



**Statement by**

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**Health Resources and Services Administration  
U.S. Department of Health and Human Services**

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Education and Related Agencies  
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Chairman Aderholt, Ranking Member DeLauro, and members of the subcommittee, thank you for the opportunity to testify today on behalf of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP). I am pleased to discuss with you our investments in rural health, our initiatives to support rural hospitals and expand access to health care services in rural communities, our response on the opioid epidemic, and our efforts to grow the rural workforce.

To begin, I want to thank members of this Subcommittee and your colleagues in the House of Representatives and the Senate for the bipartisan, bicameral efforts to support the health and well-being of rural communities. The funding provided by this Committee helps provide rural communities with valuable resources and support in their efforts to improve access to health care for rural individuals.

HRSA is dedicated to providing equitable health care to the nation's highest-need communities—we serve people who are geographically isolated and economically or medically vulnerable. HRSA programs support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and other communities in need, as well as the health workforce, health systems, and facilities that care for them.

FORHP serves as a focal point for rural health activities within the Department of Health and Human Services (HHS). Section 711 of the Social Security Act charges the Director of the Office of Rural Health Policy with advising the Secretary of HHS on the effects of current and proposed policies and regulations on rural communities. FORHP ensures that there is a

continual focus on improving access to care, ranging from the recruitment and retention of health care professionals to maintaining the economic viability of hospitals and Rural Health Clinics to supporting telehealth and other innovative practices in rural communities.

As I'll describe further in my testimony, rural areas face unique challenges such as hospital closures and workforce shortage that can lead to worse health outcomes. Across the Department of Health and Human Services, we are focused on a number of activities to strengthen rural health. This includes increasing health insurance coverage for rural Americans including a budget that proposes Medicaid-like coverage to individuals in States that have not adopted Medicaid expansion. Second, we are providing support to rural hospitals to ensure their long-term sustainability and ability to deliver essential services to their communities.

We are also working to expand the pipeline of the rural healthcare workforce and facilitating access to healthcare through approaches that use telehealth or outpatient clinics. Through the White House Strategy on Hunger, Nutrition, and Health, HHS is also taking measures to improve access to healthy and affordable food options, and expanding access to nutrition programs in rural communities. HHS is also working to integrate nutrition and health by, for example, testing coverage of services such as evidenced-based nutritional assistance and medically tailored meals through ground-breaking Medicaid section 1115 demonstration initiatives in Massachusetts, Oregon, Arizona, and Arkansas. HHS is also committed to supporting physical activity for all in order to combat diet-related diseases and to funding research to inform nutrition and food security policy. The Federal Office of Rural Health Policy office supports rural communities in many ways to improve healthcare access and ultimately to improve health.

## **Support for Rural Hospitals and Rural Health Infrastructure**

Rural hospitals play a critical role in the rural health infrastructure, providing essential care to small, isolated, or remote communities. They help attract and retain health care providers and ensure access to emergency and inpatient medical services. The rural health care delivery system also includes community health centers and Rural Health Clinics, which ensure access to primary care. HRSA's National Health Service Corps, which provides loan repayment to clinicians in return for practicing in high-need areas, including many rural communities, is a vital workforce support in rural areas.

HRSA's work includes the Rural Health Research Center grant program, which focuses a significant part of its efforts on assessing hospital finance, quality, and access to care. This research shows a number of financial driving factors affecting rural hospital viability and the potential for additional closures, on top of the more than 147 rural hospitals that have closed since 2010. Rural hospitals tend to have low patient volume and high fixed costs, which creates ongoing financial challenges. The rural population represents 19 percent of the U.S. population and is spread across 86 percent of the landmass.<sup>1</sup> The payer mix for rural hospitals is also heavily dependent on Medicare and Medicaid with a higher proportion of uninsured patients and a smaller share of privately insured patients relative to urban hospitals. All of these factors create a challenging environment for rural hospitals and the communities they serve.

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<sup>1</sup> <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

Many rural communities also have higher rates of chronic disease, higher rates of poverty, higher rates of patients who are dually eligible for Medicare and Medicaid, lower life expectancy, and higher mortality rates.<sup>2,3,4</sup>

While the challenges facing health care services in rural communities are complicated, there are a number of efforts aimed at supporting rural health care, including hospitals, rural clinics, and community health centers. The establishment and recognition of Critical Access Hospitals (CAH) (1,358 hospitals), Sole Community Hospitals (472 hospitals, 408 of which are located in rural areas) and the Medicare Dependent Hospitals (171 hospitals, 145 of which are located in rural areas), all can play a key role in ensuring financial viability.<sup>5,6,7</sup> In addition, there are over 5,000 rural health clinics and 579 community health centers serving rural communities. A significant number of CAHs, other rural hospitals, and community health centers also benefit from participating in the 340B discount drug program.

While these safety net protections are critically important to ensure access to care for essential services in rural communities, challenges remain. HRSA is working to support hospitals and respond to these challenges in a variety of ways, including:

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<sup>2</sup> Rural Health Research Recap. Rural Health Research Gateway. “Rural Communities: Age, Income, and Health Status.” November 2018, <https://www.ruralhealthresearch.org/assets/2200-8536/rural-communities-age-income-health-status-recap.pdf>

<sup>3</sup> McBride, T., Barker, A., Hernandez, E., Jost, E., Kemper, L., Mueller, K. RUPRI Center for Rural Health Policy Analysis. “An Insurance Profile of Rural America: Chartbook.” October, 2022. <https://rupri.public-health.uiowa.edu/publications/other/Rural%20Insurance%20Chartbook.pdf>

<sup>4</sup> Holmes, M., Thompson, K. North Carolina Rural Health Research Program. “Risk Factors and Potentially Preventable Deaths in Rural Communities.” October, 2019. [https://www.shepscenter.unc.edu/wp-content/uploads/dlm\\_uploads/2019/08/Risk-Factors-and-Potentially-Preventable-Deaths-in-Rural-Communities2.pdf](https://www.shepscenter.unc.edu/wp-content/uploads/dlm_uploads/2019/08/Risk-Factors-and-Potentially-Preventable-Deaths-in-Rural-Communities2.pdf)

<sup>5</sup> Flex Monitoring Team. “Critical Access Hospital Locations List.” Current as of January 23, 2023. <https://www.flexmonitoring.org/critical-access-hospital-locations-list>

<sup>6</sup> University of North Carolina Sheps Center for Health Services Research. “List of hospitals in the U.S. (2022).” Current as of January 1, 2022. <https://www.shepscenter.unc.edu/list-of-hospitals-in-the-u-s-2022/>

<sup>7</sup> The total numbers for each hospital type includes those that have dual designations (e.g., SCH/RRC). Seven Essential Access Community hospitals are included in the SCH count.

### *HRSA's Medicare Rural Hospital Flexibility Grant (Flex) Program*

HRSA's targeted grant dollars provide technical support to rural hospitals and CAH through a number of grant programs, many of which focus on supporting rural communities and the hospitals that serve them. In FY 2023, under the Medicare Rural Hospital Flexibility Grant (Flex) Program, HRSA invested \$27 million in state Flex programs to work with CAHs to improve quality, financial performance, and integration of emergency medical services. This includes HRSA's Medicare Beneficiary Quality Improvement Program, which encourages voluntary reporting and support for CAH quality improvement activities. In 2021, State Flex Programs reported that 71 percent of CAHs demonstrated improvement in at least one core quality measure because of a Flex Program intervention. By working with CAHs to voluntarily report quality data, we are ensuring that these facilities are aligned strategically with where the rest of rural hospitals are moving in terms of a national focus on quality of care. We are also seeing enhanced financial performance for CAHs that take part in Flex program activities.<sup>8</sup>

### *HRSA's Small Rural Hospital Improvement Program*

The HRSA Small Rural Hospital Improvement Program provides \$20.9 million a year to assist rural hospitals that have fewer than 50 beds and that face billing and operational challenges. The funds may be used to offset ongoing operational costs given the financial challenges facing rural facilities. This includes activities such as preparing for value-based purchasing programs, participation in Accountable Care Organizations or other shared savings programs, as well as

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<sup>8</sup> Knocke, et al. "Impact of CAH Participation in Flex Financial and Operations Improvement Activities on Hospital Financial Indicators." April 2020. <https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-pb-52-2020.pdf>

aligning with the coding standards of the International Classification of Diseases (ICD)-10 coding standards. The ICD is a recognized system for coding diseases and health-related conditions, which is used for diagnostic and statistical purposes by healthcare providers and researchers.

FORHP also provides additional direct support to hospitals through targeted technical assistance programs. These programs offer assistance to rural hospitals especially those at medium to high financial risk, to improve financial and clinical operations. Technical assistance also focuses on assisting health care organizations in strengthening their foundation in key elements of value-based care, including quality, efficiency, patient experience, and patient safety.

#### *HRSA's Delta Region Programs*

We also know that rural communities and their hospitals in some areas such as the Mississippi Delta region face unique challenges that call for a more targeted approach. We are investing \$27 million provided by Congress in FY 2023 to provide hospitals and communities in the Delta region with more targeted support to improve health care delivery. In coordination with the Delta Regional Authority, the Delta Region Community Health Systems Development Programs provide multi-year technical assistance to strengthen financial and clinical operations to keep hospitals financially viable and protect access to care. The Delta funding also provides resources to train local residents in critical areas such as coding and billing to support rural hospitals in meeting key performance indicators for financial improvement. The Delta States Rural Development Network Program provides grants that assist communities in the Delta region to address health care disparities.

### *HRSA Technical Assistance to Rural Hospitals*

Congress created the Rural Emergency Hospital (REH) as a new designation for hospitals to be able to offer outpatient and emergency services but not inpatient services. REHs receive enhanced Medicare reimbursement for outpatient services and an additional, fixed, monthly payment to meet local community health needs. The creation of the REH designation provides rural communities with another option to maintain access to emergency care and other essential outpatient services if their hospital is at risk of closure. With appropriations support, HRSA is funding technical assistance to rural hospitals to assess whether the REH designation is a viable option for their community.

### *Rural Health Care Infrastructure*

The President's FY 2024 Budget for HRSA builds on these efforts and requests \$30 million for helping rural communities sustain their healthcare infrastructure.<sup>9</sup> This includes a new program to assist hospitals that are at immediate risk of closure by linking these facilities to technical expertise to address financial and operational gaps. This can help to maintain access to care while also developing both immediate and long-term sustainability plans. The request would also provide support to help rural hospitals expand service lines in areas of need such as primary care or ancillary services such as cardiac and pulmonary rehabilitation, behavioral health, and cancer care. The intent would be to increase availability of services that are needed in the community while also reducing the incidence of local patients seeking that care in other areas.<sup>10</sup>

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<sup>9</sup> U.S. Department of Health and Human Services. (2022). FY 2024 Budget in Brief. Retrieved from <https://www.hhs.gov/sites/default/files/fy-2024-budget-in-brief.pdf>

<sup>10</sup> Centers for Medicare & Medicaid Services. (2020). Examining Rural Hospital Bypass for Inpatient Services. Retrieved from <https://www.cms.gov/files/document/ruralhospitalbypassfinalreport.pdf>



### *HHS' Participation in the Rural Partners Network*

HHS is one of 20 Federal agencies and regional commissions that make up the [Rural Partners Network](#) (RPN). Led by the U.S. Department of Agriculture (USDA), RPN is a whole-of-government program that works to expand rural prosperity through job creation, infrastructure development, and community improvement. RPN currently supports 36 community networks in 10 states and Puerto Rico. All RPN community networks receive place-based, community economic development guidance in navigating federal programs, building relationships, and identifying community-driven solutions from local full-time, federal staff. RPN is also building out Rural.gov, a one-stop shop for all rural communities to access Federal resources. HHS is actively contributing to RPN by collaborating with USDA to schedule a series of webinars on HHS programs and resources that promotes the economic and social well-being of families, children, and communities. Additionally, HHS is providing detailed information on rural health-specific funding announcements hosted on Rural.Gov. and linking each RPN to their respective State Office of Rural Health.

### **Rural Community Health**

Through the HRSA Rural Health Outreach grant programs, rural health organizations are able to access funding to support a range of health services, including preventive care, mental health services, and access to specialists. These programs are unique in that they provide funding that is tailored to specific community needs, recognizing that rural communities have different health challenges and priorities than their urban counterparts. This funding is critical for many rural health organizations, which often have limited financial resources and struggle to attract and

retain healthcare professionals. The impact of these programs is significant, in FY 2021 they ensured that more than 434,000 rural residents had access to the healthcare services they need to live healthy and productive lives.

### *Maternal Care and Rural Communities*

Findings from the FORHP-funded University of Minnesota Rural Health Research Center have identified the continuing loss of rural hospital obstetric services and the impact of those service closures on rural communities. These studies have documented the loss of rural hospital obstetric (OB) services, particularly in communities of color across rural America, and noted that these losses contributed to more pre-term births and emergency deliveries.<sup>11,12</sup>

FORHP funds 10 awardees across nine states as part of the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program with a focus on sustaining or enhancing rural hospital OB services while also using a networked approach to link rural providers together coordinate OB services. The White House Blueprint for Addressing the Maternal Health Crisis aims to improve maternal health outcomes and reduce disparities in maternal health care. The Blueprint includes a focus on rural maternal health, recognizing the unique challenges faced by rural communities, such as limited access to care and provider shortages. Strategies to address these challenges include expanding telehealth services and increasing funding for rural health

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<sup>11</sup> Rural Health Research Recap. Rural Health Research Gateway. “Rural Obstetric Services: Access, Workforce, and Impact.” April 2019, <https://www.ruralhealthresearch.org/recaps/8>

<sup>12</sup> Rural Health Research Recap. Rural Health Research Gateway. “Maternal Health Disparities: An Intersection of Race and Rurality.” October 2022, <https://www.ruralhealthresearch.org/recaps/17>

care providers. The FY 2024 President’s Budget includes \$10.4 million for RMOMS, \$2.4 million above the 2023 Enacted level.

### *HRSA’s Rural Opioids Communities Initiative*

Rural communities continue to face significant challenges in responding to the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), rural areas experienced overdose death rates that surpassed urban rates for residents aged between 25-44 years old in 2020.<sup>13</sup> Further, the rate of deaths involving psychostimulants with misuse or abuse potential was 31 percent higher in rural counties (9.4 per 100,000 standard population) than in urban counties (7.2 per 100,000 standard population), and the rate of deaths involving natural and semisynthetic opioids was nearly 13 percent higher in rural counties than in urban counties.<sup>14</sup>

Addressing the opioid epidemic is a national effort, but it presents unique challenges in rural communities where there is less treatment infrastructure and ongoing concerns about stigma and how to link those affected by opioid use disorder and other substance use disorders to services that may not be available locally. Small remote rural communities continue to experience access challenges. 63.1 percent of all rural counties had at least one clinician with a Drug Enforcement Administration waiver, but more than half of small remote rural counties did not.<sup>15</sup>

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<sup>13</sup> Centers for Disease Control and Prevention. Rural-Urban Disparities in Drug Overdose Death Rates — United States, 1999–2019. MMWR Morb Mortal Wkly Rep 2022;71:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm7147a3>

<sup>14</sup> Spencer MR, Garnett MF, Miniño AM. Urban–rural differences in drug overdose death rates, 2020. NCHS Data Brief, no 440. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:118601>

<sup>15</sup> <https://onlinelibrary.wiley.com/doi/10.1111/jrh.12569>

Rural communities also face challenges in recruiting and retaining providers with the necessary training and education to treat individuals with opioid use disorder. More than 60 percent of Mental Health Professional Shortage Areas in the U.S. are located in rural areas.<sup>16</sup>

The FY 2023 appropriation includes \$145 million for the Rural Communities Opioid Response Program (RCORP), which is an initiative created by HRSA to support treatment for and prevention of substance use disorder, with an emphasis on opioid use disorder, in rural communities. This program is a unique initiative as it is the only large-scale, targeted program focused specifically on addressing substance use disorder in rural communities affected by the opioid epidemic. Since the inception of the initiative, RCORP has received more than \$500 million in appropriations, with additional grant awards anticipated in summer 2023. RCORP grant recipients have provided direct opioid use disorder/substance use disorder services and technical assistance across more than 1,800 rural counties spanning 47 states and two territories.

The RCORP initiative focuses on funding sustainable community-based grant programs and technical assistance specifically addressing prevention, treatment, and recovery services to address opioid use disorder/substance use disorder and the broader behavioral health care needs of individuals with, or at risk of, opioid use disorder/substance use disorder and other co-occurring mental health disorders. Through RCORP, grant recipients have the opportunity to address emergent behavioral health care needs within their rural communities. This can be achieved by enhancing their ability to establish and expand sustainable services through building their opioid use disorder/substance use disorder health care workforce through recruitment,

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<sup>16</sup> HRSA. Designated Health Professional Shortage Areas Statistics, First Quarter of Fiscal Year 2023. Accessed March 16, 2023. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

retention, and training activities, increasing use of telehealth, purchasing and distributing life-saving naloxone, and building strong community partnerships. These efforts can help better provide a whole-of-community response to the continuing opioid use disorder/substance use disorder epidemic and also to leverage and coordinate with other local, state and federal resources. In FY 2021, the most recent full year of grantee reported outcomes, RCORP awardees provided direct services to more than 2 million rural individuals and ensured that more than 112,000 patients received medication-assisted treatment. The FY 2024 President's Budget includes \$165 million to expand the RCORP initiative, an increase of \$20 million over the FY 2023 enacted budget. This funding will allow HRSA to expand important substance use disorder services in rural communities by building the capacity of rural health organizations to establish, implement, and sustain new substance use disorder service lines in rural areas. Funding will allow for new awards to address psychostimulant misuse and to allow rural communities to address their immediate opioid use disorder/substance needs.

The FY 2024 President's Budget also includes \$10 million to fund a new Behavioral Health Care Initiative which will provide support to Rural Health Clinics to expand access to behavioral health care services. Rural Health Clinics are key safety net providers for rural communities and this initiative will result in an increase in the number of rural residents who receive behavioral health care services, the number of behavioral health care professionals providing services in rural communities, and the number of Rural Health Clinics that are able to bill for and sustain behavioral health care services.

## **Rural Residency Planning and Development Program**

Maintaining and growing the health care workforce is fundamental to providing access to high quality health care in rural areas. Rural areas have historically faced challenges attracting and retaining physicians and other providers. Data from HRSA’s National Center for Health Workforce Analysis shows that while urban areas have 8.0 primary care physicians per 10,000 residents, that ratio drops to 5.2 in rural areas.<sup>17</sup> HRSA data also shows that 66 percent of the Primary Care Health Professional Shortage Areas are in rural areas.<sup>18</sup> Health Professional Shortage Areas can be geographic areas, populations, or facilities and have a shortage of primary, dental, or mental health care providers. Traditionally, physician residency training programs have been concentrated in urban areas. Research shows that spending more than half of training time in rural areas during family medicine residency is associated with an over five-fold increase in a physician’s subsequent decision to practice in a rural area.<sup>19</sup>

HRSA is responding to this research and investing in new rural residency training through the Rural Residency Planning and Development (RRPD) Program. This program supports rural hospitals and communities through the creation and accreditation of a new residency program, at which point applicants then secure funding through Medicare, Medicaid, and other sources to support the training of the residents in perpetuity. This program leverages Medicare policy that allows rural hospitals to start new residency programs and is especially important with the

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<sup>17</sup> Rural Health Information Hub. Rural Healthcare Workforce Topic Guide. “Per Capita Rates of Health Professionals – Selected Occupations” <https://www.ruralhealthinfo.org/topics/health-care-workforce#characteristics>

<sup>18</sup> HRSA. Designated Health Professional Shortage Areas Statistics, First Quarter of Fiscal Year 2023. Accessed March 16, 2023. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

<sup>19</sup> Russell, DJ, et al. “Family Medicine Residencies: How Rural Training Exposure in GME Is Associated With Subsequent Rural Practice,” *Journal of Graduate Medical Education*, August 2022

availability of new Medicare-funded physicians residency slots that hospitals can apply for in the coming years.

Since beginning in 2019, the RRPD Program has awarded over \$44 million in grants to 58 organizations across 32 states. As of September 2022, award recipients have created 31 new accredited rural residency programs in family medicine, internal medicine, psychiatry, and general surgery. These programs are currently training 188 resident physicians and they will be training approximately 418 residents when fully enrolled.<sup>20</sup> That number will continue to grow as other award recipients continue their residency planning and development to prepare for their accreditation application.

The Consolidated Appropriations Act, 2023, (Act) continues and expands on our past efforts to support new rural residency training. The Act provided \$12.5 million which will fund 15 new RRPD awards in FY 2023 and these projects are expected to create at least 165 new rural residency slots by 2029. The FY 2024 President's Budget includes \$12.7 million to fund an additional 15 new awards and increased technical assistance.

HRSA's Teaching Health Center program also supports expanded community-based residency training in rural and underserved areas. The FY 2024 President's Budget extends and increases mandatory funding for Teaching Health Center Graduate Medical Education for three years, through FY 2026, to enhance support to community-based residency training. Building on the model of the RRPD program, HRSA is also funding Teaching Health Center Planning and

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<sup>20</sup> Health Resources and Services Administration. (2023). FY 2024 Congressional Budget Justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

Development grants to help communities develop new accredited physician residency programs that provides a potential pathway toward developing a Teaching Health Center residency.

### *Health Centers, Teaching Health Centers, and the National Health Service Corps*

HRSA's longstanding commitment to underserved and rural areas includes support for high-quality healthcare services like those provided by Health Centers and for health workforce programs that serve rural communities like the National Health Service Corps and Teaching Health Centers. Almost 600 Health Centers serve more than 9.5 million rural patients where they may be the only source of care for behavioral health, substance use treatment and oral health. The FY 2024 President's Budget proposes a pathway to double the Health Center Program funding with a critical three-year down payment on this goal. With these funds, HRSA will increase support for behavioral health services, expand health center operating hours, and support new health center locations.

Rural communities also benefit from HRSA's funding to train and support clinicians to practice in rural and underserved areas. The National Health Service Corps and Nurse Corps programs provide a lifeline to rural communities by providing loans and scholarships to clinicians in rural communities. Nearly 7,500 National Health Service Corps primary care and behavioral health providers, nurses, and dentists serve more than 7.8 million rural patients.

### *Telehealth*

The pandemic has highlighted the important role telehealth plays in ensuring access to care for more specialized services that may not be available locally. The number of Medicare fee-for-



service (FFS) beneficiary telehealth visits increased in 2020, from approximately 840,000 in 2019 to nearly 52.7 million in 2020.<sup>21</sup> The extension of the Medicare telehealth flexibilities in the Consolidated Appropriations Act, 2023 will help to ensure continued access to telehealth services.<sup>22</sup>

HRSA plays a lead role in supporting telehealth through the Office for the Advancement of Telehealth and a number of its grant programs that focus on services and technical assistance in rural communities, hosting the Telehealth.HHS.gov hub, and funding a licensure portability program under which physician and psychology boards cooperate to reduce the burden for telehealth clinicians who have to apply for licensure in multiple states.

## **Conclusion**

While rural communities continue to face persistent health care challenges, there is a growing availability of resources and support to expand access to quality care, address workforce shortages, and support rural infrastructure. Investment in initiatives that prioritize improving rural healthcare, such as behavioral health and workforce shortages, can address the unique challenges rural communities face. Such efforts can make significant strides in reducing health disparities and ensuring equitable access to quality care for all individuals, regardless of their location.

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<sup>21</sup> <https://aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf>

<sup>22</sup> <https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/policy-changes-after-the-covid-19-public-health-emergency#:~:text=The%20Consolidated%20Appropriations%20Act%20of%20emergency%20through%20December%2031%2C%202024.>

Thank you again for the opportunity to discuss these rural health issues with you today and for your support of HRSA's work to improve access to care in rural communities across the country.

I would be pleased to answer any questions you may have.