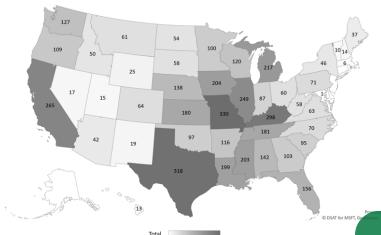




Rural Health Clinics

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.



- An RHC must be located in a non urban area and an underserved or shortage area.
- RHCs are either an independent clinic (34%) or provider based clinic (66%).
 85% of provider-based RHCs are operated by a Critical Access Hospital.

- RHCs are required to use a team approach to healthcare delivery by using physician and non-physician providers (NP,PA,CNMs).
- The clinic must be staffed by a nonphysician providers at least 50% of the time.
- RHCs are required to provider outpatient primary care, basic lab services and first response to common acute illnesses.



60% of rural Americans are served by RHCs.



37 million patients served each year.



Over 5,400 clinics across 45 states.





NRHA Supported Legislation

RHC Burden Reduction Act (s. 198/H.R. 3730)

Modernizes the Rural Health Clinic (RHC) program and provides important regulatory relief for RHCs by amending outdated staffing, laboratory requirements, definitional requirements related to census definition and primary care thresholds to increase access to behavioral health services.



Rural Health Innovation Act (S.953/HR1712)

Establishes two new grant programs to increase access to emergency care in rural areas through Rural Health Clinics, community health centers, and local health departments.

CONNECT for Health Act of 2023 (S. 2016/HR 4189)

Expand coverage of telehealth services through Medicare and making permanent COVID-19 telehealth flexiblities for Rural Health Clinics and community health centers.



Create a virtual specialty network demonstration that offers integrated services in rural communities to test the effectiveness of increasing access to specialty care and facilitating transitions to value-based payment.

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