

A View from the Hill

2023 Rural Health Voice Conference

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Happy (Almost) National Rural Health Day!

Celebrate the "Power of Rural" on National Rural Health Day.

- November 16th 3-4 pm [Power of Rural in Action: CDC and State Strategies for Rural Health.](#)
- Rural champions in the House and Senate are introducing resolutions to declare today National Rural Health Day.
- Social Media #PowerOfRural and #NationalRuralHealthDay.

Celebrating the **Power of Rural!**



What We Fight for on Behalf of Rural

- Investing in a Strong Rural Health Safety Net
- Reducing Rural Healthcare Workforce Shortages
- Addressing Rural Declining Life Expectancy and Inequality





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Agenda

- View from the Hill
- Rules, Rules, Rules
- State Policy Engagement
- Advocating for Rural Health



Capitol Hill Happenings

What's next?

Key Dates:

- Friday 11/17 – Continuing resolution (C.R.) and current government funding expires.
- December 31 – Farm Bill funding expires.
 - Congress needs to pass an extension of programs and funding.
 - Might see draft text of Farm Bill package in spring 2024.
- Soon (likely early 2024) – Congress must pass all 12 appropriations bills.
 - Likely will also address other critical expiring provision.



CONGRESSIONAL BIPARTISAN RURAL HEALTH CAUCUS

- Officially relaunched in September!
- Co-chaired by Reps. Tokuda (D-HI) and Harshbarger (R-TN).
- 45 bipartisan members and growing.
- Working on briefing and event schedule for upcoming year.



FY 2024 Appropriations Requests

	FY 2023 Enacted	President's Budget	NRHA Request	HAC FY 2024 Bill	SAC FY 2024 Bill
CDC Office of Rural Health	\$5 million	-	\$10 million	\$5 million	-
Financial & Community Sustainability for At-Risk Hospital Program	New request	\$10 million	\$10 million	\$10 million	-
Rural Hospital Stabilization Pilot Program	New request	\$20 million	\$20 million	\$20 million	-
Rural Residency Planning & Development	\$12.5 million	\$12.7 million	\$14.5 million	\$12.7 million	\$12.5 million
Rural Hospital Flexibility Grants	\$64.3 million	\$64.3 million	\$73 million	\$74.3 million	\$64.3 million
State Offices of Rural Health	\$12.5 million	\$12.5 million	\$18 million	\$12.5 million	\$12.5 million
Rural Communities Opioid Response	\$145 million	\$165 million	\$165 million	\$145 million	-

Lower Costs, More Transparency Act

Rep. McMorris Rodgers (R-WA) and Pallone (D-NJ), Smith (R-MO), Foxx (R-NC) introduced in September. Shows priorities for E&C, Ways and Means, and Education leadership.

- Codifies and expands hospital price transparency rules finalized by CMS in 2019.
- Extends National Health Service Corps (NHSC), Teaching Health Center GME (THC GME), community health center (CHC) funding.
- Eliminates Medicaid disproportionate share cuts slated for FY 24 and 25.

Bipartisan Primary Care and Health Workforce Act

Senators Sanders (I-VT) and Marshall (R-KS) introduced in September. Passed out of HELP Committee (14-7) with hospital price transparency provisions.

- Reauthorizes NHSC, THC GME, and health center program mandatory funding.
- Reauthorizes Rural Residency Planning and Development Program through FY26.
- Several new investments to increase medical school class size, grow nurse training programs, and train allied health professionals.
- Focuses on reducing costs for patients, including tracking off-campus HOPD services, banning facility fees for certain services, banning anticompetitive contracting.

Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Senators Sanders (I-VT) and Marshall (R-KS) introduced in September. Unanimously passed out of Senate Finance Committee (14-7).

- Provides 1.25% increase to Medicaid physician payment, with a primary care focus.
- Delays Medicaid DSH cuts through 2025.
- Reduces the costs of some medicines for Medicare enrollees through pricing/rebates.
- Extends incentive bonuses through 2024 to doctors in an APM under Medicare.
- Expands mental health care workforce and services under Medicare and Medicaid, including use of telehealth.

Focus on Rural Health Clinics

- **RHC Modernization Policies**
 - S. 198/H.R. 3730: **Rural Health Clinic Burden Reduction Act**. Removes laboratory requirements, modernizing physician, PA and NP utilization requirements, and a fix for the "urbanized area" Census Bureau term.
- **RHC Telehealth**
 - S. 2016/H.R. 4189: **CONNECT for Health Act** includes RHCs as permanent distant site providers and payment parity.
- **Provider-Based RHCs**
 - NRHA is working to find a long-term fix to address challenges that came about through passage of Section 130 of the Consolidated Appropriations Act, 2021.

Focus on Rural Hospital

- **H.R. 833 Save America's Rural Hospital Act:** Holistic rural hospital “fix” bill- eliminates sequestration, reverses cuts to bad debt, increase ambulance payments, reauthorizes Flex program.
- **S803/ H.R. 3635 Save Rural Hospitals Act of 2023:** Establishes a national minimum area wage rate under Medicare Area Wage Index for hospital payments to adjust for geographic differences in labor costs.
- **S1110 Rural Hospital Support Act of 2023:** This bill makes permanent low-volume hospital and Medicare-dependent hospital (MDH) designations, and allows sole community hospitals and MDH base year adjustments.

Focus on Critical Access Hospitals

- **Necessary Provider Status:**
 - S. 1571: **Rural Hospital Closure Relief Act**, which reinstates Necessary Provider status with guardrails.
- **Flexibilities and Waivers**
 - CMS guidance on 96-hour ALOS after PHE: Calculation will resume with CAH's first full cost reporting period after May 11, 2023.
 - Removing physician certification: H.R. 1565 and H.R. 833.
- **Medicare Advantage**
 - Interest on the Hill on addressing reimbursement challenges and claims denials, steering, especially for rural cost-based providers.

Workforce, Workforce, Workforce

- **Expand the Medicare Graduate Medical Education (GME)**
 - S. 230/H.R. 83 Rural Physician Workforce Production Act
 - S. 665 Conrad State 30 and Physician Access Reauthorization Act
 - H.R. 751 Fair Access in Residency Act
 - Fixing the CAA 1,000 GME reclassification loophole
- **Support development and capacity of health care providers**
 - H.R. 2761 Reintroduce Improving Care and Access to Nurses Act
- **Support loan repayment programs**
 - S. 940 Rural America Health Corps Act

Rural Health Equity

- **Permanently Expand Telehealth Provisions**
 - S. 2016/ H.R. 4189 CONNECT for Health Act
- **Expand Access to Maternal Health Services**
 - S. 1851: Midwives for Moms Act
- **Retain access to medications for opioid use disorder**
 - S. XXX/H.R. 5163: TREATS Act
- **Expand Access to Emergency Medical Services (EMS)**
 - S. 1673/ H.R. 1666 Protecting Access to Ground Ambulance Medical Services Act
- **Support Rural Public Health Capacity**
 - S. 2799: Authorize CDC Office of Rural Health

340B Reform Policy Principles

- NRHA **340B Reform Policy Principles document**
 - Unlimited and unrestricted use of contract pharmacies.
 - No PBM, payer, manufacturer discrimination.
 - End of orphan drug exclusion for CAHs, SCHs, and RRCs.
 - Maintaining child site access.
 - No more reporting burdens.
 - Codifying HRSA's 1996 patient definition + telehealth.
- Legislative efforts:
 - Pass H.R. 2534 PROTECT 340B Act.
 - Protect contract pharmacy arrangements.
 - DSH waiver extension – letter to [Senate](#) and [House](#) leadership

Farm Bill Reauthorization

Sent updated Farm Bill requests letter to House and Senate Ag leadership.

NRHA Priority Areas

- Support rural development programs and include hospital capital
 - Build rural broadband capacity
 - Elevate rural health care
 - End rural food insecurity
- H.R. 5246: National Agricultural Crisis Hotline Act
 - H.R. 5989: Rural Health Care Facilities Revitalization Act
 - H.R. 4713: Rural Hospital Technical Assistance Act
 - S. 1077: Home-Based Telemental Health Care Act
 - H.R. 4603: Rural Wellness Act
 - S. 1736: Farmers First Act
 - S. 1867/H.R. 3922: Expanding Childcare in Rural America Act

REH 2.0

- Items in consideration with Members of Congress:
 - Inclusion of **340B** eligibility
 - Allowance of **swing beds** to retain access to post-acute care
 - Authorizing **psychiatric and rehabilitation distinct part units**
 - Allowance of **5% add on to apply to non-OPPS services** paid under the Clinical Laboratory Fee Schedule and Physician Fee Schedule services.
 - Hospitals that closed prior to December 27, 2020, should be eligible to convert to an REH.
 - Small, rural hospitals that reduced their bed count to less than 50 beds after December 27, 2020.
 - Hospitals that are designated as rural by their state but did not have an active reclassification under 42 C.F.R. § 412.103 by December 27, 2020.
 - Ability to revert back to NP CAH status.

Rules, Rules, Rules: Regulatory Activities

FY 2024 Regulatory Updates

CMS has released final rules for:



CMS.gov

- FY 24 Skilled Nursing Facility (SNF)
- FY 24 Inpatient Prospective Payment System (IPPS)
- FY 24 Outpatient Prospective Payment System (OPPS)
- FY 24 OPPS Remedy for 340B-Acquired Drugs
- FY 24 Physician Fee Schedule (PFS)
- FY 24 Home Health Prospective Payment System
- CY 24 Medicare Advantage Policy & Technical Changes
- Streamlining Medicaid & CHIP Application, Eligibility, Determination, Enrollment, & Renewal

Minimum Staffing Standards for LTC Facilities

- Proposed rule released earlier this month. Comments were due Nov. 6. NRHA comment.
- 2 main provisions for nursing homes/SNFs:
 - Must have RN on site 24/7.
 - Rural facilities must comply with RN requirement within 3 years.
 - Must meet 0.55 hours per resident day (HPRD) for RNs and 2.45 for nurse aides.
 - Rural facilities must comply with HPRD within 5 years.

CY 2024 Physician Fee Schedule

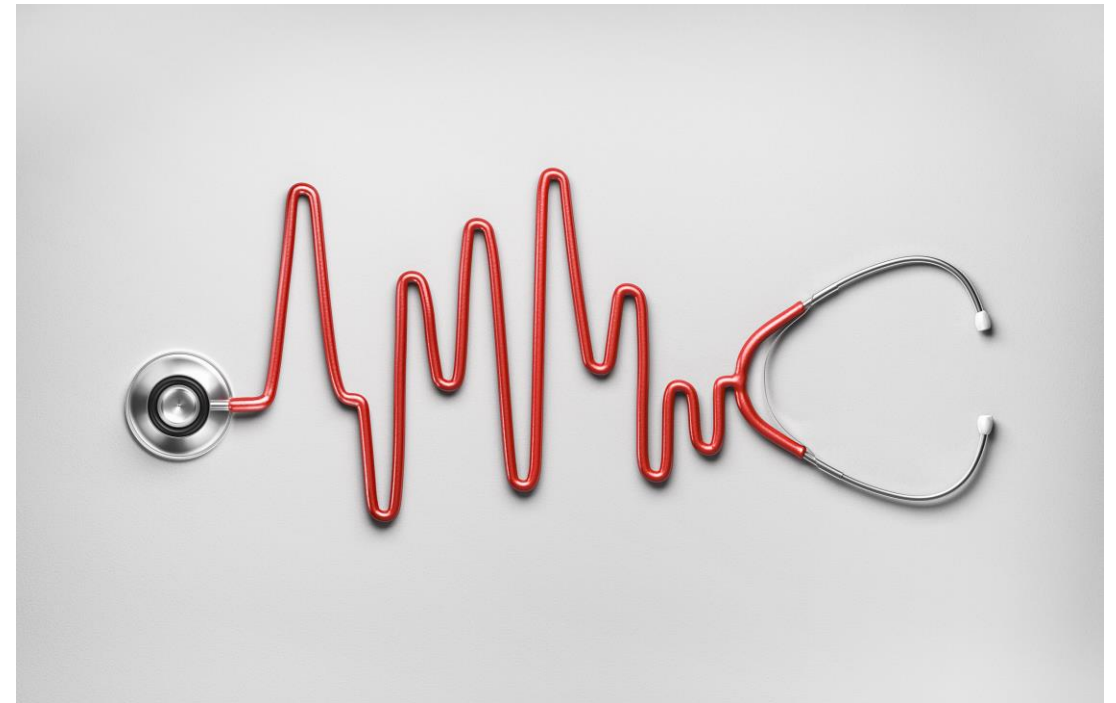
- Marriage and family therapists (MFT) and mental health counselors (MHC) may bill Medicare directly beginning in 2024.
- Providers will be paid the higher, non-facility PFS rate for telehealth services furnished to beneficiaries in their homes.
- Establishing separate coding and payment for Community Health Integration (CHI) services and principal illness navigation.
- New standalone G code for SDOH risk assessment screen.
- **Final rule** released in beginning of November. NRHA comment **here**.

CY24 Medicare Outpatient Prospective Payment System

- **Final rule** released in early November. NRHA comment **here**.
- New hospital price transparency requirements
 - Hospitals must use CMS template for the machine-readable file.
 - New website requirements.
- Intensive Outpatient Program benefit under Medicare
 - Can be furnished at RHCs, CAHs, hospitals, FQHCs.
 - Must be under supervision of physician.

FY 24 IPPS Final Rule

- Rural emergency hospitals treated as nonprovider sites, like CAHs, for GME.
- Can also elect to be paid 100% of reasonable costs.
- Codifying REH application guidance.



Medicare Advantage Policy & Technical Changes

CY 2024 final rule released in April.

- Most provisions finalized as proposed, including those on prior authorization and marketing & advertising.

CY 2025 proposed rule released November 6, comments due Jan 5, 2024.

- New specialty facility type, Outpatient Behavioral Health, added to MA network adequacy requirements.
- MA plans would have to alert enrollees of unused supplemental benefits.
- Payment limits for agents and brokers to minimize adverse incentives for enrolling individuals in MA plans.

Virginia State Government Updates

New State Legislature Composition

- Elections shifted State Legislature from split to Democratic Control.
 - Democrats flipped the House of Delegates (51D/49R) and maintained control of the State Senate (21D/19R).
- New Members and Prospective Rural Advocates
 - 18 New State Senators and 36 New House of Delegates Members
 - Get to know these folks! Represent new potential champions to help introduce bills in the next legislative session.

Find your State Legislator Here: [Who's My Legislator?](#)

State Legislative Advocacy

- **Direct Outreach:**
 - When it comes to state policy its all about relationships and who you know.
 - Develop relationships with legislators and their staff. Some state legislators don't have staff but the committees that cover healthcare do.
 - Reach out to your legislator(s) via email or in-person.
- **Coalition Building:**
 - Lead a coalition of rural health champions on a “Hill day”
 - VRHA Day – JANUARY 25
 - Find other groups that have similar state policy positions and become a consultant or volunteer.

Important Questions to Ask

- Virginia's 2024 Regular Session convenes on **January 10, 2024.**
- NRHA has developed a State Legislative Session Check List.
- Some important questions from the Check List include:

Some questions to ask:

Is this a Special or Regular Session?

Can bills be carried over from previous sessions?

Who is the governing party? Who is in the majority/minority?

What is the procedure around written and in-person testimony?

Usually there is a Health Committee, do you know who the chair is? What bills have they previously supported?

Is rural health a priority in your Governors budget?

Important Bills From the 2023 Cycle

- [HB 1511 - Midwifery; Administration of medication](#): enables licensed midwives to administer drugs and devices within their practice.
- [HB 1472 - Emergency medical services agencies; Ordinances or resolutions, designation as emergency response](#): necessitates definition of its primary service area boundaries within the locality.
- [SB 1426 - Controlled substances; Administration by emergency medical providers](#): allows eligible providers to administer drugs and devices at the medical care facility pursuant to an oral or written order or standing protocol.
- [HB 1452 Medicaid Fraud Control Unit; Appointment of sworn unit investigators to Unit, powers and duties](#): allows for additional resources to search for fraud in the State Medical Assistance Plan, abuse and neglect of adults, misappropriation of a patient's funds, and related criminal offenses.

VRHA Advocacy Success!

- The VRHA membership effectively opposed an impractical deadline set by the Virginia Department of Medical Assistance Services (DMAS) for payment requirement changes.
- Response from Sec. Littel:
 - “Although CMS will not approve a period of “non-enforcement,” the Governor has directed DMAS to seek approval from CMS to delay the implementation of the new requirements until **March 1, 2024**, to allow families to learn more and adjust to this change.”

Advocacy

Advocacy Success!!!

VRHA recently brought to your attention the situation below which would cause undue distress to rural families caring for loved ones with developmental disabilities.

You spoke, and the General Assembly heard. We have received the following response from John Littel, Virginia Secretary of Health and Human Services:

While Appendix K was scheduled to end on 11/11/23, the Department of Medical Assistance Services (DMAS) announced in September that the Federal Centers for Medicare and Medicaid Services (CMS) approved our waiver amendments to allow legally responsible individuals to permanently be paid to take care of their minor children.

Now that the adjusted rules have been approved by CMS, we are excited to be able to see this service continue after the November 1st end date. This is an important service that addresses the changing healthcare delivery world, post COVID-19 Pandemic. Legally Responsible Individuals who qualify will now be able to continue to be paid for providing care for their loved ones, with some new safeguards that are meant to protect the member and comply with State and Federal requirements.

Since we announced this last month, we have heard additional concerns expressed to the Governor's Office, DMAS, and through multiple trainings held for providers and families. These concerns show that families need additional time to adjust to these new rules.

Although CMS will not approve a period of “non-enforcement,” the Governor has directed DMAS to seek approval from CMS to delay the implementation of the new requirements until March 1, 2024, to allow families to learn more and adjust to this change. If approval is received, the safeguards that would have been implemented on November 10, 2023, will be implemented on March 1, 2024.

Again, the care of our Medicaid members, and the support to their families is a priority of the Governor and DMAS. Once we receive approval, we will continue to work with families to help them understand the requirements and prepare for the March 2024 date. We understand the challenges these changes cause, and we are committed to helping families adjust to this next chapter.

Advocacy makes a difference!

Advocate With Us!

NRHA Legislative Agenda

- **Highlights** our 3 advocacy priority areas and key bills in each area.



Investing in a Strong Rural Safety Net

Since 2010, nearly 155 rural hospitals have shuttered their doors, including dozens since the onset of COVID-19. Over 40% of rural hospitals are operating with negative margins and therefore vulnerable to closure. While federal pandemic relief didn't address key factors impacting rural hospital viability, not only does the community lose access to vital health services, but community lynchpin ends, affecting the larger community. Health infrastructure is critical to the future of rural areas.



Building a Robust Rural Healthcare Workforce

The COVID-19 pandemic exacerbated the workforce shortage in rural America. Rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers for decades. Maintaining an adequate supply of primary care providers has been, and remains, one of the key challenges in rural health care. 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.



Addressing Rural Health Equity

Rural populations often encounter barriers that limit their ability to obtain the care they need. COVID-19 devastated the financial viability of rural practices, disrupted rural economies, and eroded availability of care. Medical deserts are appearing across rural America leaving many without timely access to care. Addressing rural inequities and declining life expectancy rates are a top priority for NRHA in 2023. The federal investment in rural health programs is a small portion of federal health care spending, but is critical to rural Americans. These safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in rural America.

New advocacy materials!

- **Hospital bills 1-pager**

- Summaries of our main hospital bills to share with elected officials.

H.R. 833

Save America's Rural Hospitals Act

Reps. Graves (R-MO) and Huffman (D-CA)

This legislation works to ensure critical rural providers are equipped to support their patients through a number of provisions including permanently eliminates Medicare sequestration for rural hospitals, makes permanent Low-Volume Hospitals and Medicare-Dependent Hospitals designations, reverses cuts to reimbursement of bad debt, permanently increases Medicare payments for ground ambulance services, and reauthorizes the Flex program, among other provisions.

H.R. 1565

Critical Access Hospital Relief Act of 2023

Reps. Smith (R-NE) and Sewell (D-AL)

This bill repeals the 96-hour physician-certification requirement for inpatient critical access hospital services under Medicare.

S. 1110

Rural Hospital Support Act of 2023

Sens. Casey (D-PA) and Grassley (R-IA)

This bill makes permanent low-volume hospital and Medicare-dependent hospital (MDH) designations, and allows sole community hospitals and MDH base year adjustments.

New advocacy materials!

- **340B Priorities 1-Pager**
 - Protect contract pharmacy arrangements
 - Pass PROTECT 340B Act
 - DSH waiver extension



NRHA 340B PRIORITIES

The 340B Drug Pricing Program is a lifeline that allows rural safety net providers to stretch scarce federal resources and keep their doors open to provide vital services to their communities. Significant 340B program restrictions by manufacturers and pharmaceutical benefit managers (PBMs) are hurting already struggling hospitals and clinics.

H.R. 2534

PROTECT 340B Act

Reps. Spanberger (D-VA) and Johnson (R-SD)

Recently health insurers and PBMs have undermined the integrity of 340B for rural providers. This legislation would protect the lifeline program by prohibiting insurers and PBMs from discriminating against 340B covered entities or their contract pharmacies. Payers and PBMs would be held accountable for treating covered entities differently with regards to reimbursement of fees, patient's choice of pharmacies, and participating in standard or preferred networks.

Contract Pharmacy

Preserve contract pharmacy access.

Congress must curb manufacturers' restrictions on the number of contract pharmacies that a covered entity may use, which disproportionately constrains access for rural patients. Many rural covered entities are too small to support an in-house pharmacy and must rely upon outside pharmacies. The reality of rural geography is that rural providers have a patient base spread among a large geographic area. This makes maintaining access to unlimited contract pharmacies critical to ensuring rural patients can receive their 340B drugs at a convenient, local location.

DSH Extension

Extend DSH waiver for 2 years.

Safety net hospitals were protected from losing 340B status due to changes in their disproportionate share (DSH) thresholds through cost reporting periods in 2022. Now that this protection has ended, more than 400 mostly small, rural hospitals are at-risk of losing eligibility in 2024 because of pandemic-era effects continuing to lower their DSH percentages. Congress must pass legislation to enact a 2-year extension for 340B eligibility protections.

New advocacy materials!



BUILD RURAL BROADBAND CAPACITY

Broadband access is critical for utilizing telehealth services. Increase support for **Community Connect, ReConnect, Rural Broadband, and Distance Learning & Telemedicine programs** to ensure rural America is connected.

SUPPORT RURAL DEVELOPMENT PROGRAMS

The RD title supports the backbone of rural communities, from hospitals to child care facilities. Congress must leverage key programs such as the **Community Facilities Loan & Grant Programs** to provide rural hospitals necessary capital and the strengthen economic health of rural areas.

ELEVATE RURAL HEALTH

Reauthorize the **Rural EMS & Equipment Assistance Program** and continue support for USDA's **Rural Health Liaison**. Congress must also address farmer behavioral health by supporting the Farm & Ranch Stress Assistance Network and authorizing a designated agricultural crisis hotline.

Farm Bill Priorities 1-Pager

- Supporting Rural Development, broadband programs
- Rural Hospital TA Program Act
- Hospital capital
- List of marker bills

New advocacy materials!

• FY 2024 Appropriations Table & asks

- Use to help advocate for rural investments with your elected officials.
- Talking points to emphasize the importance of rural health programs.

FY 2024 Appropriations Requests & Allocations					
Discretionary Funding Program	NRHA FY 2024 Request	President's FY24 Budget	HAC FY 2024 Mark Up	SAC FY 2024 Mark Up	FY 2023 Omnibus
<i>Federal Office of Rural Health Policy Programs</i>					
Rural Health Research & Policy Development	12.1	11	TBD	11	11
Rural Health Care Services Outreach, Network & Quality Improvement Grants	90	95.4	TBD	95	86
Rural Hospital Flexibility Grants	73	64.3	74.3	64.3	64.3
State Offices of Rural Health	18	12.5	12.5	12.5	12.5
Rural Maternity & Obstetrics Management Strategies Program(s)	24.6	10.4	TBD	8	8
Rural Residency Planning & Development	14.5	12.7	12.7	12.5	12.5
Rural Communities Opioid Response	165	165	TBD	155	145
Rural Health Clinic Behavioral Health	10	10	TBD	5	N/A
New! Financial and Community Sustainability for At-Risk Hospital Program	10	10	-	-	N/A
New! Rural Hospital Stabilization Pilot Program	20	20	-	-	N/A
<i>Critical HRSA Safety Programs</i>					
National Health Service Corps	125.6	176.6	126	135.6	125.6
Area Health Education Centers	67	47	TBD	47	45
340B Drug Pricing Program/Office of Pharmacy Affairs	17.2	17.2	TBD	12.2	13.2
Telehealth	45.5	45.5	45.1	38	38
Community Health Centers	2b	1.839b	TBD	1.859b	1.859b

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

<https://www.ruralhealth.us/advocate/nrha-legislative-tracker>

Key Legislation

Federal

Hospitals & Health Systems

[H.R. 833: Save America's Rural Hospitals Act](#) | 2023-2024 Regular Session (118th) ✓

[H.R. 1712: Rural Health Innovation Act of 2023](#) | 2023-2024 Regular Session (118th) ✓

[H.R. 2423: To affirm that the Farm Credit Administration is the sole and independent regulator of the Farm Credit System.](#) | 2023-2024 Regular Session (118th) ✓

[H.R. 3635: Save Rural Hospitals Act of 2023](#) | 2023-2024 Regular Session (118th) ✓

[HR 1128: Rural Health Care Access Act of 2023](#) | 2023-2024 Regular Session (118th) ✓

[HR 1565: Critical Access Hospital Relief Act of 2023](#) | 2023-2024 Regular Session (118th) ✓



**It takes
a
village!**

Advocacy Campaigns

Urge Congress to Reduce Burden in Rural Health Clinics

Urge Congress to Invest in a Robust Rural Health Workforce

Urge Congress to Protect 340B

Urge Congress to Invest in Rural Health

Urge Congress to Invest in Rural Communities in Farm Bill 2023

Urge Congress to Invest in Rural Health Infrastructure

Encourage your Member of Congress to join the Rural Health Caucus!

2023 NRHA Advocacy Goodies

- Sign up to receive [NRHA's Rural Roundup](#) & [NRHA Today](#).
- [Register](#) for NRHA's Monthly Grassroots Call.
- Contact your NRHA Government Affairs Team:
 - Email: [Carrie Cochran-McClain](#), [Alexa McKinley](#), [Zil Joyce Dixon Romero](#), [Doson Nguyen](#), [Sabrina Ho](#)
- Engage with NRHA Advocacy online!



National Rural
Health Association



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2024 Policy Institute!

- Join us in D.C. from February 13 – 15th
 - Hear from Administration and Congressional speakers.
 - Head to the Hill to meet with your elected officials.
 - Attend the Rural Health Disparities Summit.
- Register [here](#), early rate before Jan. 20.
- Hotel reservations [here](#).
- Preliminary agenda and more coming soon!





NRHA
Your voice. Louder.

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