

A View From The Hill

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November 20, 2024

Agenda

- Who is NRHA
- Election 2024
 - Presidency and Executive Nominations
 - 119th Congress
 - Nationwide State Results
- Updates from the 118th Congress
- Updates from the Administration
- Virginia State Government Expectations for 2025
- Resources and Materials



Who is NRHA? Why are we here?



NRHA

Your voice. Louder.

Our mission is to provide leadership on rural health issues through advocacy, communications, education, and research.



Carrie Cochran-McClain
Chief Policy Officer



Alexa McKinley Abel
Director of Government Affairs & Policy



Zil Joyce Dixon Romero
State Government Affairs Manager

NRHA Government Affairs Team



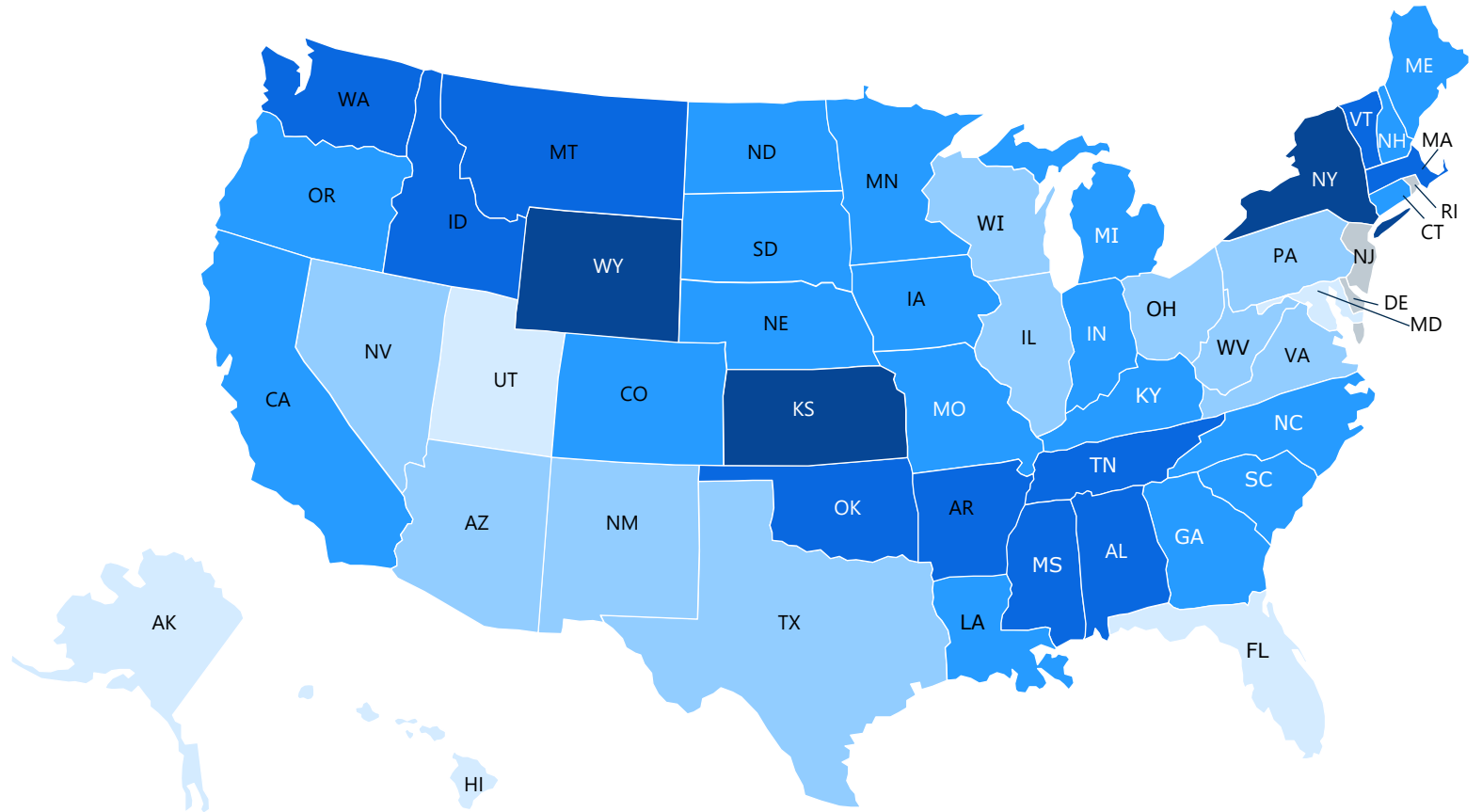
Sabrina Ho
Government Affairs and Policy Coordinator

Half of all Rural Hospitals Now in the Red

Overall, **50% of America's rural hospitals** are operating **in the red**.**

Highest percentage ever calculated in Chartis' annual analysis.

In **non-expansion states**, **55%** of rural hospitals are **in the red**.



State-level percentage of rural hospitals with negative operating margin.



Source: The Chartis Center for Rural Health,

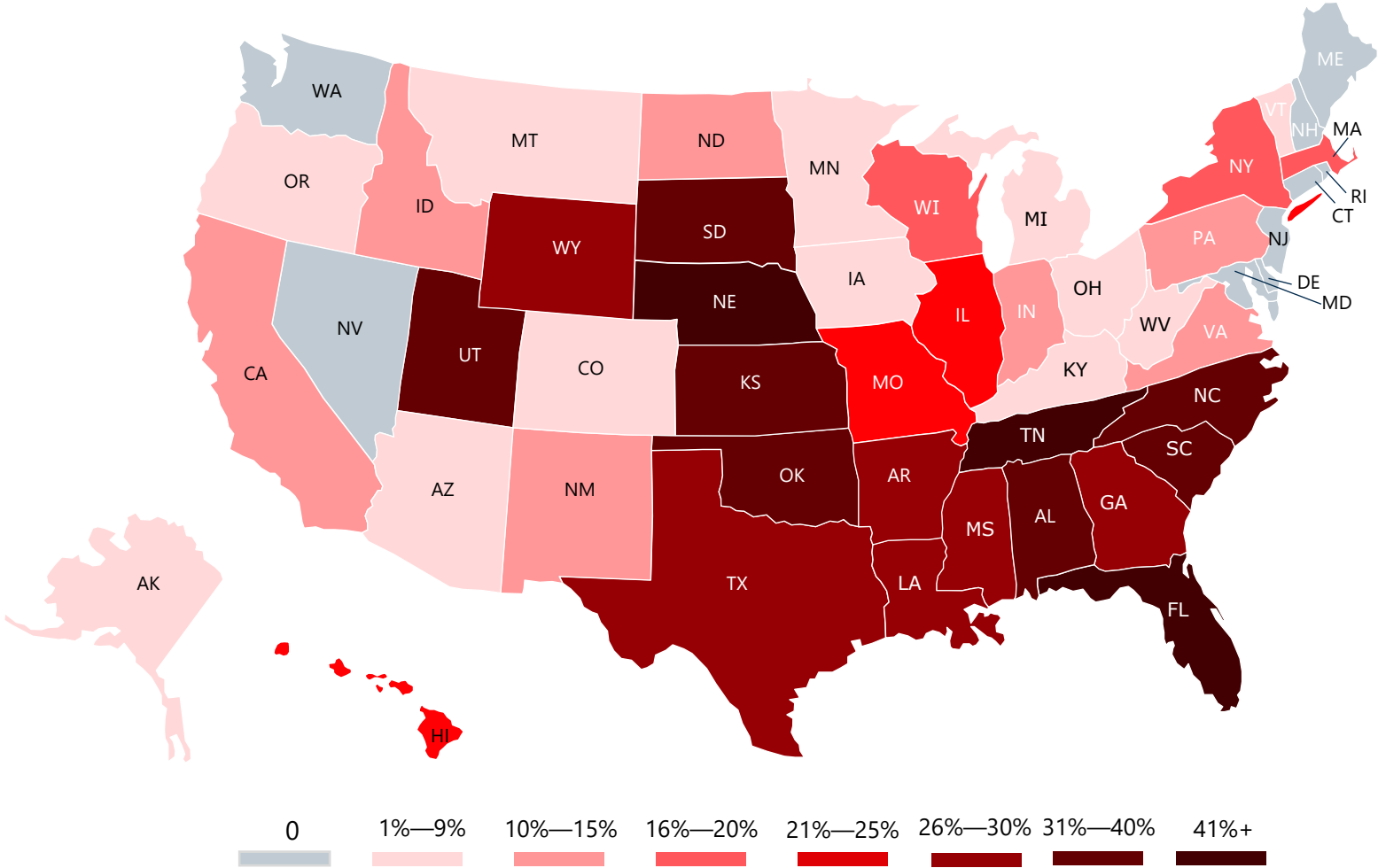
**CMS Healthcare Cost Report Information System (HCRIS) Q3 2023. Operating margin is computed in accordance with Flex Monitoring Team guidance. Outliers are excluded. Hospitals for which data are unavailable are excluded. Reported Covid-19 PHE Funds (Worksheet G-3 line 24,50) excluded from operating margin. Adjustments made to operating margin to reflect full 2% sequester.

Nearly 420 Hospitals Vulnerable to Closure

418 rural hospitals across America are **vulnerable to closure**.

Across **16 states**, the **percentage** of rural hospitals **vulnerable to closure is 26% or higher**.

Non-expansion states are home to **nearly 200** vulnerable rural hospitals.



Source: The Chartis Center for Rural Health, January 2024

Percentage of State Rural Hospitals Determined to be Vulnerable

What We Fight for on Behalf of Rural

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



Election 2024

So... Where are we?

Trump – Vance Ticket Sweep into White House

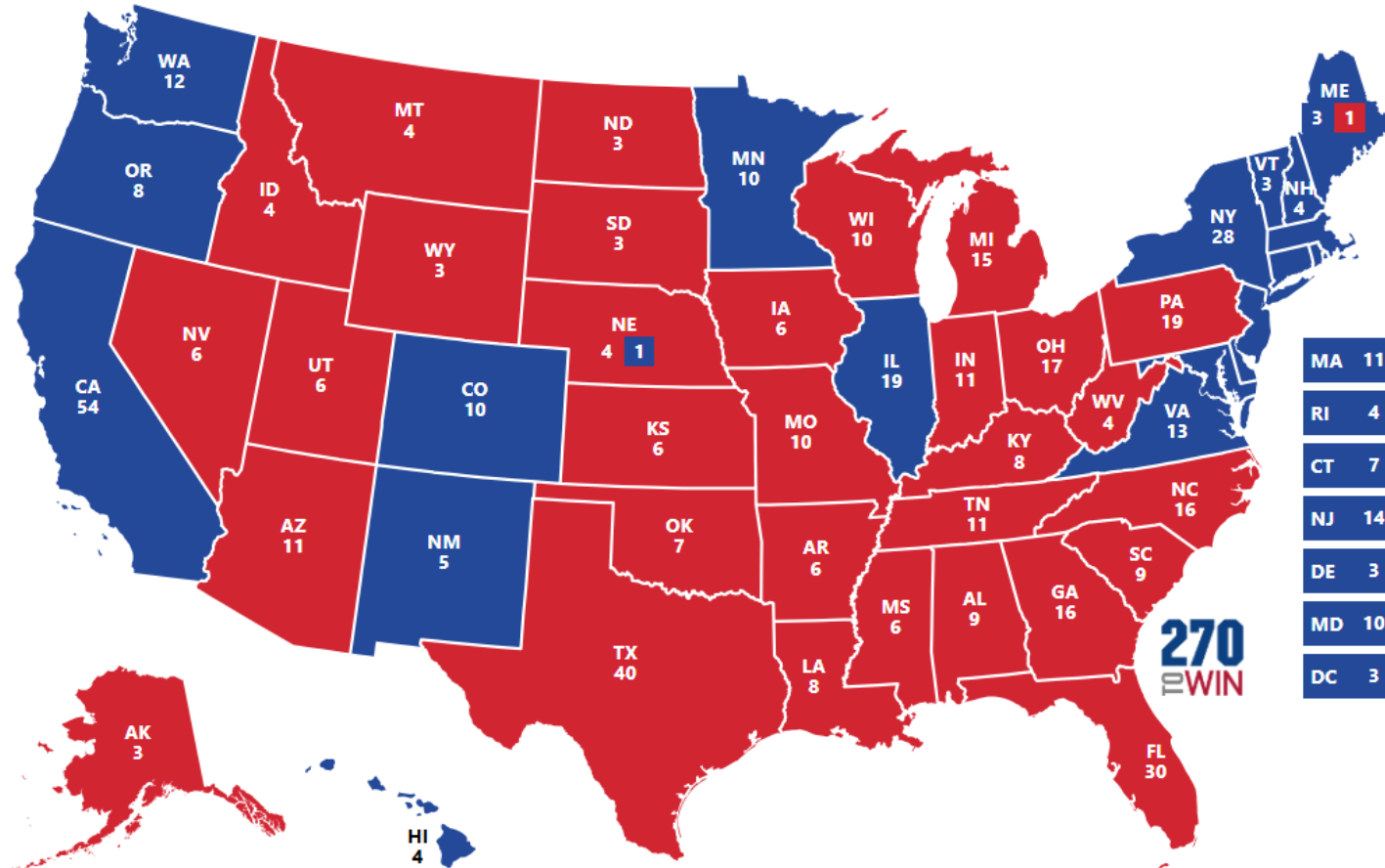
President-Elect Donald J. Trump



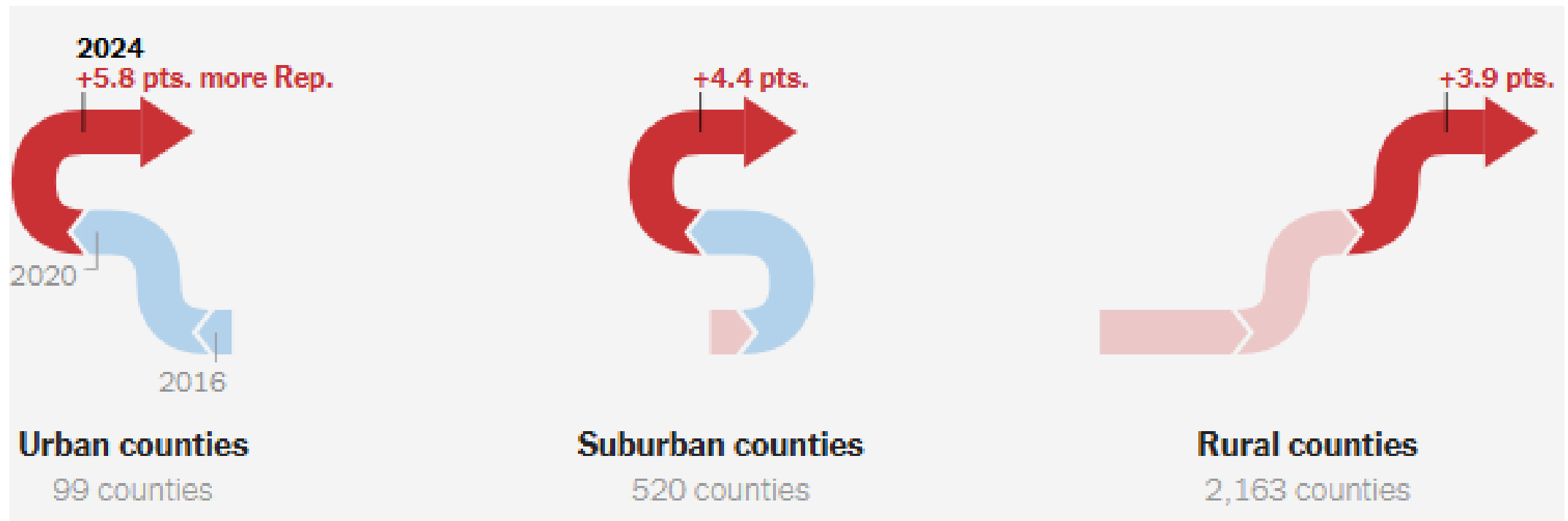
Vice President-Elect J.D. Vance



Trump - Vance Ticket Sweep into White House



National Support for President-Elect Trump



Potential Trump-Vance Health Priorities

- Protection for Medicare, Social Security, seniors' access to home care with potential cuts to Medicaid and Marketplace tax credits
- Medicare Advantage: promote choice and competition in health care
- Regulatory relief reforms: potential reversing of Biden Administration new staffing requirements
- Value-based Payment: potential changes to models that CMMI pursues
- HHS Reforms: overhaul of federal health agencies like NIH and CDC
- Project 2025 Highlights: price transparency initiatives, advancing site neutrality, reforming uncompensated care, restructuring 340b

Cabinet and Executive Appointees

Chief of Staff



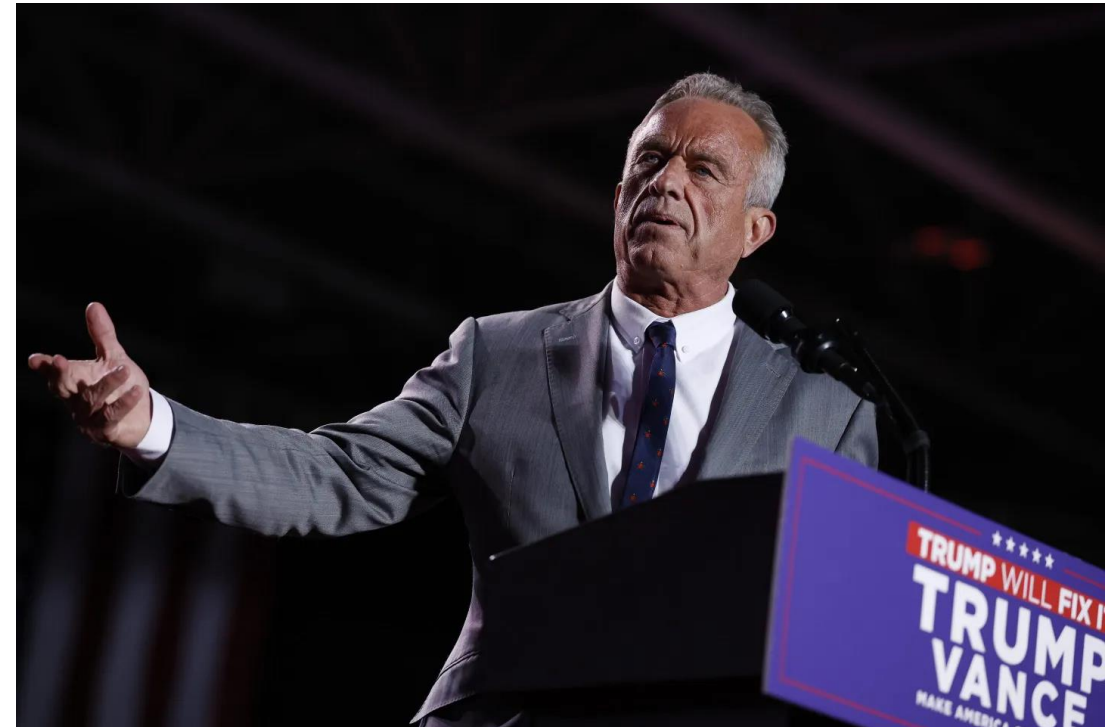
Susie Wiles

- Worked in Republican politics for 40 years – spanning the spectrum from Mitt Romney to Rick Scott.
- Wiles was a fixture in Florida politics for decades before helping both Trump and Gov. DeSantis with winning campaigns.
- Experience mainly in working with campaigns not admin oversight.

HHS Secretary – Nominee

- Trained as an Environmental Lawyer and comes from the famed Kennedy Dynasty.
- Former 2024 Presidential Candidate.
 - Trump promised to let Kennedy “go wild on health” with health and food policy in his administration after Kennedy dropped his own presidential bid.
- Has previously come out against vaccination and chemical food processing.
- Little is known about his positions around larger care systems.

Robert Kennedy Jr.



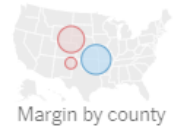
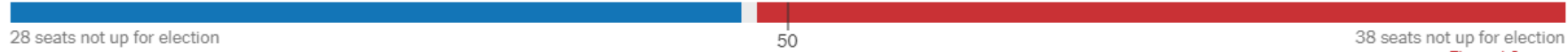
Rumored Agriculture Secretary

- Charles Herbster
 - A Trump donor who led his 2024 rural campaign coalition.
 - Fifth generation farmer who is actively campaigning on social media platforms and with high-ranking staff.
- Texas Agriculture Commissioner Sid Miller
 - Miller was first elected as Texas Agriculture Commissioner in 2014 and re-elected in 2018 and 2022.
 - Longtime President Elect Trump loyalist, was an early supporter during the 2016 campaign.
- Kip Tom
 - Current co-chair of the Farmers and Ranchers for Trump group and potentially in the mix as a possible USDA chief or senior official
- Former USDA Undersecretary Ted McKinney

119th Congress Results

47
Democrats

52
Republicans

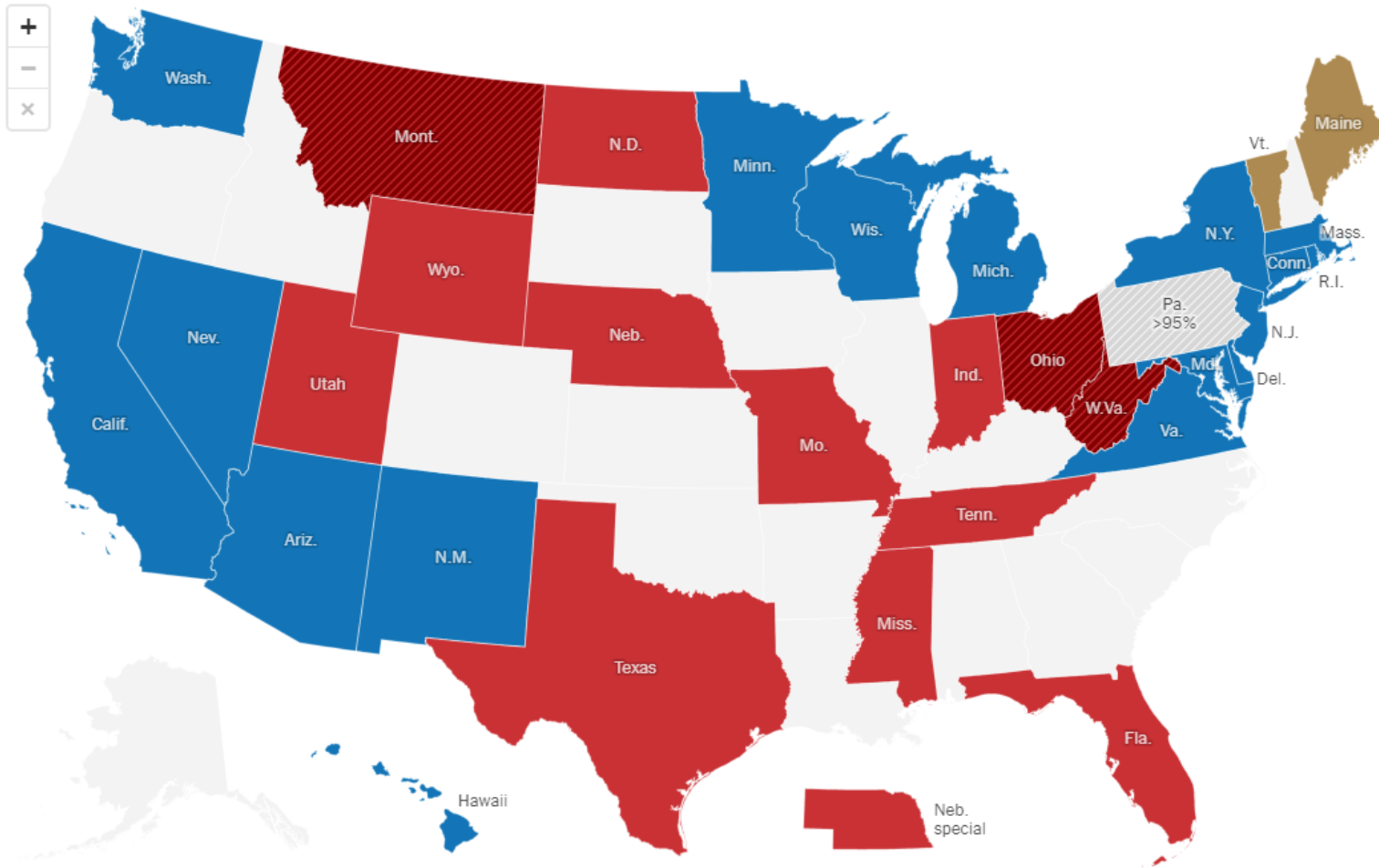


Dem.
Rep.
Other

Win Flip
Reporting
No election

Percentages are estimates of how much vote has been counted.

County view shows margin of the leading candidate in the votes counted so far.



119th Congress: Senate Results

The Internal Race to Replace McConnell



On The Hill – Senate Approp. Committee

**Expected Chair:
Sen. Susan Collins (R-ME)**



**Expected Vice Chair:
Sen. Patty Murray (D-WA.)**



On The Hill – Senate Finance Committee

Expected Chair:
Sen. Mike Crapo (R-ID.)



Expected Ranking Member:
Sen. Ron Wyden (D-OR.)

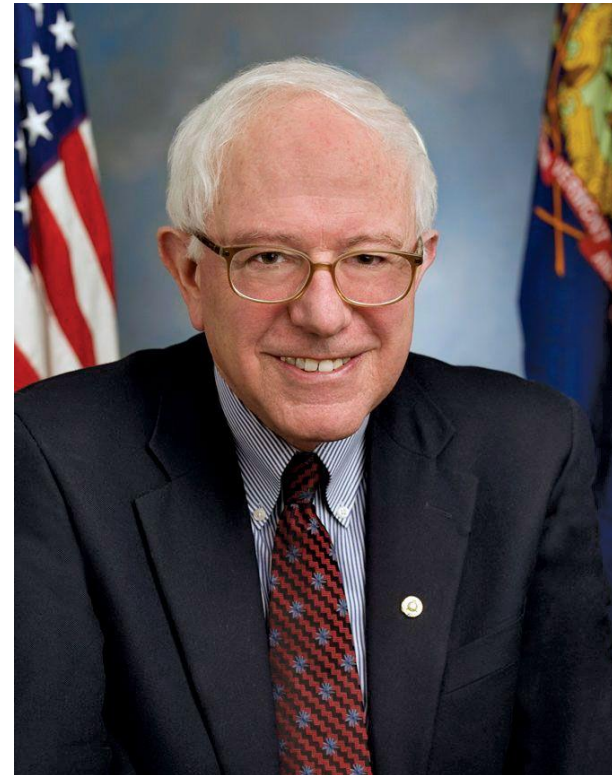


On The Hill – Senate HELP Committee

**Expected Chair:
Sen. Bill Cassidy (R-LA.)**



**Expected Ranking Member:
Sen. Bernie Sanders (I-VT.)**

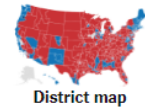


119th Congress: House Results

212
Democrats

218
Republicans

218
FOR CONTROL

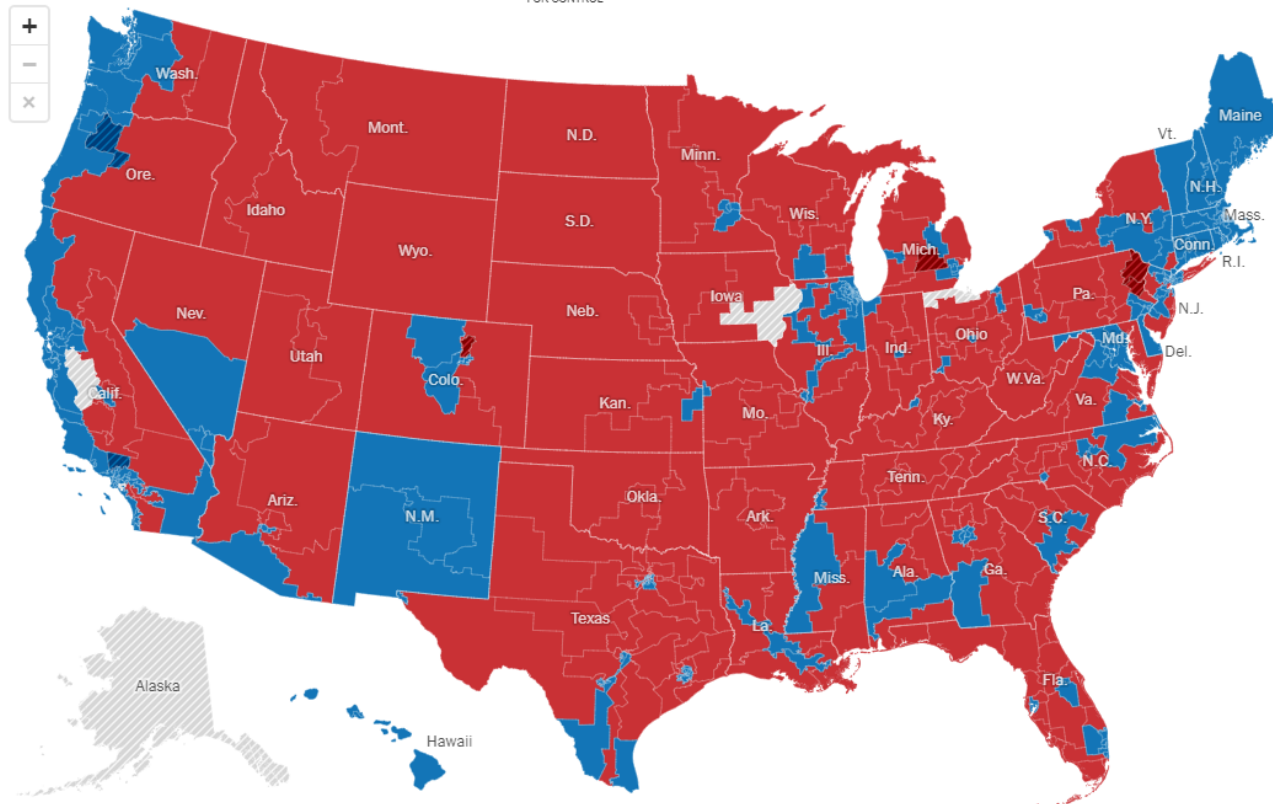


Dem.
Rep.

Win Flip

Reporting

Flips are not shown for states with new district boundaries.



- Republicans hold House Majority.
- Six Races are still to be called.
- If current trends continue, we can expect a 220-215 breakdown.

Expected House of Representatives Leadership

Republican: Speaker Johnson, Majority Leader Scalise, Majority Whip Emmer



Democratic: Minority Leader Jefferies, Minority Whip Clark, DCC Aguilar



House Committee on Energy and Commerce

New Chair and Rep. Leader Race

- Two subcommittee chairs are seeking leadership.
 - E&C Health Subcommittee Chair Brett Guthrie (R-Ky.)
 - Technology Subcommittee Chair Bob Latta (R-Ohio)
- A clear leader should emerge by late December.

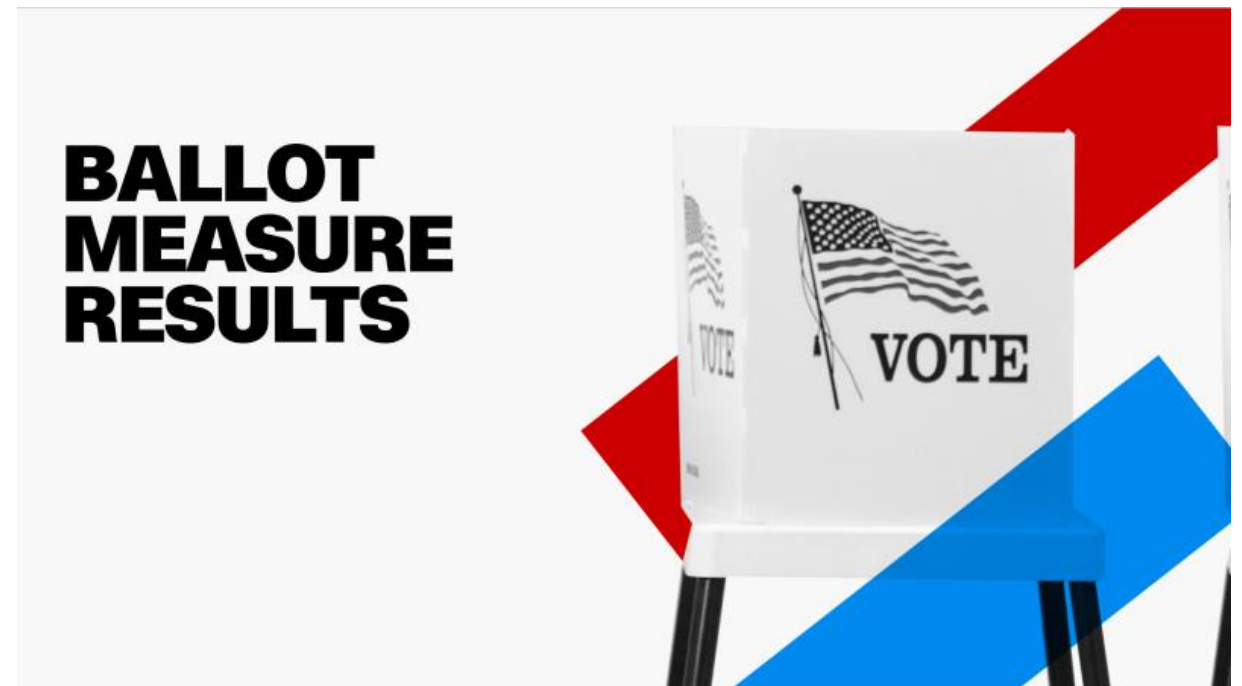
Dem. Leader: Frank Pallone (D-NJ.)

- Democratic Leader Frank Pallone is expected to keep his top seat on the committee.

2024 State Results

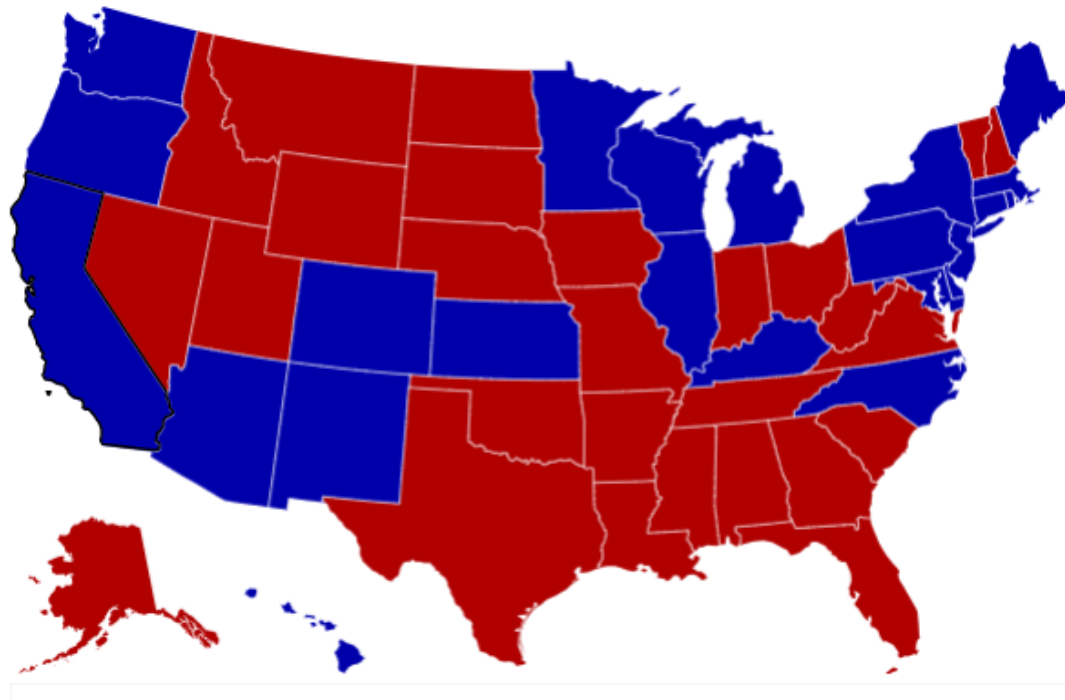
Healthcare Ballot Initiatives

- South Dakota passes an amendment that allows the state to set work requirements for any individual who qualifies for expanded Medicaid benefits.
- California passes state tax on health insurance plans and intends to use revenue to fund Medi-Cal services.
- Seven states passed ballot measures to expand abortion access into state constitutions. While three states ballot measures did not.



Cite: NYT/CNN

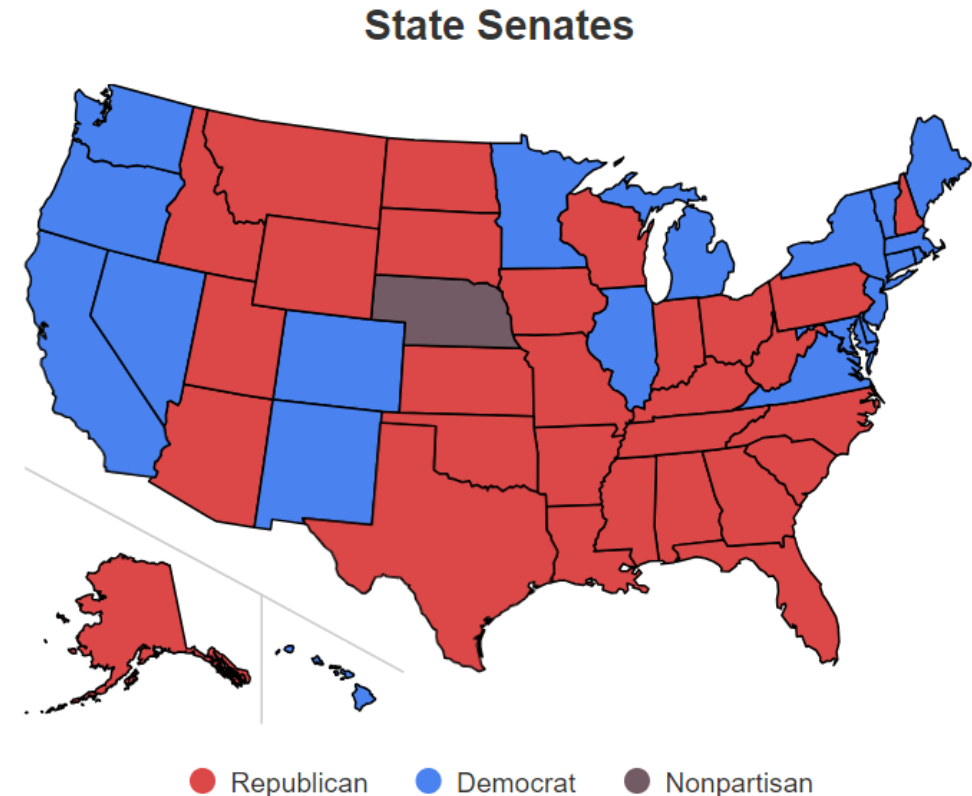
Expected Gubernatorial Breakdown



- 11 states held elections in this cycle.
- The party in power retained seat in every state.
 - Eight were Republican
 - Three were Democratic
 - New Governors were elected in DE, IN, MO, NC, ND, WA, WV
- Republican Governors: 27
- Democratic Governors: 23

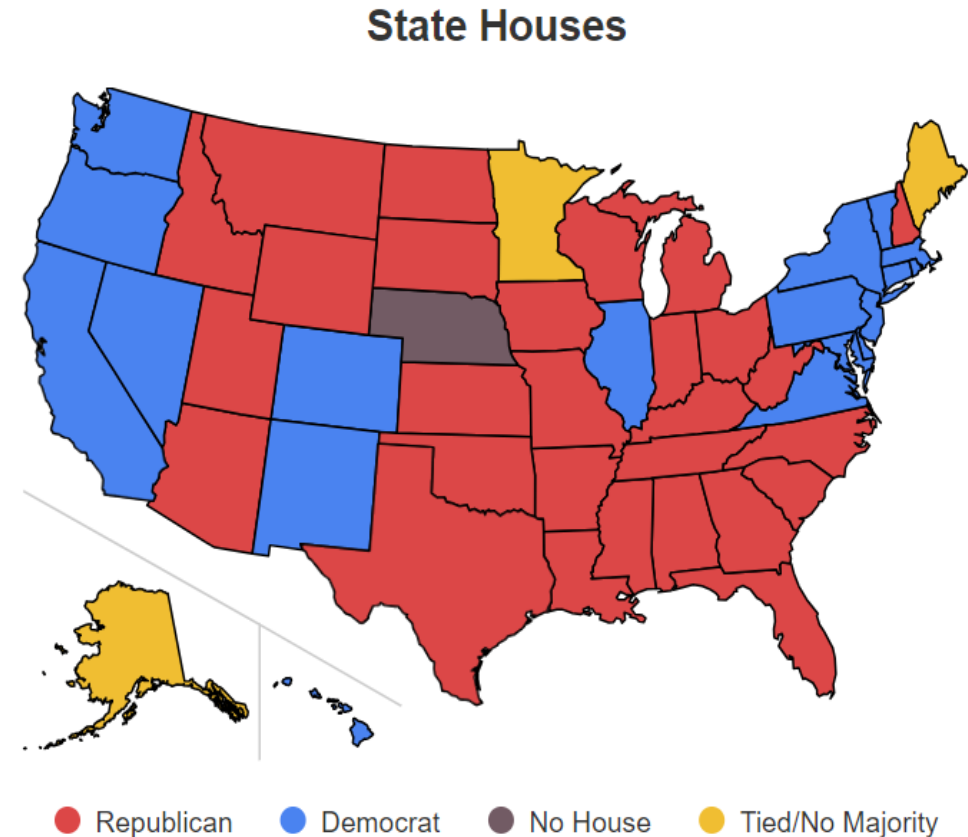
Expected State Legislatures (Senate)

- In State Senate Races across the country Republicans made slight inroads but the status quo is expected to remain the same.
- 18 State Senates are expected to be in Democratic hands.
- 29 State Senates are expected to be in Republican hands.
- Arizona, Maine, and Alaska are still reporting.

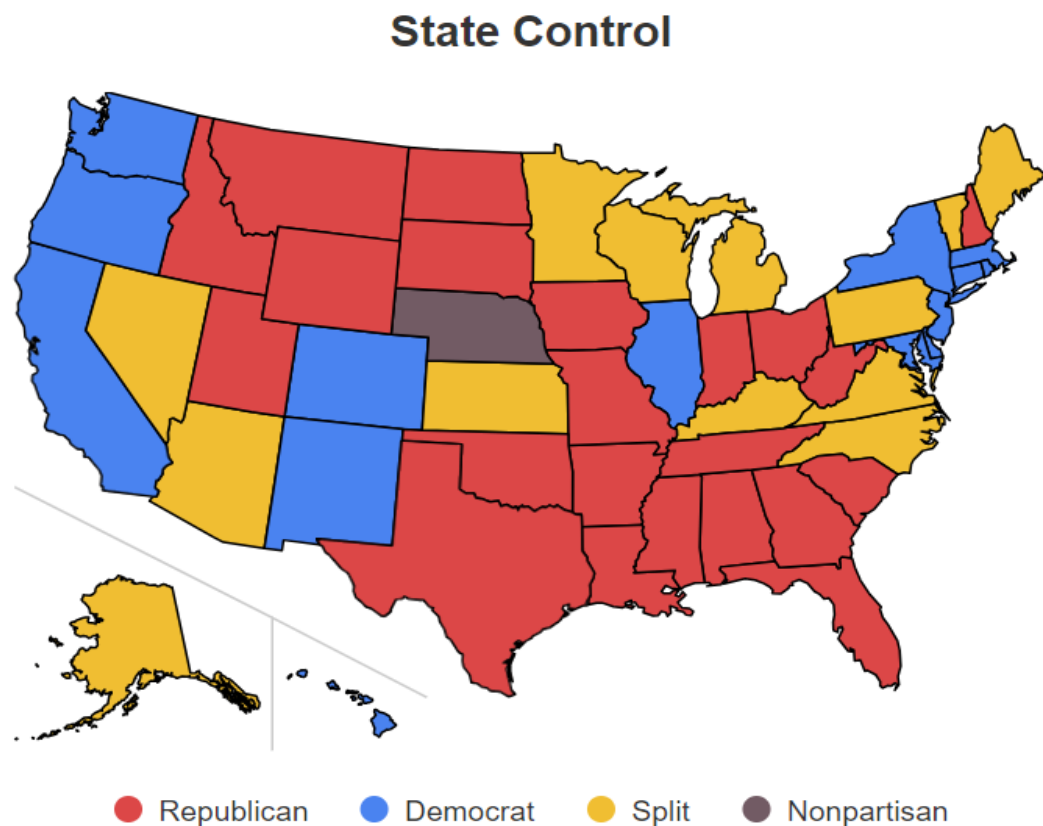


Expected State Legislatures (House)

- In State House races Republicans won back three crucial chambers in AZ, MI and, MN.
- Ballots are still being counted in AZ, AK, CT, DE, RI, and ME.
- New Leaders will announce prefiling and floor debates in the coming days.



Expected State Control Starting 2025



- 13 states are expected to have divided government going into 2025.
- Some states, like Alaska, are expected to make inroads into power sharing agreements while in others legislative agenda is still unclear.

Updates from the 118th Congress

Upcoming Key Dates

- **November 12 – 22:** Congress in session (“lame duck” session)
- **December 2 – 20:** Congress in session
- **December 31:** Expiration of telehealth and rural Medicare extenders
- **January 2025:** 119th Congress convenes
- **January 2:** Federal Debt Ceiling Limit invoked
- **January 20:** Inauguration of 47th President of the US

November

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
					1	2
3	4	5 Election Day	6	7	8	9
10	11 Veterans Day	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 Thanksgiving Day	29	30

December

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25 Christmas Day	26 Hanukkah (begins)	27	28
29	30	31				



Lame Duck Battles Ahead

- FY 2025 Budget
 - Continuing Resolution (CR) until 12/20/2024
 - Will likely see another CR through March or later
- Issues to be debated
 - Telehealth 2-year extension of eased Medicare rules
 - Avoid Medicare Physician fee schedule cuts
- Potential \$ offsets
 - PBMs reform
 - Site neutral hospital payments



FY 2025 Appropriations Requests

	FY 2024 Enacted	President's Budget	NRHA Request	HAC FY 2025 Bill	SAC FY 2025 Bill
Rural Hospital Flexibility Grants	\$64 million	\$64 million	\$102 million	\$74 million	\$64 million
Rural Hospital Stabilization Pilot Program	\$4 million	--	\$10 million	\$15 million	\$6 million
Rural Residency Planning & Development	\$13 million	\$13 million	\$13 million	\$14 million	\$14 million
State Offices of Rural Health	\$12 million	\$13 million	\$13 million	\$13 million	\$14.5 million
CDC Office of Rural Health	\$5 million	\$5 million	\$10 million	\$5 million	\$5 million
RMOMs Program	\$12 million	\$10 million	\$12 million	\$14 million	\$15 million
RCOP Programs	\$145 million	\$145 million	\$148 million	\$145 million	\$155 million

340B Activity in the 118th

- **H.R. 2534: PROTECT 340B Act**
 - Prohibits discrimination against 340B covered entities and patients
- **S. 5021/H.R. 7635: PATIENTS Act**
 - Protects contract pharmacy access
- **S. 4587/H.R. 8144: Rural 340B Access Act**
 - Makes Rural Emergency Hospitals eligible to participate in 340B
- **Senate SUSTAIN Act – not introduced yet**
 - Bipartisan reform bill
- **H.R. 8574: 340B Access Act**
 - PhRMA/NACHC reform bill
- **Extend waiver for DSH threshold eligibility**

Recent Bill Introductions

- [H.R. 9842](#): Rural Communities Opioid Response Program Authorization Act (Reps. Miller, Kuster, Buddy Carter, & Sewell)
- [S. 5021](#): 340B PATIENTS Act (Sen. Welch)
- [H.R. 10073](#): Medicare Patient Access and Practice Stabilization Act
- [H.R. 10078](#): IHS Provider Expansion Act



NRHA Year-End Legislative Priorities

“Must Dos”

- PHE Telehealth Extensions
- Rural Medicare extenders: MDH, LVH, Ambulance,
- Safety Program extenders: NHSC, CHC, THCGME
- Eliminate/postpone: DSH and physician cuts, site neutrality payments
- DEA telemedicine prescribing

“Wanna Dos”

- 340B SUSTAIN Act
- Key program authorizations: Flex, RRPD, RCORP, CDC
- RHC Burden Reduction Act
- Rural Emergency Hospital 2.0
- Rural Obstetric Access

Updates from the Administration

Current Activities

CY 2025 Outpatient Prospective Payment System [final rule](#)

- Highlights:
 - 2.9% payment increase over CY 2024; closer to 3.2% for rural hospitals.
 - New OB services COP that includes requirements for organization, staffing, delivery of services, and staff training.
 - Revising hospitals and CAH emergency services COPs to include emergency readiness provisions.
 - New QAPI COP requirements around OB services.
 - No new COPs were extended to REHs.
 - New add-on payment to Indian Health Service and tribal hospital all-inclusive rate for high-cost drugs
 - Shortened prior authorization timeline for outpatient services – 7 calendar days

Current Activities

CY 2025 Outpatient Prospective Payment System final rule

- Medicaid-related highlights:
 - Requiring states to provide 12 months of continuous eligibility for children under 19 in Medicaid and CHIP.
 - New exceptions to Medicaid clinic services benefit “four walls requirement” – exception for clinics in rural areas (not RHCs).
 - “Rural” clinics to be defined by states.
 - States can choose a definition of rural that is either a
 - (1) definition adopted and used by a Federal governmental agency for programmatic purposes, or
 - (2) a definition adopted by a State governmental agency with a role in setting State rural health policy.

Current Activities

CY 2025 Medicare Physician Fee Schedule [final rule](#)

- Highlights:
 - -2.93% payment decrease; will push for Congress to fix.
 - Coverage for audio-only services for beneficiaries that do not consent or do not have ability to connect to telehealth.
 - Delaying in-person requirement before receiving behavioral health care via telehealth until Jan. 1, 2026.
 - Continuing to allow direct supervision via telehealth through Dec. 31, 2025.
 - Applies to RHCs and FQHCs as well.
 - Certain “incident to” services can use virtual direct supervision permanently.

Current Activities

CY 2025 Medicare Physician Fee Schedule [final rule](#)

- RHC/FQHC highlights:
 - RHCs/FQHCs can report individual CPT codes for care coordination rather than under the single G0511.
 - RHCs will no longer be surveyed on whether over 50% of hours are spent providing primary care services.
 - Removing hemoglobin/hematocrit and “examination of stool specimens for occult blood” from listed lab services that RHCs must perform directly.
 - RHCs/FQHCs can bill for Part B preventive vaccines at time of service.
 - RHC productivity standards are removed.
 - RHCs can bill for a dental visit and medical visit on the same day.

Current Activities

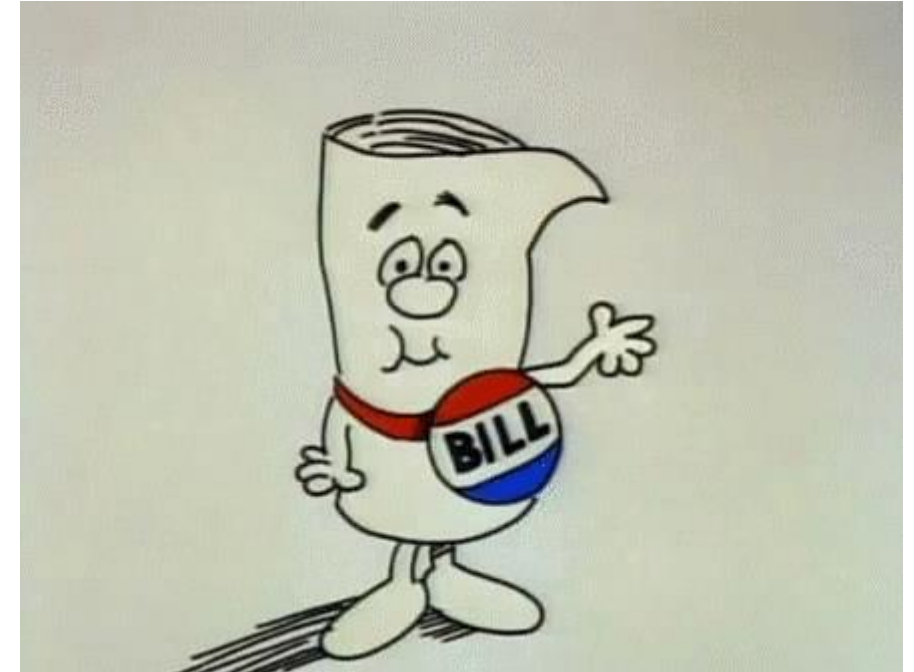
Notice of Updated Health Professional Shortage Areas (HPSAs)

- Updated list available [here](#). Designations are updated as of Oct. 15, 2024.
- This notice supersedes the notice from July 2024.
- Any HPSAs that were proposed for withdrawal in July and did not meet eligibility criteria by October 15 are now withdrawn.

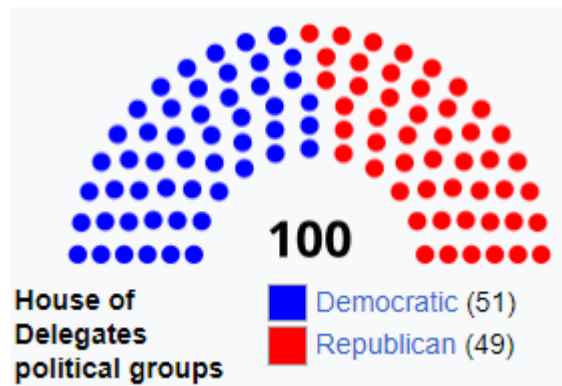
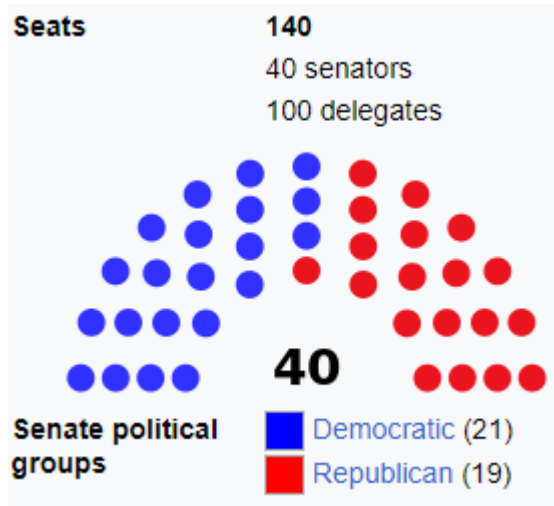
Virginia State Government Expectation for 2025

Virginia State Legislature

- **Regular Session Dates to Remember:**
 - Wednesday, December 18th
 - Governor presents Budget Bill
 - Wednesday, January 8th
 - Session convenes
 - Friday, January 17th
 - Bill cut-off (last day to introduce bills and certain joint resolutions)
 - Saturday, February 22nd
 - Session adjourns sine die
 - Monday, March 24th
 - Last day for Governor's action on legislation



Virginia State Government



- Republicans control the Governors mansion.
- Democrats control both chambers by razor thin margins.
- Expect to see fights on how to handle budgets, continued gridlock, and some performative actions.

Advocate With Us!

With All this...What Can I Do?



NRHA's 2024 Advocacy Guide:



How to Advocate During an Election-Year



New! Advocacy Toolkit:

[NRHA's Guide: How to Advocate During Election-Year](#)

We are excited to present our latest toolkit that will serve as a guide on how to prioritize advocacy efforts for rural health during an election-year.

Email Templates and Engagement

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 and making extenders permanent. Follow these steps 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 information. If you don't know who your member is, you can find by entering your zip code [here](#)
- You can find your member on their website on the contact tab or call their office. To find your members contact information you can enter your zip code and find out more information [here](#)
- Find out who the Health Staffer is or the general office inquiry form and send them an email requesting a meeting using the template on the next page

2

- Email the legislator requesting a meeting. Include any relevant materials so they have a chance to review them before your meeting.

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. Utilize the talking points below as a guide to establish next steps the member or staff can make.

How to Engage With Your District Member

Email Template:

Emailing Members and Staff about End of Year Priorities

REMOVE 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 extenders 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 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. Attempt to reach out in multiple ways.
3. Make sure to understand the issue and impacts of your ask. Know the member's role and what they could do to help.
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](#)



Advocacy Campaigns



Advocacy Campaigns Talking Points Cheat Sheet

Advocacy Resources

- [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](#)
- [Rural Health Advocacy 101](#)

Rural Health Extenders

Medicare Extenders

Medicare Dependent Hospital & Low Volume Hospital Designations
 Expiring October 1, 2024. Extend MDH and LVH Medicare designations in recognition of their low volumes and significant Medicare population.
 S. 1110, H.R. 6430

Medicare Telehealth Flexibilities
 Expiring December 31, 2024. Make permanent Medicare telehealth flexibilities put in place during the pandemic site status, audio-only, and more.
 S. 2016/H.R. 4141

Rural Ground Ambulance Payments
 Expiring October 1, 2024. Extend temporary additional reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.
 H.R. 1666

Safety Net Program Extension

Rural Health Appropriations Requests & Allocations

Discretionary Funding Program	NRHA FY 2025 Request	President's FY25 Budget	HAC FY 2025 Mark-Up	SAC FY 2025 Mark-Up	FY 2024 Commitment
Federal Office of Rural Health Programs	11	11	11.5		11
Rural Health Research & Policy Development	10	64	74		64
Rural Hospital Stabilization Pilot Program	102	13	13		101
Rural Hospital Flexibility Grants	13	93	109		12
State Offices of Rural Health	103	10	14		13
Rural Health Care Services Outreach, Network & Quality Improvement Grants (Within A/E)	12	13	14		145
Rural Maternity & Obstetrics Management Strategies Program(s)	13	145	145		
Rural Residency Planning & Development	148			130*	128*
Rural Communities Opioid Response	128*	790*	47	47	297
National Health Service Corps	47	320	287		41
Area Health Education Centers	320	43	43		193
Nursing Workforce Development	43	254	158		164*
Oral Health Training	254	320*	44.5		42
Behavioral Health Workforce Development Programs	320	38	1,838	TBD	1,858*
Teaching Health Center GME	48	6,340*	TBD		4,000*
Telehealth	1,858*	6,340*	12	12	12
Community Health Centers	12				5
340B Drug Pricing Program/Office of Pharmacy Affairs	10	5	5		--
Centers of Disease Control and Prevention					
Office of Rural Health	2	--	1,932		254
Rural Hospital Technical Assistance	1,948	112	112.5		75
Communities Facilities Loans and Grants	112	10	--	1.5	90
Broadband ReConnect Program	10				
Rural Partners Network					

* Numbers in red indicate a discretionary request
 * Current/fiscal year mandatory request

Rural Health 101

Why Rural Health?
 About 61 million (15%) of Americans reside in rural areas.

Rural Barriers to Access
 People living in rural areas are at greater risk of poor health conditions due to:
 • Health care workforce shortages
 • Lower rates of health insurance coverage
 • Limited availability of health care and public health services
 • Vulnerable health care facilities
 • Distance and transportation limitations
 • Inadequate broadband access
 • Higher prevalence of chronic disease
 • Lower socio-economic population

Infrastructure
 Since 2010, nearly 170 rural hospitals have closed or discontinued inpatient services. Currently, 50% of rural hospitals operating on negative margins. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community linchpin exits, affecting the larger community.

Critical Access Hospitals (CAHs)
 CAHs reduce the financial vulnerability of rural hospitals and ensure access to healthcare by rural communities.

Rural Prospective Payment System (PPS) Hospitals
 Recognizing that many rural hospitals are the only health care facility in their communities and that their survival is vital to ensure access to health care, Congress created special PPS designations including Sole Community Hospitals (SCH), Medicare Rural Hospital Flexity, and Low Volume Hospitals (LVH).

Rural Health Clinics (RHCs)
 RHCs are public, nonprofit, or for-profit healthcare facilities that use a team approach to healthcare delivery using advanced practice nurses and physician assistants to provide services. To receive Centers for Medicare & Medicaid Services (CMS) certification, RHCs must be located in a non-urban area that is designated as underserved.

https://www.ruralhealthus.org/advocate/rnha_advocacy

Rural Hospital Priorities

Save America's Rural Hospitals Act
 H.R. 833
 Reps. Graves (R-MO) and Huffman (D-CA)
 This legislation works to ensure critical rural providers are equipped to support their patients through permanently eliminating Medicare sequestration for rural hospitals, making permanent Low-Volume Hospitals and Medicare-Dependent Hospitals designations, reversing cuts to reimbursement of bad debt, permanently increasing Medicare payments for ground ambulance services, making permanent telehealth enhancements for RHCs and FQHCs and reauthorizing the Flex program, among other provisions.

Rural Hospital Technical Assistance Program Act
 H.R. 4713
 Reps. Kilmer (D-WA) and Jackson (R-TX)
 This legislation would authorize the USDA Hospital Technical Assistance Program to identify and address hospital needs to improve financial performance and quality outcomes.

Rural Hospital Closure Relief Act Of 2023
 H.R. 571
 Sens. Durbin (D-IL) and Lankford (R-OK)
 This bill provides flexibility around the 35-mile distance requirement and enables states to certify a hospital as a "necessary provider" in order to obtain CAH designation, expanding the number of rural hospitals who qualify.

Rural Health Care Facilities Revitalization Act
 Reps. Caraveo (D-CO), Moolenaar (R-MI), Moynan (R-GU), Salinas (D-OR)
 This bill allows hospitals, behavioral health facilities, clinics, and long-term care facilities to use Rural Development assistance to upgrade health IT, refinance debt obligations, and support ancillary needs.

Advocacy Resources

Topic specific 1-pager leave behinds:

Includes background information and NRHA supported legislation & programs

- [340B Program](#)
- [REH](#)
- [Rural Health Clinics](#)
- [Rural Hospitals](#)
- [Rural Community Health Centers](#)
- [Rural Maternal Health](#)
- [Rural Telehealth](#)
- [Rural Behavioral Health](#)
- [Rural Oral Health](#)
- [Rural EMS](#)
- [Rural Veteran's Health](#)
- [Rural Public Health](#)



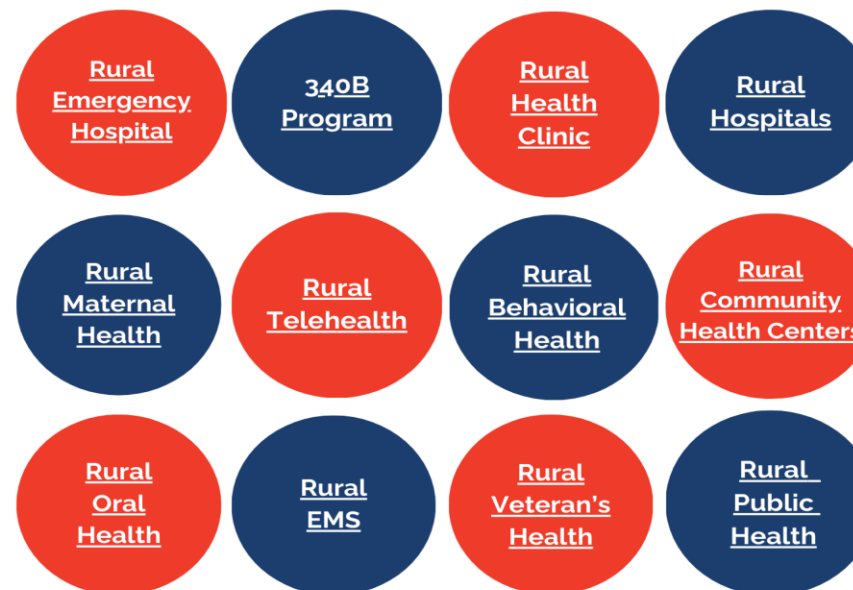
Rural Advocacy Materials

Core Advocacy Materials:

- [NRHA 2024 Legislative Agenda](#)
- [NRHA 2024 Appropriation Priorities](#)
- [NRHA Rural Hospital Legislative Priorities](#)
- [2024 Rural Medicare Extender Priorities](#)
- [NRHA Farm Bill Legislative Priorities](#)
- [NRHA Rural Health 101](#)
- [Rural Health Advocacy 101](#)



Supplementary Topic 1-Pager Materials:



December 2024 Grassroots Call

Wednesday, December 18th, 2:00 pm ET

- Register at: https://ruralhealth-us.zoom.us/meeting/register/tZAKcOmsqTwvH91X_JzS9kFgRzDU_TyCY8BvQ
- Past participants have been pre-registered for the session. **You need to add the appointment to your calendar.**

Note: This link should not be shared with others; it is unique to you.

[Add to Calendar](#) [Add to Google Calendar](#) [Add to Yahoo Calendar](#)



2025 Rural Health Policy Institute

February 11-13, 2025

Save the Date!

<https://www.ruralhealth.us/events/schedule/rural-health-policy-institute>

2024 NRHA Advocacy Aids

- 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 Abel](#), [Zil Joyce Dixon Romero](#), [Sabrina Ho](#)
- Engage with NRHA Advocacy online!



National Rural Health Association



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NRHA
Your voice. Louder.

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State Government Affairs Manager
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