



# **Rural Hospital Grant Program Report**

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**As Required by  
2024-25 General Appropriations Act,  
House Bill 1, 88th Legislature,  
Regular Session, 2023  
(Article II, Health and Human Services  
Commission, Rider 88)**

**Texas Health and Human Services  
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**TEXAS**  
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# Executive Summary

The 2024-25 General Appropriations Act, House Bill (H.B.) 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services Commission (HHSC), Rider 88), directs HHSC to submit a report detailing the expenditure of funds (\$50 million) appropriated to the Rural Hospital Grant Program for state fiscal years 2024-2025 targeting financial stabilization, maternal care operations, and Alternative Payment Model (APM) readiness for rural hospitals.

In September 2023, HHSC created the Office of Rural Hospital Finance and Coordination (RHFC) to administer the program and provide technical assistance to rural hospitals. To inform its work, RHFC conducted a survey of rural hospital stakeholders in September 2023 and held focus groups in December 2023 and March 2024. In the focus groups and the survey, rural hospital stakeholders reported that finances continue to be a major challenge.

This report details HHSC’s work to implement the Rural Hospital Grant Program in state fiscal year 2024 and the work planned for state fiscal year 2025. Table 1 shows by category (financial stabilization, maternal care operations or APM readiness) the number of grant awards, the estimated number of rural hospitals served, and the amount of the awards for which HHSC sent notice in state fiscal year 2024. Some of the grants for financial stabilization are two-year grants, and the total notice of awards amounts include amounts to be distributed for both years. HHSC posted a Maternal Care Operations grant in state fiscal year 2024 for which it sent notice of grant awards in state fiscal year 2025. A detailed list of grant awards noticed by an entity in state fiscal year 2024 is shown in **Appendix A. State Fiscal Year 2024 Rural Hospital Grant Program Notice of Awards.**

**Table 1. State Fiscal Year 2024 Rural Hospital Grant Program Notice of Awards**

Category	Awards	Rural Hospitals Served <sup>a</sup>	Amount
Financial Stabilization	46	46	\$ 18,862,781
APM Readiness	1	62	\$ 450,000
<b>Total</b>	<b>47</b>	<b>108</b>	<b>\$ 19,312,781</b>

<sup>a</sup> Rural hospitals served is not a unique count and reflects the sum of hospitals served by each grant.

In total, HHSC sent notice of 47 awards in state fiscal year 2024 totaling more than \$19.3 million and serving 108 rural hospitals in the biennium. HHSC aims to distribute the full appropriation of \$50 million in the biennium. HHSC collected qualitative data from the four Rural Emergency Hospitals (REH) that received financial stabilization grants in state fiscal year 2024, which shows that they all benefitted from the grants and that the grants potentially prevented at least two hospital closures. HHSC continues to review the effectiveness of these grants and works closely with the rural hospital community, related hospital associations, and other state agencies to stabilize rural hospitals in Texas.

## Introduction and Background

HHSC submits this report in accordance with the 2024-2025 General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 88). Per Rider 88, HHSC must submit a report detailing the expenditure of funds appropriated to the Rural Hospital Grant Program by November 1, 2024. Pursuant to Rider 88, this report includes the number of grants awarded, the number of hospitals served by each grant program, the amount awarded per entity, and the effectiveness of the grants.

Texas rural hospitals remain financially at risk. The Texas Legislature continues to provide meaningful financial support for rural hospitals through appropriations in recent years. Senate Bill (S.B.) 8, Section 12, 87th Legislature, Third Called Session, 2021, appropriated \$75 million in grant funding intended to support rural hospitals that had been impacted by the Coronavirus 2019 Disease (COVID-19). With the appropriation of the one-time grant funding from S.B. 8, HHSC was able to issue two tiers of grants for rural hospitals. Under Tier 1, all rural hospitals were eligible for a direct grant award of \$250,000. HHSC was able to distribute these awards quickly because the process was not competitive, and providers received a specific amount. Under Tier 2, rural hospitals were eligible for up to \$1 million but were required to apply under a competitive Request for Application (RFA) process. HHSC distributed \$37.5 million in direct awards to 152 rural hospitals and \$36.1 million to 112 rural hospitals via RFA.

Pursuant to [Title 4 Texas Government Code Section 531.201](#), HHSC implements a Rural Hospital Services Strategic Plan (Plan) developed in partnership with stakeholders, including the Rural Hospital Advisory Committee (RHAC), to ensure that Texans residing in rural areas have access to hospital services. The [Plan 2022 Progress Report](#) includes a strategy to utilize appropriations, when available, to stabilize rural hospitals in the least administratively burdensome manner.

Rider 88 appropriated \$25 million for each state fiscal year of the 2024-2025 biennium to HHSC to support rural hospitals through grants via the Rural Hospital Grant Program targeting financial stabilization, maternal care operations, and APM readiness at rural hospitals. This report outlines HHSC's progress and opportunities identified through state fiscal year 2024 for the Rural Hospital Grant Program. HHSC continues to administer the Rural Hospital Grant Program with the overarching goal of stabilizing rural hospitals to ensure continued access to hospital services for rural Texans in accordance with the Plan.

# Rural Hospital Grant Program Progress

## Office of Rural Hospital Finance and Coordination

In September 2023, HHSC created the Office of Rural Hospital Finance and Coordination (RHFC) to provide financial and technical assistance to rural hospitals. HHSC established RHFC under the Provider Finance Department within the Office of the Chief Financial Officer division. RHFC functions include leading efforts to implement and continue to update the Plan and administering the Rural Hospital Grant Program. RHFC posts regular updates on its work on the [RHFC website](#).

To focus its resources and efforts on assistance and grants that would be most needed by rural hospitals, RHFC conducted a survey of rural hospital stakeholders in September 2023 and held focus groups in December 2023 and March 2024 to inform its work. In the focus groups and the survey, rural hospital stakeholders reported that finances continue to be a major challenge. Additional details on the stakeholder feedback related to RHFC are in the November 2024 Rural Hospital Services Strategic Plan Progress Report posted on the RHFC website.

## State Fiscal Year 2024 Rural Hospital Grants

In state fiscal year 2024, HHSC prioritized distributing grant awards in a manner that had a reduced administrative burden on rural hospitals during the application process, as well as allowed staff to make grant awards on a rolling basis so funding could be released quickly. Due to the small number of providers that are known to be rural hospitals, HHSC was able to tailor eligibility requirements for rural hospital grants (e.g., hospital license type, licensed bed count, sole provider status, etc.) to ensure sufficient funding existed so all eligible applicants could receive a grant award. However, existing procedures require HHSC to use a competitive process (e.g., Request for Applications (RFA)) to distribute most grants since rarely is funding sufficient for all applicants to receive awards. Competition is needed so award decisions can be made among grant applicants. When sufficient funds exist, the need for competition is effectively eliminated because all eligible applicants will receive an equal amount of funding.

HHSC Procurement and Contracting Services worked with the RHFC to modify the agency's standard competitive RFA template so that it aligned better with RHFC

grant goals (e.g., no competition, guaranteed award to every eligible vendor, non-negotiable contract) in the grant award process. Two rural hospital grants used the newly modified RFA template to award non-competitive financial stability and maternal care operation grants. Due to the process development, the release of the Rural Hospital Grant program funding was moved from April 2024 to July 2024.

## Financial Stabilization

Stakeholders reported to HHSC that financial challenges are a continued cause of concern for almost all rural hospitals, as they operate on relatively thin margins without significant reserves. Since 2005, more than 20 rural hospitals have closed in Texas (Cecil G. Sheps Center for Health Services Research, 2024). In 2024, 25 rural hospitals in Texas are at risk of closing in the next three years (Center for Healthcare Quality & Payment Reform, 2024). To help stabilize rural hospitals, HHSC prioritized the distribution of financial stabilization grants in state fiscal years 2024 and 2025.

Financial Stabilization Grants for Texas Rural Emergency Hospitals (REH) are the first grants issued by HHSC in October 2023 to distribute the funding appropriated by the Texas Legislature. These grants are meant to provide time-limited financial support to the REH hospitals for their operational costs as they transition to improved long-term financial solvency and sustainability in their new role as an emergency hospital. Rural hospitals that obtained both the state Limited Services Rural Hospital (LSRH) license under Texas Health and Safety Code Chapter 241, Subchapter K and the federal REH designation from the Centers for Medicare and Medicaid Services (CMS) by August 31, 2023, were eligible to apply for the [Texas Rural Emergency Hospitals Financial Stabilization Grant](#). For each eligible hospital, HHSC provided a two-year grant in the amount of \$750,000 distributed quarterly in four flat fee amounts of \$187,500 for the first grant year and \$375,000 distributed quarterly in four flat fee amounts of \$93,750 for the second grant year. The Texas Rural Emergency Hospitals Financial Stabilization Grant application closed on October 13, 2023. HHSC awarded grants to four REH hospitals.

In July 2024, HHSC opened applications for the [Rural Hospital Financial Stabilization Grant](#). This grant provides eligible rural hospitals time-limited financial support for operational costs and long-term financial solvency and sustainability. Rural Emergency Hospitals were excluded from this grant because each had already received financial stabilization funding. HHSC awarded grants as a two-year award, with each grantee receiving a lump-sum payment each year based on their financial need. The three tiers of financial need are:

- Tier 1 (Basic Need) - \$100,000 in FY 2024; \$50,000 in FY 2025.
- Tier 2 (Moderate Need) - \$175,000 in FY 2024; \$87,500 in FY 2025; and
- Tier 3 (High Need) - \$250,000 in FY 2024; \$125,000 in FY 2025.

HHSC determined the need by financial criteria identified in the [Request for Applications](#) and supported with documentation from the hospital. To prioritize distribution to rural hospitals with the greatest need, grant eligibility was limited to rural hospitals that are the sole Licensed General or Special Hospital provider in the county and licensed by HHSC for 25 or fewer beds. To reduce the administrative burden on rural hospitals, HHSC created two documents to assist with applying for these grants, including a Frequently Asked Questions about Rural Hospital Financial Stabilization Grants and a Financial Stabilization Grants Checklist. HHSC approved 40 applications for Rural Hospital Financial Stabilization Grants through this RFA, including three Tier 1 (Basic Need), 12 Tier 2 (Moderate Need), and 25 Tier 3 (High Need).

HHSC provided direct award grants to stabilize two hospitals in state fiscal year 2024 experiencing unique hardships. While these grants are for financial stabilization, HHSC awards them on a case-by-case basis. In state fiscal year 2024, HHSC awarded an emergency hardship grant to North Runnels Hospital District for \$400,000 based on a lack of funds to meet payroll. HHSC also awarded an emergency hardship grant to Falls Community Hospital and Clinic for \$987,781 based on the estimated underinsured loss of two buildings destroyed by fire in November 2023.

Table 2 shows the total number of rural hospitals that received notice of awards to advance financial stabilization (through the REH Financial Stabilization Grant, Rural Hospital Financial Stabilization Grant, and Emergency Hardship grants) and the total award amount to be distributed for state fiscal years 2024 and 2025 pending contract execution and deliverables submission. A full list of grants, including entity, award amount, and rural hospitals served, is shown in **Appendix A. State Fiscal Year 2024 Rural Hospital Grant Program Notice of Awards.**

**Table 2. State Fiscal Year 2024 Financial Stabilization Grants Notice of Awards**

Grant Type	Awards	Rural Hospitals Served	Amount
REH	4	4	\$4,500,000



Grant Type	Awards	Rural Hospitals Served	Amount
Rural Hospital	40	40	\$12,975,000
Emergency Hardship	2	2	\$1,387,781
<b>Total</b>	46	46	\$18,862,781

## Maternal Care Operations

Stakeholders reported to HHSC that rural hospitals without a labor and delivery unit need basic neonatal equipment and training to provide labor and delivery services in emergency situations. Access to obstetric services is a growing concern in rural areas (Rural Health Information Hub, 2024). In Texas, 41 percent of rural hospitals provide labor and delivery services (Center for Healthcare Quality and Payment Reform, 2024). Furthermore, almost all rural hospitals need additional training or resources to manage emergency obstetric situations (Kozhimannil KB, 2021). According to the Texas Organization of Rural and Community Hospitals (TORCH), 94 rural hospitals in Texas lack the basic neonatal supplies and equipment needed to adequately provide emergency labor and delivery services.

In August 2024, HHSC opened applications for the [Rural Hospital Maternal Care Operations Grant](#). This grant provides eligible rural hospitals without an inpatient labor and delivery unit \$35,000 to purchase neonatal equipment, supplies, or training for emergency labor and delivery healthcare services. The application period remained open for five weeks, and grant funds are to be awarded in state fiscal year 2025.

## Alternative Payment Model (APM) Readiness

Stakeholders reported to HHSC that all rural hospitals need to have access to analytic data to identify financial opportunities and vulnerabilities specific to their facility and geographic area. In August 2024, HHSC awarded funding to TORCH to extend access to a set of data tools and analyses for rural Prospective Payment System (PPS) hospitals in Texas. Previously, access to this valuable data resource was only available at no cost to Texas Critical Access Hospitals (CAH) through the federal Medicare Rural Hospital Flexibility (Flex) Program through the State Office of Rural Health. As of August 2024, 62 non-CAH hospitals (including four REHs) in Texas meet the “rural hospital” definition under the Medicaid inpatient hospital reimbursement rule, [Texas Administrative Code Section 355.8052\(b\)\(32\)](#).

TORCH is the sole entity in Texas that created an analytic platform that is custom-built for rural Texas hospitals to access various data sets, including Market Share, Outmigration, Price and Profitability, and Opportunity Analysis using CMS Medicare Cost Report Data, Texas Health Care Information Collection (THCIC) hospital discharge data, and Environmental Systems Research Institute (ESRI) demographics data. These analytic resources allow for the analysis of various data points specific to a hospital, which provides hospital officials with information that is not available from another source. The financial indicators can provide comparative information that hospital leaders can use to identify opportunities to improve their financial performance. Through this data analytic platform, a rural hospital can identify ways to improve its financial health by identifying service utilization opportunities within its geographic area. Because federal regulations and funding allow only CAHs to participate in the federal Flex program, this data and its analysis have not been available at no cost to other types of rural hospitals. To have access to this valuable data, non-CAH rural hospitals would have had to pay for its access and analyses. With the grant funding, TORCH can provide both CAHs and PPS facilities access to its data platform and resources. Using this data is a major step forward in providing hospitals with data and information they can incorporate into their financial and operational planning.

HHSC estimates 62 hospitals (including 58 non-CAH hospitals and four REH) will benefit from this grant. Table 3 shows the amount awarded for this grant to advance APM readiness and the number of hospitals HHSC estimates will be served by the grant. A full list of grants, including entity, award amount, and rural hospitals served, is shown in **Appendix A. State Fiscal Year 2024 Rural Hospital Grant Program Notice of Awards.**

**Table 3. State Fiscal Year 2024 APM Readiness Grant Notice of Awards**

Awards	Rural Hospitals Served	Amount
1	62	\$ 450,000

## Effectiveness

HHSC recognizes the importance of reviewing the effectiveness of grants to stabilize rural hospitals. To ensure its ability to evaluate the effectiveness of each grant, while balancing the administrative burden on rural hospitals, HHSC is incorporating data reporting requirements non-duplicative of other Texas Health and Human Services (HHS) programs when feasible into each grant. Approaches used by HHSC to review the effectiveness of state fiscal year 2024 grants will continue for future grants.

## **Financial Stabilization**

HHSC plans to utilize monthly financial reporting and end-of-year qualitative reporting required for the financial stabilization grants to evaluate the effectiveness of grants on rural hospitals and their communities. Emergency Hardship grant reporting requirements will vary depending on the need for the funding. For example, for Falls Community Hospital and Clinic, the reporting requirement is to develop a plan to show how it plans to become fully insured for the full value of their buildings (i.e., their underinsurance and loss of the buildings due to fire is what caused them to need an emergency hardship grant).

## **Early Impact of REH Stabilization Grant**

To capture the early impact of the REH Stabilization Grant on rural hospitals, HHSC surveyed and held a meeting in July 2024 with the four REHs that received the grant, including Anson General Hospital, CHI St. Luke's Health Memorial San Augustine, Crosbyton Clinic Hospital and Falls Community Hospital & Clinic. All four REH reported that they benefitted tremendously from the grants and provided positive feedback about the grant process and their interactions with HHSC staff. A summary of the early impact of the grant reported by each REH follows.

### Anson General Hospital

Anson General Hospital reported that it was in a financial debt situation that would have resulted in its closure before receiving this grant. It is the only rural hospital in Jones County and its closure would have severely limited access to care for county residents and would have also had a devastating economic impact on the community (e.g., a loss of 62 full-time jobs). Prior to converting to an REH, the hospital had a heavy debt burden, daily interest charges, aging accounts payable, and vendor and credit holds that were threatening its financial stability. The hospital reported that with the help of grant funds, it retired outstanding debt (\$605 daily interest cost) and aging accounts payable and funded immediate needs for operations.

### CHI St. Luke's Health Memorial San Augustine

CHI St. Luke's Health Memorial San Augustine reported that it faced financial instability before receiving the grant. As a small, rural facility, this hospital had challenges related to equipment, technology, recruiting, and services. The grant helped fund things such as capital expenditures to maintain its financial stability.

### Crosbyton Clinic Hospital

Crosbyton Clinic Hospital reported that it was facing severe financial constraints and was unable to cover operating expenses before receiving the grant. It experienced significant operating losses from its emergency department. The hospital used grant funds to help cover emergency department provider costs, which is one of the most expensive line items for the hospital. The hospital reported that without these grant funds, it would have suffered an even greater operating loss that would have been difficult to overcome. Per hospital officials, these grant funds helped it to keep its doors open.

### Falls Community Hospital and Clinic

Falls Community Hospital & Clinic reported that it faced staggering financial challenges before the grant with accounts payable in excess of \$1.9 million, outdated equipment (e.g., Computed Tomography (CT) scan machine beyond repair), and declining patient volumes. To stay operational, the hospital took out a line of credit. The hospital also struggled with the loss of a physician and three mid-level providers (70 percent of its medical staff) and the closure of a Rural Health Clinic in Mart, Texas. This grant allowed the hospital to purchase a refurbished CT scan machine, which allowed the hospital to continue providing critical radiology services to emergency department patients as well as to the Texas communities of Marlin, Rosebud, and Bremond. The grant also allowed for the reduction of debt to stabilize the finances of the hospital and reduce accounts payable to \$750,000. The hospital used funds to update signage for the main hospital and its three Rural Health Clinics. Without this grant, the hospital would not have been able to replace the CT scan machine, and all emergency department patients requiring this service, as well as patients in the three rural health clinics, would have had to travel to Waco or Temple for this service. Moreover, hospital officials report that without the grant funding, the hospital's finances would have deteriorated to an irreversible point, and it would have potentially closed.

## **Maternal Care Operations**

Due to the state fiscal year 2024 maternal care operations grant supporting emergency obstetric services at rural hospitals without a formal labor and delivery unit, the number of rural hospitals that received the grant in state fiscal year 2025 will directly represent the grant's effectiveness as this number of hospitals will be able to provide these emergency services more effectively. Grant recipients will report to HHSC with qualitative data about the impact of these grants.

## **APM Readiness**

HHSC awarded a grant to TORCH to advance APM readiness in August 2024. HHSC estimates this grant will serve 62 rural hospitals in Texas. This number of hospitals will be able to access actionable data to use in planning which services to prioritize and invest in from a community needs and revenue-generating perspective to improve access to care, promote financial stabilization, and support the transition to APMs. This number of hospitals served directly represents the grant's effectiveness. HHSC plans to also use periodic reporting from TORCH to evaluate the effectiveness of the grant on rural hospitals and their communities.

# Rural Hospital Grant Program Opportunities

## Planned State Fiscal Year 2025 Rural Hospital Grants

In total, HHSC sent notice of 47 awards in state fiscal year 2024 totaling more than \$19.3 million and serving 108 rural hospitals in the biennium. HHSC aims to distribute the full appropriation of \$50 million in the biennium. With the funds available to the Rural Hospital Grant Program for state fiscal year 2025, HHSC plans to finalize payments and monitor contracts for grants for which it sent notice of award in state fiscal year 2024 and award new grants targeting financial stabilization and maternal care operations at rural hospitals. HHSC plans to release the following grants in state fiscal year 2025.

### Financial Stabilization

HHSC plans to continue to foster financial stabilization of rural hospitals in Texas with an additional grant in state fiscal year 2025. Rural hospital stakeholders reported financial struggles related to debt burden and capital repairs and improvement. To address these issues, HHSC plans to release an RFA in state fiscal year 2025 for rural hospitals to apply for a one-time grant to use towards operational expenses and costs related to debt service payments, capital repairs and equipment purchases. HHSC plans to expand eligibility requirements to not exclude rural hospitals with 25 or more beds licensed by HHSC from this grant. As funding allows, HHSC may also award emergency direct awards to rural hospitals experiencing hardship in state fiscal year 2025.

### Maternal Care Operations

HHSC plans to continue to support improving Maternal Care Operations at rural hospitals in Texas with an additional grant in state fiscal year 2025. Rural hospital stakeholders reported to HHSC that maintaining labor and delivery services is a priority because once maternity operations cease, it is very difficult to reinstate them due to staffing challenges. Rural hospitals would also benefit from equipment and training to improve operations. To address this issue, HHSC plans to release an RFA for rural hospitals providing inpatient labor and delivery services to acquire equipment and/or training needed to maintain and/or improve operations.

## **Future Opportunities**

Rural hospital stakeholders reported interest in more opportunities that HHSC may be able to support through the grant program, including an early warning system to identify hospitals in trouble earlier. HHSC continues to collaborate with rural hospital stakeholders to identify opportunities to help hospitals at risk through the grant program.

## Conclusion

The 2024-25 General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 88) requires HHSC to provide an update on the implementation of the Plan by November 1, 2024. HHSC provides this progress report in accordance with these guidelines.

This report includes updates related to the implementation of the Rural Hospital Grant Program, targeting improving financial stabilization, maternal care operations, and APM readiness for Texas rural hospitals. Pursuant to Rider 88, this report includes the number of grants awarded, the number of hospitals served by each grant program, the amount awarded per entity, and the effectiveness of the grants.

HHSC recognizes that rural hospitals in Texas remain at risk financially and provide critical services to rural Texans. The closure of rural hospitals poses a significant risk to the health and safety of Texans and is a result of unforeseen circumstances. HHSC continues collaboration efforts with the rural hospital community, including RHAC, related hospital associations, and other state agencies, to administer the Rural Hospital Grant Program to stabilize rural hospitals in Texas.



## List of Acronyms

Acronym	Full Name
<b>APM</b>	Alternative Payment Model
<b>CAH</b>	Critical Access Hospital
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COVID-19</b>	Coronavirus 2019 Disease
<b>CT</b>	Computed Tomography
<b>ESRI</b>	Environmental Systems Research Institute
<b>Flex</b>	Medicare Rural Hospital Flexibility Program
<b>FS</b>	Financial Stabilization
<b>H.B.</b>	House Bill
<b>HHSC</b>	Health and Human Services Commission
<b>LSRH</b>	Limited Services Rural Hospital
<b>Plan</b>	Rural Hospital Services Strategic Plan
<b>PPS</b>	Prospective Payment System
<b>REH</b>	Rural Emergency Hospital
<b>RFA</b>	Request for Application
<b>RHAC</b>	Rural Hospital Advisory Committee
<b>RHFC</b>	Rural Hospital Finance and Coordination
<b>S.B.</b>	Senate Bill
<b>THCIC</b>	Texas Health Care Information Collection
<b>TORCH</b>	Texas Organization of Rural and Community Hospitals

## References

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2. Rural Health Information Hub. (2024, April). *Healthcare Access in Rural Communities*. <https://www.ruralhealthinfo.org/topics/healthcare-access#barriers>
3. Center for Healthcare Quality & Payment Reform. (2024, April). *Addressing the Crisis in Rural Maternity Care*. [https://chqpr.org/downloads/Rural\\_Maternity\\_Care\\_Crisis.pdf](https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf)
4. Kozhimannil KB, I. J. (2021, March). *Local Capacity for Emergency Births in Rural Hospitals Without Obstetrics Services*. *J Rural Health*, 37(2):385-393. doi: 10.1111/jrh.12539. Epub 2020 Nov 17. PMID: 33200829.

## **Appendix A. State Fiscal Year 2024 Rural Hospital Grant Program Notice of Awards**

<b>Category</b>	<b>Grant Type</b>	<b>Entity</b>	<b>Rural Hospitals Served</b>	<b>Amount<sup>b</sup></b>	<b>Amount Distributed by 8/31/2024</b>
Financial Stabilization (FS)	REH FS	Anson General Hospital	1	\$ 1,125,000	\$ 750,000
FS	REH FS	CHI St. Luke's Health Memorial San Augustine	1	\$ 1,125,000	\$ 375,000
FS	REH FS	Crosbyton Clinic Hospital	1	\$ 1,125,000	\$ 750,000
FS	REH FS	Falls Community Hospital and Clinic	1	1,125,000	\$ 750,000
FS	Rural Hospital FS – Tier 1	NHCI of Hillsboro, Inc	1	\$ 150,000	\$ 0
FS	Rural Hospital FS – Tier 1	Fannin County Hospital Authority (dba TMC Bonham Hospital)	1	\$ 150,000	\$ 0
FS	Rural Hospital FS – Tier 1	Uvalde Memorial Hospital	1	\$ 150,000	\$ 0
FS	Rural Hospital FS – Tier 2	Ascension Seton Edgar B. Davis Hospital	1	\$ 262,500	\$ 0
FS	Rural Hospital FS – Tier 2	Bosque County Hospital District	1	\$ 262,500	\$ 0
FS	Rural Hospital FS – Tier 2	Preferred Hospital Leasing Eldorado, Inc. dba Schleicher County Medical Center	1	\$ 262,500	\$ 0

<sup>b</sup> The FS grants are two-year grants and the total notice of award amounts include amounts to be distributed in both years.

<b>Category</b>	<b>Grant Type</b>	<b>Entity</b>	<b>Rural Hospitals Served</b>	<b>Amount<sup>b</sup></b>	<b>Amount Distributed by 8/31/2024</b>
FS	Rural Hospital FS – Tier 2	Preferred Hospital Leasing Junction, Inc. dba Kimble Hospital	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Heart of Texas Healthcare System	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Moore County Hospital District	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Preferred Hospital Leasing Coleman, Inc. dba Coleman County Medical Center	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Hardeman County Memorial Hospital	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Mitchell County Hospital District	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Sutton County Hospital District	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Dawson County Hospital District	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 2	Swisher Memorial Healthcare System	1	\$262,500	\$0
FS	Rural Hospital FS – Tier 3	Cogdell Memorial Hospital (Scurry Co. Hospital District)	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Dimmit Regional Hospital	1	\$375,000	\$0

<b>Category</b>	<b>Grant Type</b>	<b>Entity</b>	<b>Rural Hospitals Served</b>	<b>Amount<sup>b</sup></b>	<b>Amount Distributed by 8/31/2024</b>
FS	Rural Hospital FS – Tier 3	Lockney General Hospital District aka W.J. Mangold Memorial Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Parmer County Community Hospital dba Parmer Medical Center	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Preferred Hospital Leasing Hemphill, Inc. dba Sabine County Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Preferred Hospital Leasing, Inc. dba Collingsworth General Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Stonewall Memorial Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Comanche County Consolidated Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Memorial Medical Center	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Preferred Hospital Leasing Van Horn, Inc. dba Culberson Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Haskell County Hospital District	1	\$375,000	\$0

<b>Category</b>	<b>Grant Type</b>	<b>Entity</b>	<b>Rural Hospitals Served</b>	<b>Amount<sup>b</sup></b>	<b>Amount Distributed by 8/31/2024</b>
FS	Rural Hospital FS – Tier 3	Knox County Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Muleshoe Area Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Yoakum County Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Big Bend Regional Medical Center	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Hansford County Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Lynn County Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Mid Coast Medical Center - Bellville	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Mid Coast Medical Center - Central	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Mid Coast Medical Center - Crockett	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Mid Coast Medical Center - Trinity	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Dallam Hartley Counties Hospital District	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Ward Memorial Hospital	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Pampa Regional Medical Center	1	\$375,000	\$0
FS	Rural Hospital FS – Tier 3	Reagan Hospital District	1	\$375,000	\$0
FS	Emergency Hardship	Falls Community Hospital and Clinic	1	\$987,781	\$987,781
FS	Emergency Hardship	North Runnels Hospital District	1	\$400,000	\$400,000

<b>Category</b>	<b>Grant Type</b>	<b>Entity</b>	<b>Rural Hospitals Served</b>	<b>Amount<sup>b</sup></b>	<b>Amount Distributed by 8/31/2024</b>
APM Readiness	Direct Award	TORCH	62	\$450,000	\$0
<b>Total</b>			<b>108<sup>c</sup></b>	<b>\$ 19,312,781</b>	<b>\$ 4,012,781</b>

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<sup>c</sup> Total hospitals served is not a unique count and reflects the sum of hospitals served by each grant.