

The Last Mile of Care: Protecting Rural Birth Services Through Policy and Advocacy

New England Perinatal Quality Improvement Network

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NRHA

Your voice. Louder.

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

What We Fight for on Behalf of Rural

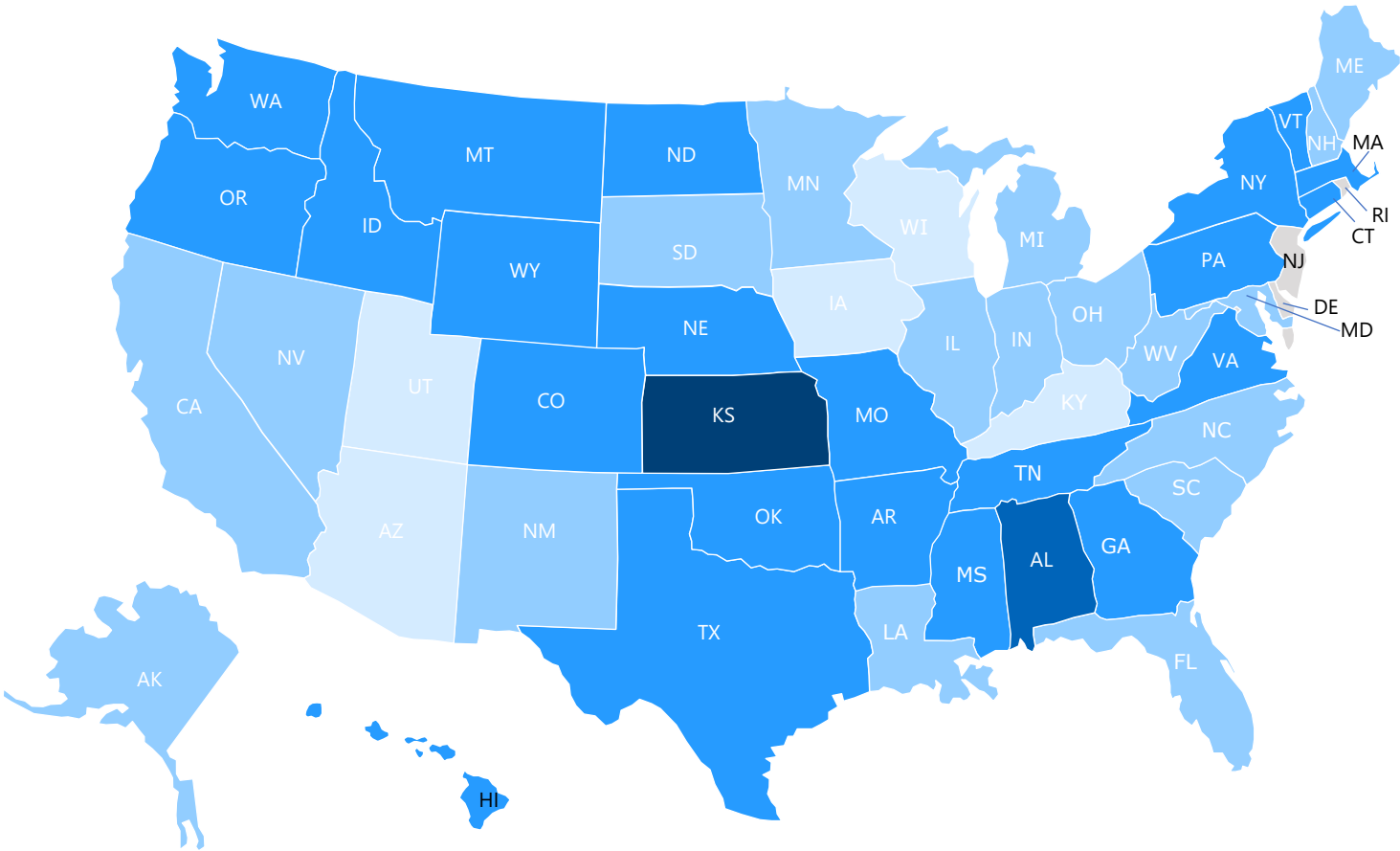
- Investing in a Strong Rural Health Safety Net
- Reducing Rural Healthcare Workforce Shortages
- Building Rural Health Opportunity



NRHA 2026 Priorities

- Ensure rural-friendly implementation of **H.R. 1** by tracking sub-regulatory guidance, rulemaking, and policy implementation to ensure rural patients and providers are safeguarded.
- Continue to urge Congress to **enact permanent Medicare payment reforms**, end reliance on short-term extenders, protect the 340B program, strengthen technical assistance programs, and improve access to emergency and obstetric care.
- **Delay implementation** of harmful Medicaid policies that will result in loss of coverage and increased uncompensated care; pass **Marketplace enhanced premium tax credits**.
- Work with states to track the **Rural Health Transformation Program** implementation progress, gather best practices and hold policymakers accountable for appropriate rural investment.

Rural hospitals remain stuck in the red



40%
of rural hospitals are in the red.

52%
of rural hospitals in non-expansion states are in the red.

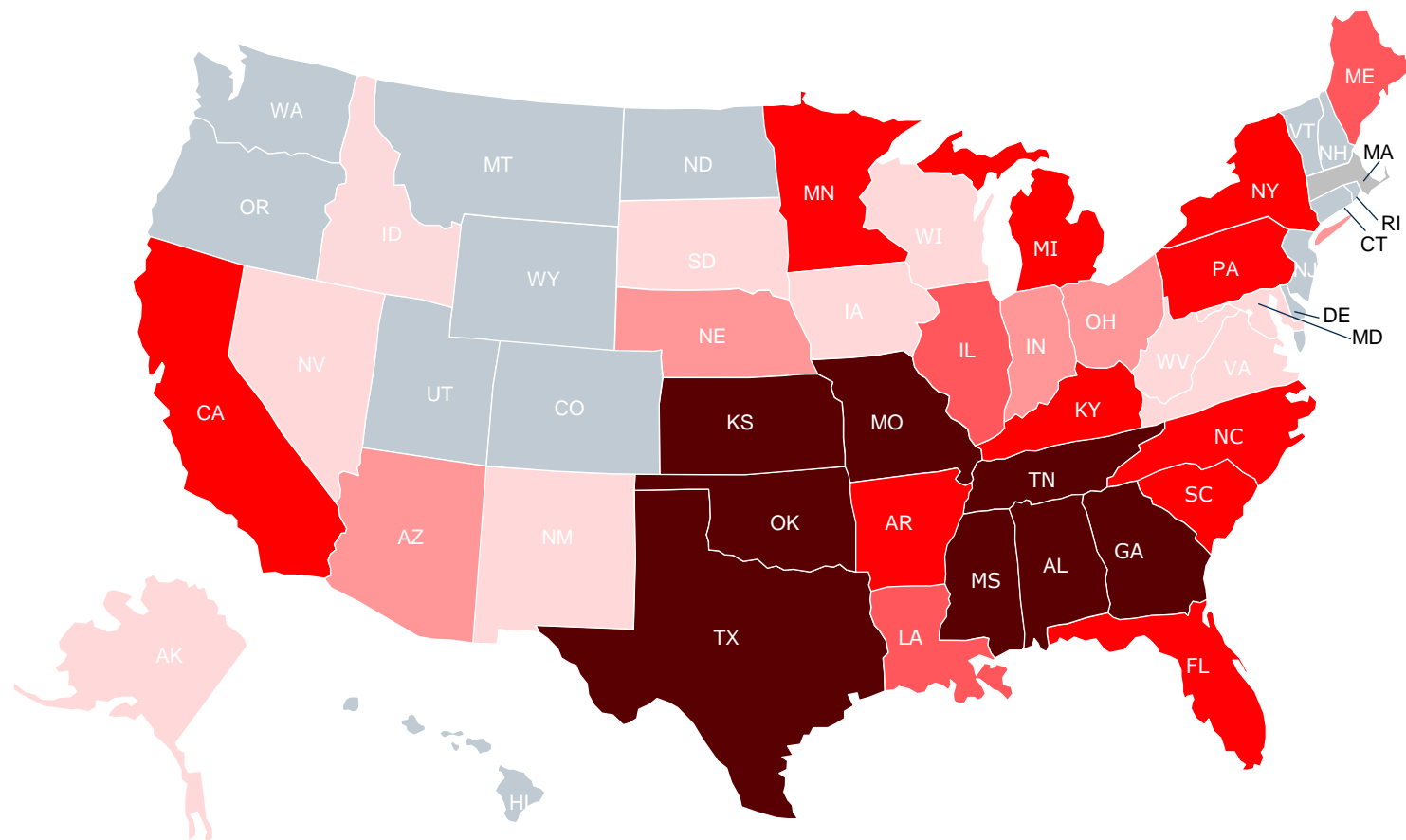
Source: The Chartis Center for Rural Health, December 2025.

**CMS Healthcare Cost Report Information System (HCRIS) Q4 2025. 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.

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



Access to inpatient care is vanishing within rural communities



206

rural hospitals have closed or converted to a model that excludes inpatient care (e.g., REH) since 2010.

Number of rural hospitals closed or ceasing inpatient care since 2010.





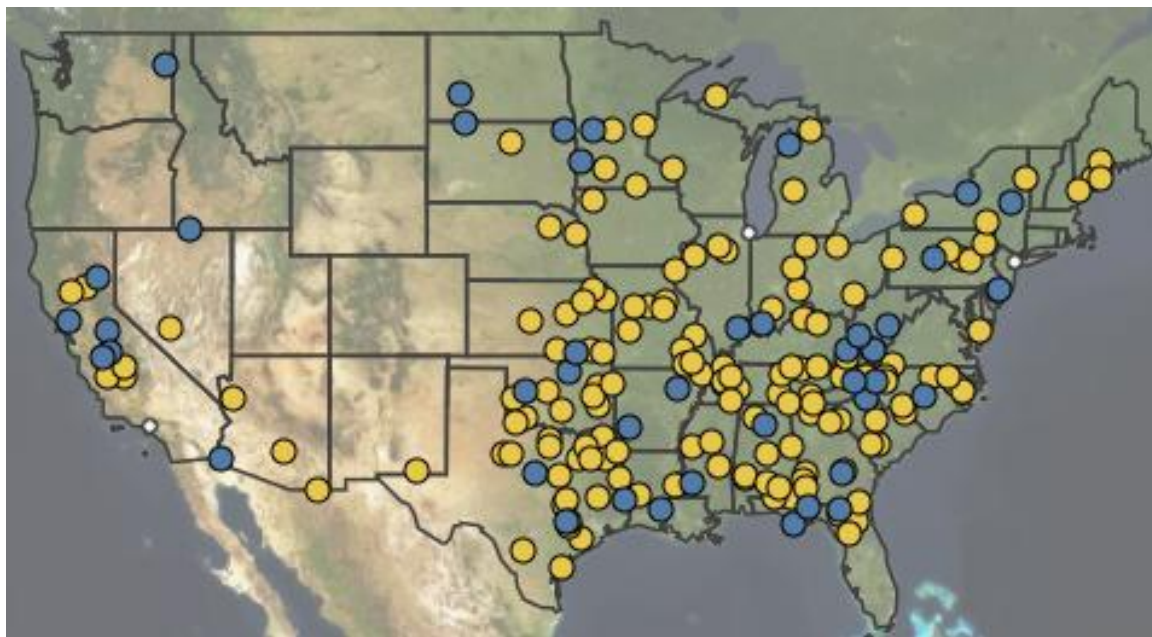
**TN (61%), AR (55%),
FL (52%)**

Percentage of state rural hospitals determined to be vulnerable.



Rural Hospital Closures

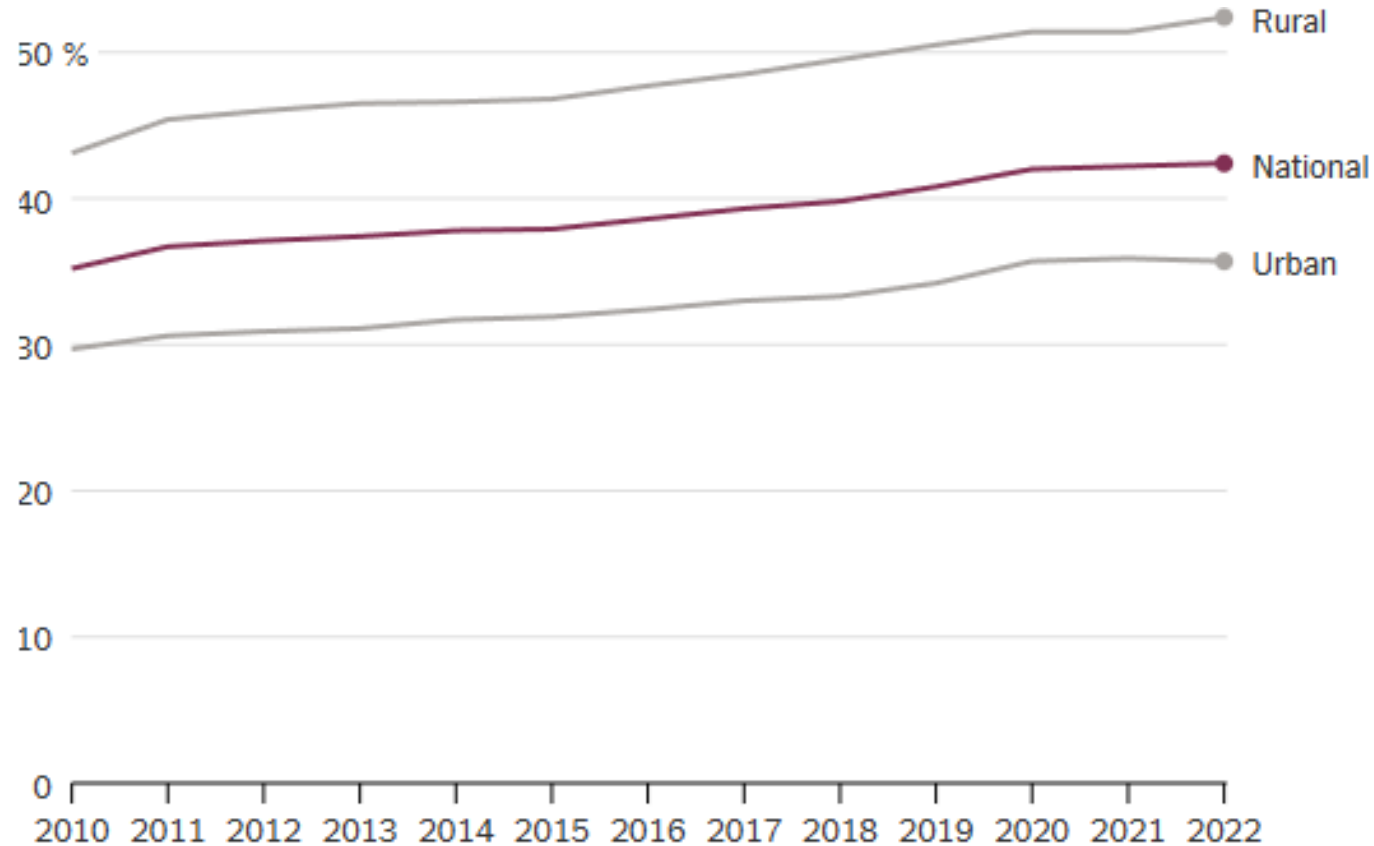
196 Closed Facilities since 2010



44 Conversions to REH Status

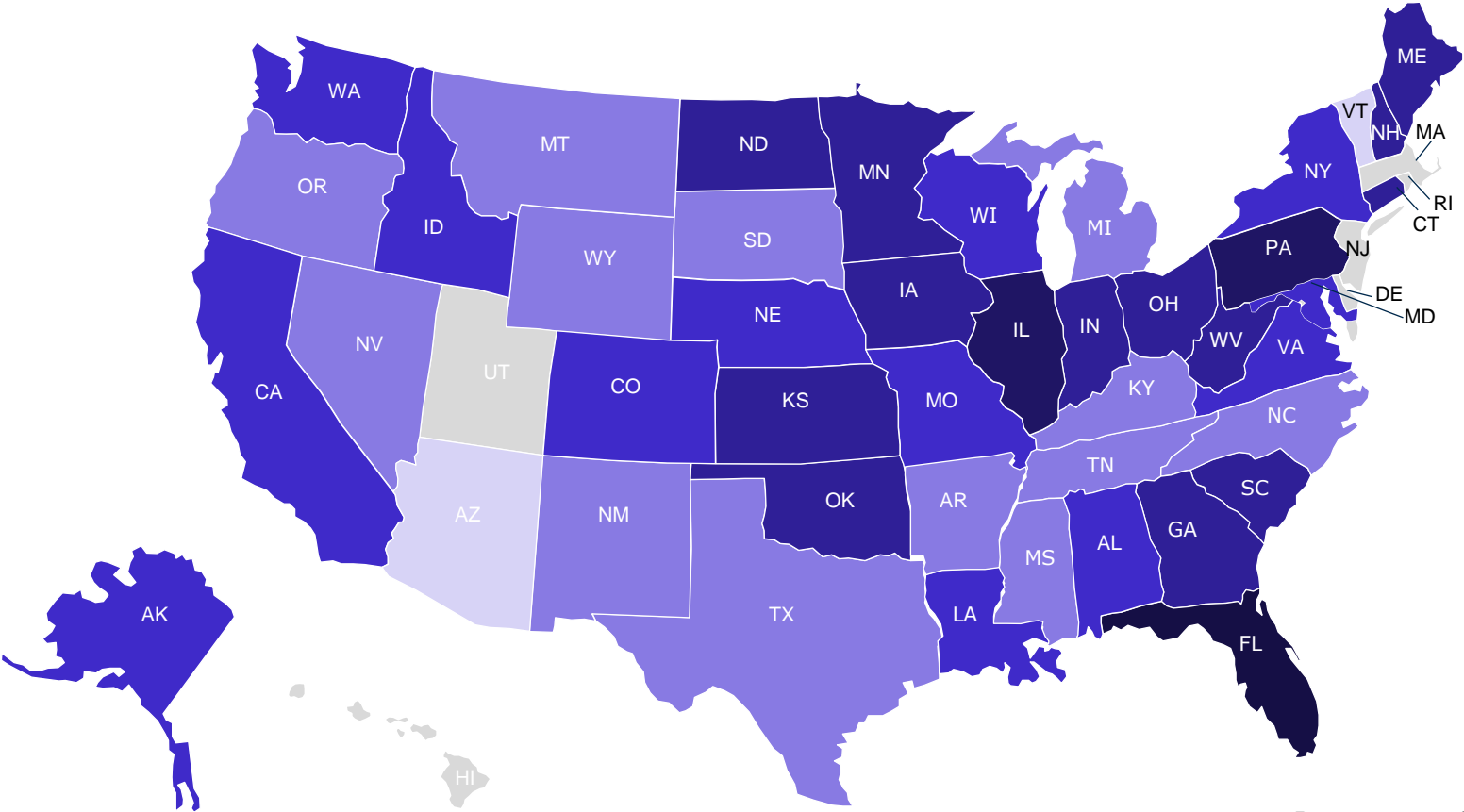


Most Rural Hospitals No Longer Run Maternity Wards NRHA



By The New York Times | Source: JAMA

Care deserts are expanding rapidly: Obstetrics



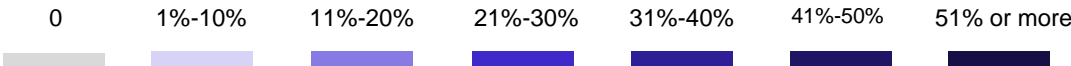
331

rural hospitals have stopped offering
OB between 2011 and 2024.

27%

of all rural hospitals offering OB in 2011
no longer provide this service line.

Percentage of rural hospitals that stopped offering OB between 2011 and 2024.

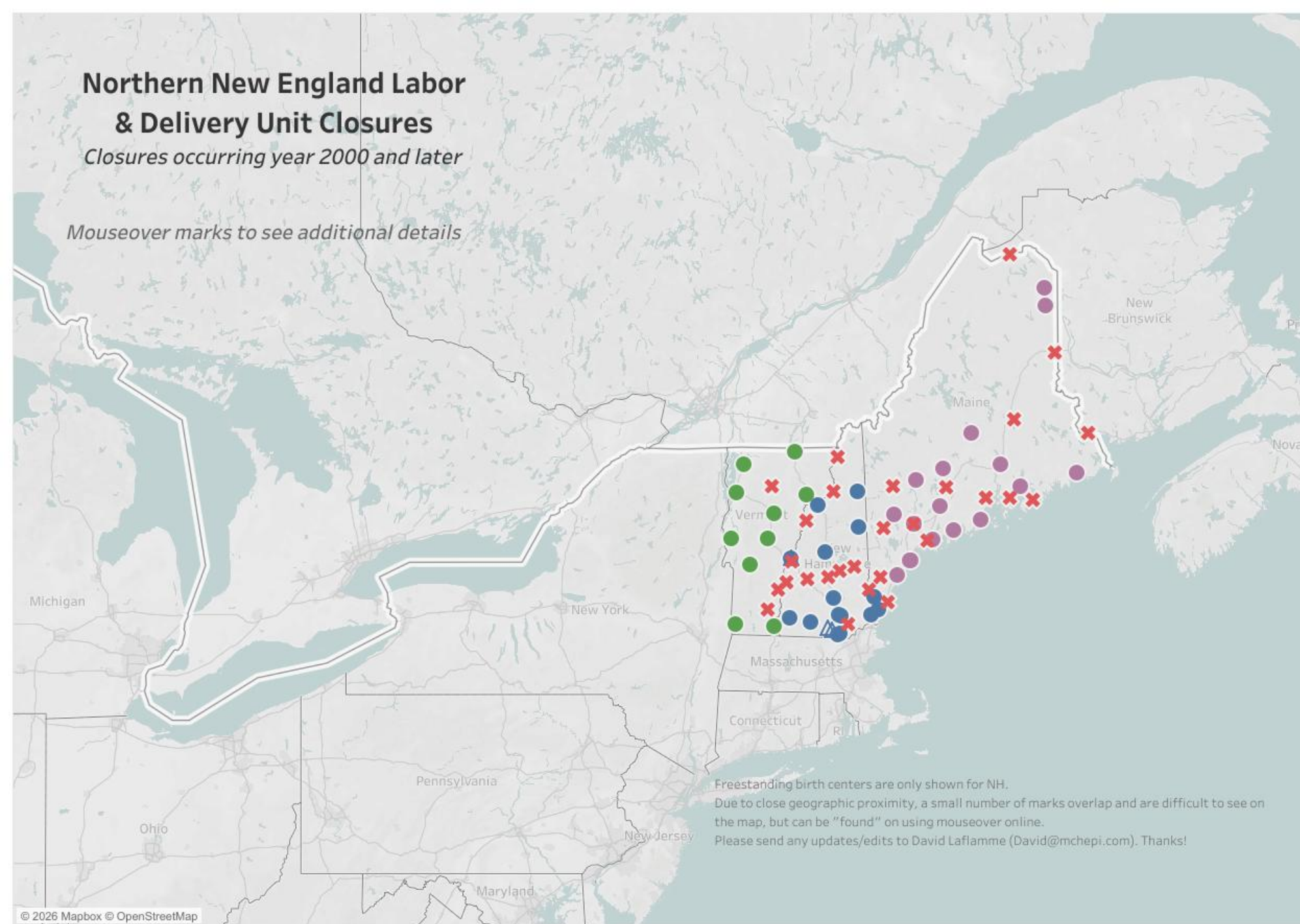


Source: The Chartis Center for Rural Health, December 2025.

Northern New England Labor & Delivery Unit Closures

Closures occurring year 2000 and later

Mouseover marks to see additional details



Closure List

Copley Hospital	VT	Nov 2025
Mt Desert Island Hosp	ME	Jul 2025
Inland Hospital	ME	May 2025
Houlton Regional Hospital	ME	May 2025
Waldo County General Hosp	ME	Apr 2025
York Hospital	ME	Sep 2023
Northern Maine Med Ctr	ME	May 2023
Rumford Hospital	ME	Mar 2023
Frisbie Memorial Hospital	NH	Nov 2022
St Mary's Regional Med Ctr	ME	Jul 2022
Bridgton Hospital	ME	Sep 2021
Parkland Medical Center	NH	Nov 2020
Springfield Hospital	VT	Jun 2019
Alice Peck Day Memorial Hosp	NH	Jul 2018
Lakes Region General Hosp	NH	May 2018
Calais Regional Hospital	ME	Aug 2017
Cottage Hospital	NH	Jul 2014
Penobscot Valley Hospital	ME	May 2014
Henrietta Goodall Hospital	ME	Jan 2014
Valley Regional Hospital	NH	Jan 2012
Huggins Hospital	NH	Sep 2009
Blue Hill Memorial Hospital	ME	May 2009
Parkview Adventist Med Ctr	ME	Dec 2008
Weeks Medical Center	NH	Mar 2008
Franklin Regional Hospital	NH	Dec 2005
Upper Connecticut Valley Hosp	NH	Oct 2003
New London Hospital	NH	Apr 2002
Grace Cottage Hospital	VT	Sep 2002

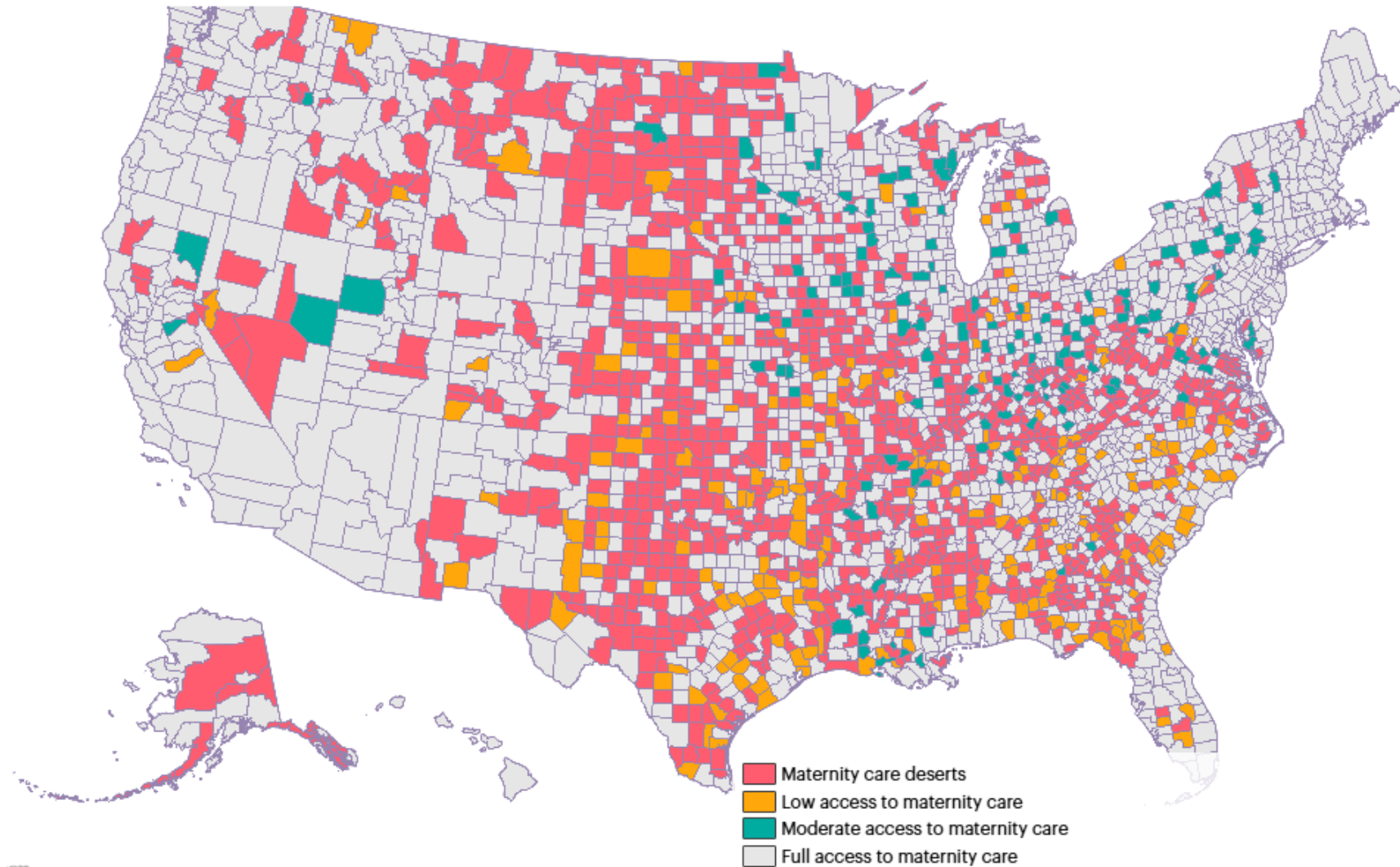
Shape Legend (Status)

- ✕ L&D Closed
- L&D Open
- △ Open Freestanding Birth Center

Color Legend

- Red = Closed in any state
- Green = VT
- Blue = NH
- Purple = ME

What is a maternity care desert?



Sources: US Health Resources and Services Administration (HRSA), Area Health Resources Files, 2022-2023 file; American Board of Family Medicine, 2019-2022; American Association of Birth Centers, 2023; Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES), November 2023 file; National Center for Health Statistics, 2022 final natality data; US Census Bureau, 2022 American Community Survey 5-Year Estimates; American Hospital Association, 2022.

Obstetric Emergencies in Rural Hospitals

Impacts of Loss of Rural OB Services

- Increases in preterm delivery
- Out-of-hospital births
- Emergency room births
- Low prenatal care

What would have helped respond to local obstetric emergencies?



Factors Impacting Rural Obstetric Access

Challenges Rural OB Services

- Reimbursement
- Physician/Practitioner Workforce
- Regulations
- Social Determinants
- Location/Transportation
- Silo Services
- Low/Declining Birth Volumes
- Liability coverage
- Infrastructure and Facility Capacity

The Last Mile of Care: What's at Stake

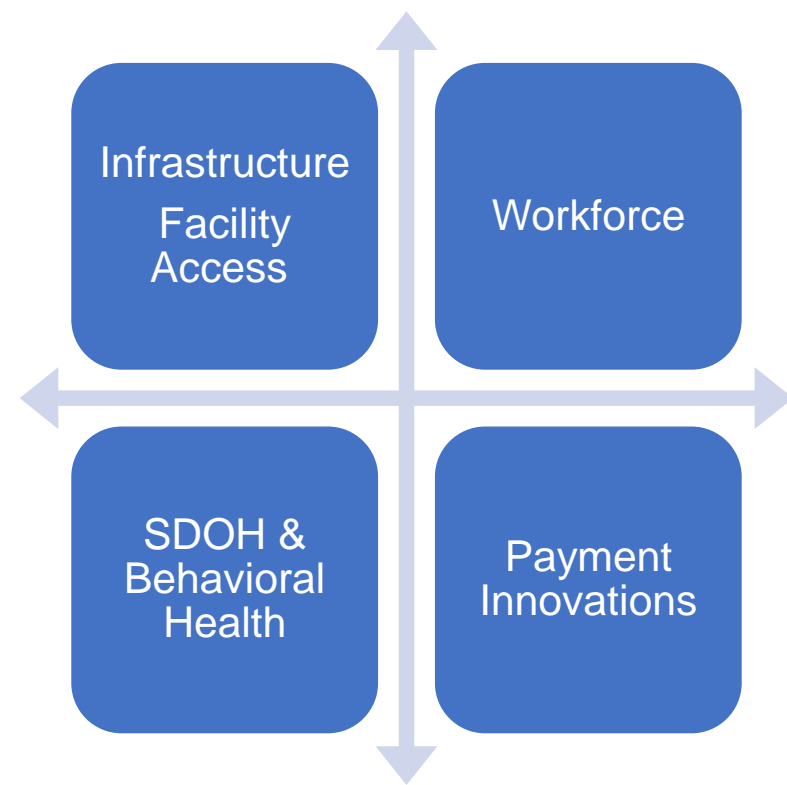
- Rural birth access is essential health infrastructure
- Higher rates of out-of-hospital births; distance to delivery is a clinical risk factor
- Loss of OB services destabilizes entire hospital systems
- Maternal and neonatal outcomes worsen when access declines
- Delayed, limited, or no prenatal care
- Strain on EMS and transport systems

Challenges Need Multifaceted Solutions

NRHA Maternal Health Advocacy Priorities

- Protecting rural OB units
- Strengthening the rural maternity workforce
- Expanding telehealth and remote monitoring
- Improving Medicaid and commercial payment adequacy
- Supporting rural maternity care models
- Addressing maternal morbidity and mortality disparities

Policy Areas of Focus



Federal Policy Levers That Matter

- Prioritize workforce stabilization
 - National Health Service Corps expansions
 - J-1 Visa Waiver pathways for OB/GYNs
 - Rural residency training or Fellowships for OB
- Model financial sustainability with realistic assumptions
 - Medicaid/CHIP payment reforms
 - Maternal health innovation grants
- Invest in tele-OB and prenatal access
- Build regional partnerships
 - Rural MOMS Program (HRSA)
- Engage in Rural Health Transformation efforts
 - Rural hospital stabilization programs

In the Hopper... Legislative Activity

- S. 380/H.R. 1254, Rural Obstetrics Readiness Act
- S. 2059/H.R. 3942 Keeping Obstetrics Local Act
- S. 2289, Healthy Moms and Babies Act
- S. 1599, Midwives for MOMS Act
- Support the Rural Maternal and Obstetric Management Strategies (RMOMS) program
- Reintroduction of the “Momnibus”

State-Level Policy Levers

Reimbursement Reforms To Watch

- Medicaid rate increases for labor & delivery and prenatal/postpartum care (CO, MN, TX)
- Rural or OB add-on payments to reflect higher fixed costs (NM, IA, AK)
- Enhanced facility fees for rural and critical access hospitals (MT, WY)
- Postpartum coverage extended to 12 months in most states (45 states)
- Targeted grants to support essential rural services, including OB (KS, NC, OR)

State-Level Policy Levers Workforce Efforts To Watch

- Loan repayment and scholarships tied to rural service for OB/GYNs, CNMs, family physicians, and L&D nurses (WA, NE, AR)
- Rural training tracks and residencies with maternity components (ID, UT, ND)
- Scope-of-practice expansion for CNMs and APRNs (VA, IL, NY)
- State-supported J-1 Visa Waiver recruitment for OB/GYNs and family physicians (MO, KT, OK)
- Nurse workforce investments focused on L&D and perinatal care (CA, ME, SC)

State Maternal Health Initiatives with Rural Focus

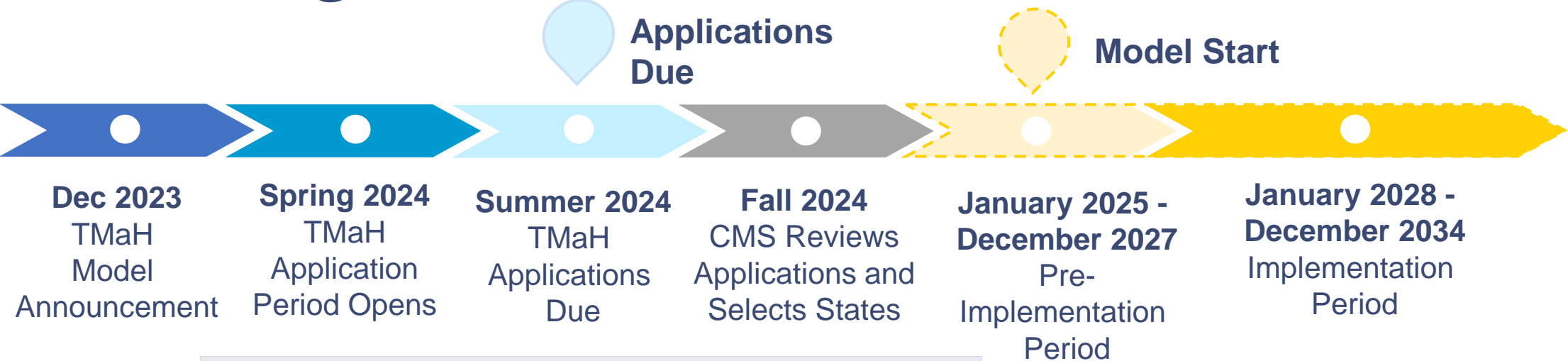
- Maternal mortality review committees with rural representation (AL, MS, OK)
- Perinatal quality collaboratives (PQCs) including rural hospitals (CA, NC, CO)
- Targeted rural maternal health grants (MT, WV, NM)
- State maternal health plans addressing rural access and transportation (GA, MN, TX)
- Support for regionalized perinatal systems (UT, WI, NC)

State Maternal Health Initiatives

Value-Based Maternity Care Models

- Maternity episode/bundled payments (AR, TN, OH)
- Perinatal quality incentives in Medicaid managed care (MI, LA, FL)
- Global hospital budgets or total cost-of-care models (VT, PA)
- Shared-savings arrangements with maternity metrics (OR, MA)
- Tele-OB and remote monitoring reimbursement in value-based contracts (TX, HI, ND)
- Maternity metrics in value-based contracts (ME, NH)
- TMAH

Federal Value-Based Maternity Care Transforming Maternal Health (TMaH)



States Participating in Model		
Alabama Arkansas California DC Illinois	Kansas Louisiana Maine Minnesota Mississippi	New Jersey Oklahoma South Carolina West Virginia Wisconsin

Model Goals

- Reduce disparities in access and treatment
- Improve outcomes and experiences for mothers and their newborns
- Reduce overall program expenditures

Visit the TMaH Website
 Additional Information on TMaH Website:
<https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-model>

Rural Health Transformation Program

Maternal Health Initiatives

State applications with enhancement or expansion of maternal and/or OB care

- 44 states intend to enhance or expand maternal services
- 5 states explicitly addressed sustaining hospital-based labor and delivery services

Approach to expand maternal/obstetric care	Number of states
Perinatal regional networks, transport/transfer, or levels of maternal care	32
Tele-maternal health or remote monitoring for pregnancy/maternal care	30
Prenatal/postpartum care coordination, navigation, home visiting, or wraparound maternal supports	24
Doula services (training, deployment, coverage, or support)	11
Maternal/OB workforce recruitment, training, or incentives (OB/GYN, maternal-fetal, CNMs)	11
Hospital obstetric units (create/expand/sustain labor & delivery or OB units)	5
Midwifery services (expand midwives/CNMs or midwife-led care)	5
Birth centers (freestanding or community-based)	2

NRHA Maternity Policy Papers

- [Maternal Health in Rural America White Paper](#), 2024
- [Obstetric Readiness in Rural Communities Lacking Hospital Labor and Delivery Units](#), 2023
- [Rural Obstetric Unit Closures and Maternal and Infant Health](#), 2021
- [Access to Rural Maternity Care](#), 2019

Advocacy Materials!

- 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

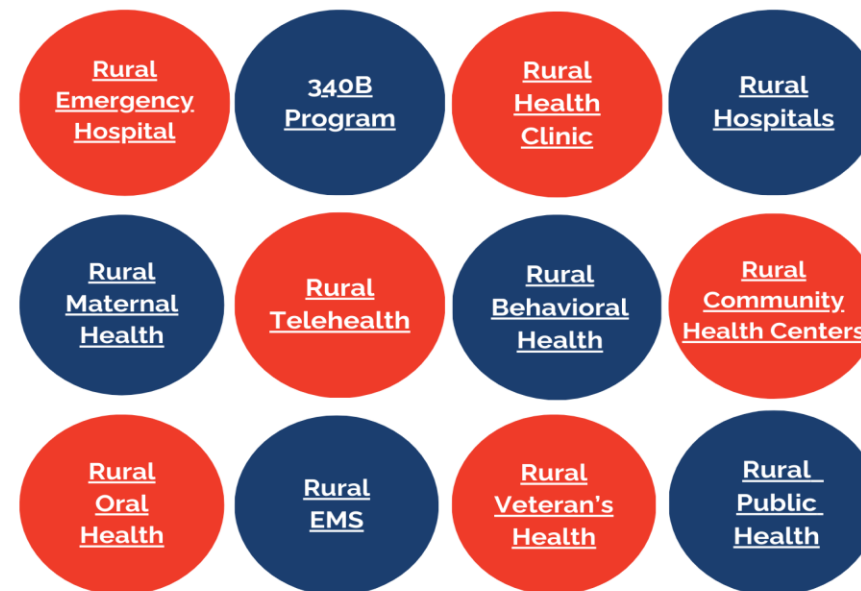


Core Advocacy Materials:

- 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:



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



Enter Keywords

Search

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) ✓

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

[S. 803: Save Rural Hospitals Act of 2023](#) | 2023-2024 Regular Session (118th) ✓

[S. 1110: Rural Hospital Support Act of 2023](#) | 2023-2024 Regular Session (118th) ✓

2026 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 Abel](#), [Zil Joyce Dixon Romero](#), [Sabrina Ho](#), [Marguerite Peterseim](#), [Reese Lycan](#)
- Engage with NRHA Advocacy online!



One stop scan of our advocacy goodies here!



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