NUTRITION IN RURAL AREAS HERE]
- **The proposed Farm Bills seek to support critical rural-related programs, including:**
 - House bill **H.R. 8467**, Farm, Food, and National Security Act and proposals from both the Senate Agriculture majority and minority. NRHA is working with members of Congress to pass a bipartisan package that includes robust investments in rural communities.
 - **Key provisions to include to support the rural health safety net:**
 - **H.R. 4713**, the Rural Hospital Technical Assistance Program Act, would continue the activities of the existing Rural Hospital Technical Assistance Program at USDA and broaden the program to include other rural healthcare facilities. The program helps rural facilities prevent closure, strengthen essential health care services, and improve financial performance of safety net rural providers.
 - **H.R. 5989**, the Rural Health Care Facilities Revitalization Act, would provide eligible health care facilities the opportunity to refinance debt obligations upon agreeing to undergo financial and managerial planning aimed at improving long-term viability.
 - **H.R. 4603**, the Rural Wellness Act, would prioritize behavioral health projects in certain Rural Development grant programs and extends current substance use set-asides and prioritized selection.
 - **H.R. 3922 / S.1867**, the Expanding Childcare in Rural America Act, would prioritize childcare projects across USDA that address the availability, quality, and cost of childcare through multiple Rural Development programs, including the Community Facilities Direct Loan and Grant Program (CFL).

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in Rural Communities in Farm Bill (cont.)

- **Key provisions to include to support the rural health safety net (continue):**
 - Supporting rural hospital capital development projects through increases in funding for the Community Facilities Direct Loan and Grant Program (CFL).
 - **H.R.4227 / S. 1642**, ReConnecting Rural America Act of 2023, which allows the merging of the Rural Broadband Program and the ReConnect Program to minimize duplicative programs.
 - Reauthorizing and increasing funding for the Farm and Ranch Stress Assistance Network as outlined in **H.R. 6379/S. 1736**, the Farmers First Act. Additionally, creating a 24/7 national hotline for agricultural workers facing mental health crises, as outlined in **H.R. 5246/S. 3761**, the National Agricultural Crisis Hotline Act.
 - Allowing Farm Credit institutions to finance certain rural community facilities, including hospital, in partnership with local lenders in order to support healthcare.
 - **H.R.7444 / S. 3390**, the Rural Partnership and Prosperity Act to create new Rural Partnership grants for public and private partnerships, including nonprofit organizations and healthcare facilities.
 - Prioritizing awards to healthcare and behavioral health facilities in the Community Facilities Direct Loan and Grant program and extending loan and grant flexibilities to allow awards to be used for medical supplies, increasing telehealth capabilities, and supporting staffing needs.

NRHA Resources:

- [Farm Bill 2024 legislative priorities one-pager](#)



NRHA Advocacy Campaigns

Talking Points

Urge Congress to Improve Rural Emergency Hospitals.

Background:

- The Rural Emergency Hospital (REH) designation serves as a second-chance lifeline for many rural hospitals that are facing closure. By converting to an REH, rural hospitals are able to continue to provide and maintain access to essential emergency and outpatient hospital services within communities that cannot sustain inpatient hospital operations.
- Currently, 30 rural hospitals have converted to an REH since January 2023.
- However, technical improvements are needed to the designation in order to make conversion more feasible for rural hospitals facing closure.
- [PERSONAL STORY OR EXAMPLE OF BENEFITS OF REH CONVERSION HERE.]
- It is important for Congress to pass these vital pieces of legislation to protect access to care in rural communities.

Key legislation:

- **S. 4322**, the Rural Emergency Hospital Improvement Act. Introduced by Sens. Moran (R-KS) and Smith (D-MN), this bill incorporates many technical improvements to the REH statute that NRHA members have brought to our attention.
- **H.R. 8144**, the Rural 340B Access Act. Introduced by Reps. Bergman (R-MI) and Dingell (D-MI), this bill adds REHs as eligible covered entities in the 340B Drug Pricing Program, making conversion a more viable option for rural hospitals.

NRHA Resources

- [Rural REH legislative priorities one-pager](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in Rural Health Infrastructure.

Background:

- Since 2010, nearly 170 rural hospitals have shuttered their doors or discontinued inpatient services.
- Nationally, 50% of rural hospitals are operating with negative margins and therefore vulnerable to closure.
- When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin ends, affecting the larger community.
- Investing in a strong rural health infrastructure is critical to the future of rural areas.
- [PERSONAL STORY OF HOSPITAL CLOSURE AND RURAL INFRASTRUCTURE HERE]

NRHA Resources:

- [Rural Hospitals legislative proprieties one-pager](#)
- [NRHA Legislative Agenda](#)



NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in Rural Health Infrastructure. (cont.)

These bills seek to make critical changes to existing Medicare and other federal programs to support rural hospital viability:

- **H.R. 833** – Save America's Rural Hospital Act (Reps. Graves (R-MO) and Huffman (D-CA)): Works to ensure critical rural hospitals are equipped to support their patients through a number of provisions.
- **S. 1571** - Rural Hospital Closure Relief Act of 2023 (Sens. Durbin (D-IL) and Lankford (R-OK)): Provides flexibility around the 35-mile distance requirement and enables states to certify a hospital as a "necessary provider" in order to obtain Critical Access Hospital designation.
- **S. 1110/ H.R. 6430** – Rural Hospital Support Act of 2023 (Sens. Casey (D-PA) and Grassley (R-IA)) and Assistance for Rural Community Hospitals (ARCH) Act: Makes permanent low-volume hospital (LVH) and Medicare-dependent hospital (MDH) designations.
- **H.R. 4713** - Rural Hospital Technical Assistance Program Act (Reps. Kilmer (D-WA) and Jackson (R-TX)): Authorizes the USDA Hospital Technical Assistance Program to identify and address hospital needs to improve financial performance and quality outcomes.
- **S. 803/ H.R. 3635** – Save Rural Hospitals Act of 2023 (Sens. Warner (D-VA), Blackburn (R-TN), Reps. Sewell (D-AL) and Ferguson (R-GA)): Establishes a national area wage rate under the Medicare Area Wage index for hospital payments to adjust for geographic differences in labor costs.
- **H.R. 1565** – Critical Access Hospital Relief Act of 2023 (Reps. Smith (R-NE) and Sewell (D-AL)): Repeals the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare.

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in a Robust Rural Health Workforce.

Background:

- It is crucial to take a broad and inclusive view of the rural health workforce and the many factors that influence its sufficiency and its sustainability.
- The rural health workforce is understaffed and overworked. Maintaining an adequate supply of primary care providers has been, and remains, one of the key challenges in rural health care.
- Rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers for decades.
- Nearly 70% of rural, or partially rural, counties are Health Professional Shortage Areas, and close to one in ten counties have no physicians at all.
- With far fewer providers per capita, the maldistribution of health care professionals between rural and urban areas results in unequal access to care.
- [PERSONAL STORY ABOUT EXPERIENCE OF HEALTHCARE WORKFORCE IN RURAL AREAS HERE]
- Policies are needed to address sustaining the rural health care workforce: increasing numbers, increasing flexibility, and supporting workers in practice. Increasing the number of rural providers without increasing the ability to retain and support them in practice will just result in high provider turnover.

NRHA Resources:

- [NRHA Legislative Agenda – workforce section](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Invest in a Robust Rural Health Workforce. (cont.)

These bills seek to support critical workforce programs, including necessary changes to Graduate Medical Education, employment-based visas, student loan payment:

- **S. 230/ H.R. 834**, the Rural Physician Workforce Production Act, introduced by Sen. Jon Tester (D-MT), Sen. John Barrasso (R-WY), Rep. Diana Harshbarger (R-TN) and Rep. Henry Cuellar (D-TX) to ensure rural training opportunities are adequately represented in the Medicare Graduate Medical Education (GME) program. The legislation provides adequate resources to train the future of rural health providers, and ensures all safety net rural providers, like sole community hospitals and Critical Access Hospitals (CAH) can train medical students at their facilities.
- **H.R. 2569**, the Doctors of Community (DOC) Act, introduced by Reps. Pallone (D-NJ), Vasquez (D-NM), and Ruiz (D-CA) to permanently authorize the Teaching Health Center Graduate Medical Education (THCGME) program to support the training of primary care and dental residents in rural and underserved communities.
- **S. 3211/ H.R. 6205**, Healthcare Workforce Resilience Act, introduced by Sens. Durbin (D-IL), Cramer (R-ND), Reps. Schneider (D-IL), Caraveo (D-CO), Bacon (R-NE), Cole (R-OK). Addresses workforce shortages by allowing nurses and physicians in the U.S. on a temporary work visa to obtain permanent status by recapturing unused employment-based visas.
- **S. 2418/ H.R. 2713**, Improving Care and Access to Nurses Act, introduced by Sens. Merkley (D-OR), Lummis (R-WY), Reps. Joyce (R-OH), Bonamici (D-OR). This legislation would improve health care access for Medicare and Medicaid beneficiaries by removing federal barriers to practice for nurse practitioners (NPs) and other advanced practice registered nurses (APRNs).
- **S. 940/ H.R. 1711** Rural America Health Corps Act, introduced by Sens. Blackburn (R-TN) and Durbin (D-IL), Reps. Kustoff (R-TN) and Budzinski (D-IL). Establishes a student loan repayment program for eligible providers who agree to work for five years in a rural area with a shortage of primary, dental, or mental health care providers.

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Block CMS's Minimum Staffing Standards Rule.

Background:

- Rural facilities are already facing historic nursing shortages, inflation, and inadequate reimbursement, leading to a wave of rural facility closures.
- CMS's Minimum Staff Standards Rule is a blanket, unfunded staffing mandate will threaten the viability of rural nursing homes and further jeopardize access to post-acute care for rural residents.
- Poor outcomes and quality cannot be fixed solely by imposing staffing mandates. In fact, nursing home closures are often unrelated to the quality of care provided considering that almost 40% of closures since 2020 were 4- or 5-star facilities.
- In reality, minimum staffing standards are more likely to close a facility than improve outcomes, impacting already dire access in rural communities. Between 2008 and 2018, nearly 500 rural nursing homes shuttered resulting in 10.1% of rural counties becoming nursing home deserts.
- A federal mandate will not create qualified and interested workers where they do not currently exist in rural areas. If rural nursing homes cannot meet these requirements, or the eligibility criteria for exemptions, they will be forced to close.
- [PERSONAL STORY OF STAFFING ISSUES AND IMPACT THIS RULE WOULD HAVE FOR NURSING HOMES HERE]

We urge Congress to support legislation that rescinds this rule:

- Support of [House Joint Resolution 139](#) and [Senate Joint Resolution 91](#) to attempt to overturn CMS' minimum staffing rule

NRHA Resources:

- [NRHA Statement on minimum staffing standards rule](#)
- [NRHA letter to CMS on minimum staffing standards rule](#)

NRHA Advocacy Campaigns

Talking Points

Urge Congress to Reduce Burden in Rural Health Clinics.

Background:

- The Rural Health Clinic Program (RHC) program is intended to increase access to primary care in rural areas. RHC status allows primary care providers to get enhanced reimbursement rates for Medicare and Medicaid services.
- Over 5,400 Rural Health Clinics operate across 45 states. Approximately 60% of rural Americans are served by RHCs with 37 million patients served each year.
- [PERSONAL STORY OF USEFULNESS OF RHCs FOR HEALTHCARE ACCESS HERE]

This bipartisan bill will provide necessary updates to modernize the 30-year old law governing rural health clinics across the country:

- **S. 198/H.R. 3730**, the Rural Health Clinic Burden Reduction Act, introduced by Senators Barrasso (R-WY) and Bennet (D-CO) and Reps. Smith (R-NE) and Blumenauer (D-OR) to modernize the RHC program. The Burden Reduction Act will modernize the RHC program and provide important regulatory relief for RHCs, including relief from outdated staffing, laboratory requirements, and definitional requirements related to census definition and primary care thresholds.

NRHA Resources:

- [NRHA Rural Health Clinics legislative priorities one-pager](#)



NRHA Advocacy Campaigns

Talking Points

Encourage your Member of Congress to Join the Rural Health Caucus.

Background:

- Rural Americans currently experience a lower life expectancy and poorer health status in comparison to their urban counterparts. With about 1 in 5 Americans living in rural areas where the health infrastructure and workforce are a constant struggle, it is important to invest in these communities to improve overall access to quality and affordable care.
- The Congressional Bipartisan Rural Health Caucus provides a forum for Representatives to highlight challenges and advocate for policy solutions related to the delivery of health care and mental health services in rural and remote communities.
- Co-led by Rep. Diana Harshbarger and Rep. Jill Tokuda, there are currently over 60 Members within the Caucus and counting.
- [PERSONAL STORY OF THE IMPACT OF HEALTHCARE ACCESS IN RURAL AREAS HERE]
- The Caucus hosts member meetings, briefings, and events designed to inform and educate Members of Congress about some of the most pressing rural health care issues and highlight potential policy solutions to enhance the quality and efficiency of health care services in rural areas, including:
 - Stemming hospital closures,
 - Ensuring fair and adequate reimbursement rates,
 - Strengthening the health workforce,
 - Reducing health inequities, and
 - Expanding telehealth and other innovative care delivery models.
- [PERSONAL ASK TO YOUR MEMBER OF CONGRES TO JOIN THE CAUCUS (AS APPROPRIATE)]

Other Advocacy Resources

NRHA topic-specific one-pager leave behinds

Rural
Emergency
Hospital

340B
Program

Rural
Health
Clinic

Rural
Hospitals

Rural
Maternal
Health

Rural
Telehealth

Rural
Behavioral
Health

Rural
Community
Health Centers

Rural
Oral
Health

Rural
EMS

Rural
Veteran's
Health

Rural
Public
Health



How to Use Social Media

Tips on how to use social media to enhance your advocacy

1. Have a specific and clear message when posting:

Make sure the message you are trying to convey to your audience is easy to quickly read, digest, and understand. You only have a brief moment to make an impact with a tweet or post, so make sure your point is succinct and powerful!

2. Use hashtags:

Using popular hashtags or making your own unique hashtag for people to utilize is a great way to engage followers and also make sure your post reaches relevant audiences you want to reach!

3. Create engaging visuals:

Make sure that your visuals are easy to read and are formatted in a way that is both engaging and helps to convey your message!

4. Link or tag relevant external pages and accounts:

Utilize external resources to reroute your audience's attention to other sources of information and uplift other resources you want them to see, use, or follow as well!

5. Tell a story:

Make it personal so your audience can relate and really be impacted!

6. Be consistent with posting:

Stay consistent with posting periodically and also stick to a theme visually!

7. Engage or collaborate with others:

Tag other organizations and collaborate on social media with others to extend your reach!

8. Advertise and outreach:

Make sure you are advertising your social media at every opportunity!

NRHA Advocacy Social Media:

