



March 28, 2023

The Honorable Debbie Stabenow
Chairwoman
U.S. Senate Committee on Agriculture
731 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John Boozman
Ranking Member
U.S. Senate Committee on Agriculture
141 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Glenn Thompson
Chairman
House Committee on Agriculture
400 Cannon House Office Building
Washington, D.C. 20515

The Honorable David Scott
Ranking Member
House Committee on Agriculture
468 Cannon House Office Building
Washington, D.C. 20515

Dear Chairwoman Debbie Stabenow, Ranking Member John Boozman, Chairman Glenn Thompson, Ranking Member David Scott, Members of the Senate Agriculture Committee, and Members of the House Agriculture Committee:

The National Rural Health Association (NRHA) is writing to outline our requests for the 2023 Farm Bill reauthorization. NRHA views the upcoming Farm Bill as an opportunity to improve health care access, build rural community and economic development, and enhance the overall quality of life in rural communities.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes every component of rural America's health care, including rural community hospitals, critical access hospitals, clinics, providers, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA's primary focus within the Farm Bill authorities is on the USDA Rural Development programs. In addition, we recommend updates to the following authorities and investments in nutrition, behavioral health, and emergency medical services.

Title VI – Rural Development

The Rural Development (RD) title supports the backbone of rural communities. As a healthcare organization, NRHA understands the importance of building economically healthy communities that include thriving healthcare facilities. Rural hospital closures are ticking back up again for the first time since before the pandemic. As of March 2023, [147 rural hospitals](#) have closed since 2010. Rural hospitals serve as a major source of jobs and support the economy of a community, but many need support to improve long-term viability.

In addition to supporting the economic health of a rural community, hospitals are key points of access to care for rural residents. [Compared to their urban counterparts](#), rural Americans have higher mortality rates, are less likely to seek out preventative health care services, have lower life expectancies, and suffer from chronic diseases at higher rates. These factors mean that retaining local access to care is incredibly important for our rural residents.

NRHA strongly recommends the Committee include community capacity building, technical assistance, and decision support mechanisms for communities in the 2023 Farm Bill. Rural communities are in need of funding to advance ideas and solutions to solve regional rural health care problems to support the long-term sustainability of rural health care. USDA should be authorized to provide technical and funding support for the continued development and maintenance of the National Rural Development Partnership and State Rural Development Councils and encourage these entities to include rural health care issues in their work programs.

New Support for Rural Provider Capital: Rural providers have been challenged in unprecedented ways during COVID-19. Since the onset of the pandemic, NRHA members have expressed the necessity for improved and updated facilities to accommodate the evolving needs of rural communities. NRHA urges Congress to provide additional funding for hospital infrastructure so rural CAHs and PPS hospitals can improve and maintain their facilities. This includes modernizing equipment for routine hospital visits and procedures, as well as ensuring connection to broadband connectivity to provide 21st century health care. To ensure rural hospitals have the capital they need, NRHA encourages Congress to explore additional capital investment programs, similar to the [Hill-Burton program](#), in which facilities receive grants for construction and modernization in return for providing reduced-cost care.

Community Facilities Direct Loan and Grant Program: The Community Facilities Direct Loan and Grant Program (CFL) provides essential, affordable funding to develop community facilities in rural areas. The requirements of the CFL portfolio are legislated and designed to mitigate risk of default. However, NRHA believes the application process for the USDA Community Facilities Direct and Indirect Loan Program is overly burdensome and requires meeting stringent underwriting requirements. Generally, capital starved rural facilities are not in a position to meet program requirements for a three-year history of a positive bottom line on financial status, making vulnerable rural providers ineligible. **Actions should be taken to simplify the application and underwriting requirements.** Additionally, authorities for the CFL portfolio should be expanded to include Farm Credit institutions as eligible entities to provide funding to awardees.

Congress should authorize use of loans and grants for essential community facilities for capital development projects so that funds may be used for renovations, upkeep, and modernization of aging rural hospitals through a set aside. The Committee should also **authorize a prioritization for applicants seeking to upgrade out-of-date electronic health record systems** to bring rural hospitals in line with current technology. The Committee may also consider another prioritization for applicants that will use funds for improving emergency medical services in rural areas, including purchasing equipment and vehicles.

Further, Congress should authorize increased funding for:

- The grant portion of the Community Facilities program at \$11 million per year.
- Grants for rural areas with severe economic depression to \$55 million per year.
- Grants for rural communities with high levels of outmigration to \$55 million per year.

The 2018 Farm Bill created an important prioritization under the Community Facilities Program that gave priority to applicants seeking loans or grants to develop facilities to provide substance use disorder services through 2025. **NRHA urges the Committee to authorize this prioritization beyond 2025 in this Farm Bill.** Rural areas lack access to substance use treatment and stand to benefit from continuing this prioritization.

ReConnect and Rural Broadband Programs. The Committee should consider **merging the ReConnect Program into the Rural Broadband Program to eliminate duplicative programs** by including [S. 130, the Rural Internet Improvement Act of 2023](#), in the Farm Bill. The ReConnect Program has been hugely important for rural communities – each round of funding has seen demand far outpacing the amounts made available for recipients. By combining these two similar programs, USDA will be able to award funds to more entities to bring broadband to the most unserved rural areas and streamline superfluous federal programs. Alternatively, the Farm Bill should state that ReConnect funds must not go to a provider in a service area where another provider received Rural Utilities Service funds from another program, funds from federal universal service programs, or a funds from a state broadband grant program.

NRHA further urges the Committee to **specify a minimum service level commitment of 100/100 Mbps high-speed, symmetrical broadband service for all applicants seeking funding through ReConnect**. This level was required in the third round of ReConnect and allowing applicants to offer a lesser standard would be a step backwards from the last round of funding. NRHA believes that it is critical to write this minimum speed standard into law.

NRHA also asks that the Committee explicitly state that ReConnect grant recipients do not need to spend all matching funds before using grant funds on a project. NRHA maintains that this is an unnecessary and burdensome requirement on providers.

Community Connect Grant Program. The Community Connect Program is critical for bringing broadband service to essential community facilities in rural areas where service does not exist and connecting residents to high-speed internet at community centers. NRHA recommends the Committee **reauthorize program at \$55 million per year** from 2023 – 2028. Additionally, the Committee should consider **eliminating the 15% matching funds requirement for tribes, local government units serving a population of no more than 5,000, and local government units within a persistent poverty county**. A requirement to put up non-Federal matching funds could disincentivize entities from applying and thus create a barrier to expanding broadband to the neediest rural areas.

Distance Learning and Telemedicine Grant Program (DLT). NRHA asks that DLT be reauthorized at \$90 million per year. Rural residents often rely upon telemedicine to help mitigate against long travel times to providers, provider shortages, and other rural-specific challenges that impede access to healthcare. While telemedicine is critical in rural areas, not all providers have the resources to purchase and maintain critical telehealth technologies. DLT is an important tool for building out telemedicine capabilities in rural areas.

Additionally, the 2018 Farm Bill created a 20% set aside for telemedicine projects that provide substance use disorder treatment services through 2025. We urge the Committee to authorize this set aside beyond 2025 to continue incentivizing rural applicants to provide needed substance use services via telemedicine.

Rural childcare. Access to childcare is essential recruiting and retaining health care professionals, farmers, farm workers, agricultural workers, and other employees to rural areas. Oftentimes childcare stands as a barrier to families relocating to rural areas. NRHA asks that the Committee explore integrating childcare through the Community Facilities Program, the Business and Industry Loan Guarantee Program, the Rural Business Development Grant Program, the Rural Innovation Strong Economy Grant Program, and the Rural Microentrepreneur Assistance Program.

Title IV – Nutrition

Food insecurity is a reality for millions of rural households and rural children, threatening the very communities that feed the rest of America. Rural communities make up 63% of all counties, but they account for 87% of counties with the highest food insecurity rates. NRHA asks that the Committee consider our requests under the following nutrition programs:

Supplemental Nutrition Assistance Program (SNAP): SNAP reaches our most vulnerable rural populations including older adults, children, and people with disabilities. Over 16% of rural households participate in SNAP compared to 13% of urban households. SNAP also has the potential to stimulate local rural economies by achieving an estimated \$1.79 in economic activity for every SNAP dollar spent. Strengthening SNAP to mitigate against food insecurity and ensure rural residents have access to fresh, healthy foods is a key component in promoting overall health. **Specifically, NRHA calls on Congress to:**

- **Retain the Thrifty Food Plan update schedule established in the 2018 Farm Bill and protect the most recent 2021 reevaluation by the USDA.** This crucial reevaluation increased the cost of the Thrifty Food Plan and thus the maximum amount of SNAP benefits for the first time in 45 years. Reevaluating the Thrifty Food Plan is essential to ensure that SNAP recipients get benefits that match inflation and are based on current economic realities, especially as we continue to see food prices grow. Rural residents tend to be older and poorer, as evidenced by higher poverty rates in rural areas compared to urban areas, and may need a supplement to their other income to afford an adequate, healthy diet.
- **Streamline the SNAP excess medical expense deduction for older and disabled adults by authorizing a standard medical deduction (SMD) in all states.** With over 20% of rural residents are over the age of 65, NRHA is committed to promoting food security among our older rural adults. Currently, states must update their state plan and wait for Food and Nutrition Service (FNS) approval of their SMD. Only 21 states have a standard medical deduction. Allowing all states to establish their SMD without going through a bureaucratic process is more efficient and will allow the neediest SNAP recipients to receive maximum SNAP benefits. The process of documenting and proving all medical expenses likely discourages older adults from receiving the deduction. The Committee should act to authorize the SMD across all states to ensure that the most vulnerable rural recipients can more easily receive enough SNAP benefits to support a full, healthy diet.

Gus Schumacher Nutrition Incentive Program (GusNIP). GusNIP provides opportunities to address health disparities through innovative nutrition programs. Rural Americans tend to be older, sicker, and poorer and have less access to fresh, nutritious foods. The Committee should act to strengthen GusNIP for rural communities through:

- **Authorize increased funding for the next 5 years.** Both the GusNIP SNAP Incentives and Produce Prescription Programs have proven effective and should be maintained and funded at higher levels to increase rural participation.
- **Reduce or eliminate the matching requirement** at 7 U.S.C. § 7517(b)(1)(D) to encourage more participation in SNAP Incentives grants. A requirement to put up non-Federal matching funds could serve as a barrier for less well-resourced rural entities to apply and consequently leave rural communities out of the program.
- **Add rural health clinics (RHCs) to the definition of healthcare partners** at 7 U.S.C. § 7517(a)(4)(B) to expand the reach of Produce Prescription Programs to more rural areas.

RHCs are vital components of the rural health safety net and should be authorized to participate in a Produce Prescription Program as a healthcare partner with other eligible entities.

Food Distribution Program on Indian Reservations (FDPIR). Tribal communities make up a significant portion of our rural population. Food insecurity among tribal communities nearly doubles that of all other communities, and this issue has been exacerbated due to the COVID-19 pandemic. Native Americans also have a higher prevalence of diet-related diseases, with mortalities attributed to diabetes at a rate three times higher than the general U.S. population. This makes supporting food security for tribal communities a critical component of the nutrition title. The Committee can strengthen FDPIR for tribal communities by **allowing tribal households participating in FDPIR to simultaneously participate in SNAP. Further, the Committee should continue funding the demonstration project that permits tribal nations to enter into self-determination contracts to purchase agricultural commodities under FDPIR.** This would allow more tribes to source their own food directly and to include more indigenous, culturally appropriate foods into FDPIR. Finally, the Committee should also **grant USDA section 638 authority so that it can give tribal nations the ability to administer SNAP autonomously.**

Healthy Food Financing Initiative (HFFI). HFFI is another tool to combat food insecurity by bringing healthy food retailers into underserved, rural communities. HFFI not only brings healthy options into food deserts but creates needed jobs and economic opportunities in rural communities as well as new market opportunities for farmers. **NRHA urges Congress to reauthorize HFFI with increased funding through an annual appropriation for 2023 – 2028.**

Title VII – Research, Extension, and Related Matters

Farm and Ranch Stress Assistance Network (FRSAN): Issues such as social and geographical isolation, weather variability, limited access to health care, and fluctuating commodity prices are unique factors that affect agriculture workers' mental health. In addition to the critical support the FRSAN program currently provides, these essential workers need access to a national crisis hotline that can respond to their behavioral health needs and employs those who understand the particular struggles that agriculture workers face.

The Committee can support our essential agriculture workers by:

- **Authorize a permanent funding stream for FRSAN** to eliminate uncertainty for grantees as to whether their networks will remain operating to serve agriculture workers.
- Authorize increased funding at \$15 million/year from 2023 – 2028.
- Expand the reach of services at 7 U.S.C. § 5936(a) to “individuals who are engaged in farming, ranching, and other agriculture-related occupations ***and their families.***”

Agriculture worker crisis hotline. NRHA urges the Committee to **authorize a national crisis hotline tailored to agriculture workers and their families.** As referenced above, the unique stressors that agriculture workers, and by extension their families, experience means that general crisis hotlines, like 988, are not suitable for addressing these workers' emergency behavioral health needs. The hotline should be for individuals currently in crisis rather than for connecting individuals to a network of resources like in FRSAN.

Support for farmer suicide research. Increase research efforts in the United States to build awareness of and solutions for supporting mental health in the agricultural industry.

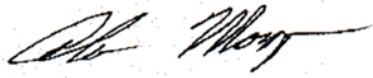
Title XII - Miscellaneous

Rural Emergency Medical Services Training and Equipment Assistance Program. Rural emergency medical services (EMS) are a complicated and persistent policy issue. EMS agencies vary from locality to locality, making comprehensive reforms difficult. NRHA asks that the Committee support rural EMS agencies through authorizing an increase in the maximum grant amount from \$200,000 to \$500,000 for the Rural Emergency Medical Services Training and Equipment Assistance program. Further, Congress should eliminate the non-Federal matching funds requirement to encourage the neediest EMS agencies to apply for grants.

Rural Health Liaison. The Committee should continue to support the Rural Health Liaison to ensure that USDA is connecting and collaborating with its health partners at the Department of Health and Human Services and other relevant agencies.

Thank you for your consideration of these requests and for your work towards improving rural communities. NRHA looks forward to continuing working with Members of the Committee as the Farm Bill progresses. If you have any questions, please contact Alexa McKinley (amckinley@ruralhealth.us).

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association