

Congress of the United States

Washington, DC 20515

May 22, 2025

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House Committee on Appropriations
Washington, DC 20515

The Honorable Rosa L. DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
U.S. House Committee on Appropriations
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro:

As members of the Congressional Bipartisan Rural Health Caucus, we request your support for rural healthcare programs as you move forward with the Fiscal Year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies funding bill. We thank you for your leadership and support for rural healthcare programs and hope that you will continue these important efforts.

It is crucial that the committee support programs that seek to address the severe healthcare challenges that are unique to, and in some areas growing in, rural America. For example, the rural hospital closure crisis continues to intensify. Nearly 190 rural hospitals have closed or discontinued inpatient services since 2010.¹ The most recent research suggests that more than 430 rural hospitals are currently at risk of closure, and nearly half of rural hospitals are operating with negative margins.² In addition, healthcare workforce shortages continue to plague rural communities. Today, almost 70 percent of rural counties are designated as primary care Health Professional Shortage Areas (HPSAs),³ with only 10 percent of the country's physicians practicing in rural communities.⁴ Given that nearly one-fifth of the nation's population lives in rural America, we encourage the committee to recognize that rural Americans are facing significant healthcare challenges and desperately need immediate solutions.

Rural healthcare programs play a critical role in providing cost savings to our healthcare system and ensuring that Americans living in rural and remote areas can access quality, affordable healthcare and mental health services. We respectfully request your support for the following programs:

Rural Residency Planning and Development (RRPD) Program: Continued support for the development of new rural residency programs is essential to addressing the ongoing workforce shortages faced by rural communities. Data show that residents are five times more likely to practice in a rural setting if they train in one. Since 2019, HRSA's RRPD Program has created 48 new accredited rural residency programs or rural track programs in family medicine, internal medicine, psychiatry, and general surgery and received approval for approximately 587 new residency positions

¹ <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

² Chartis Center for Rural Health, "2025 Rural Health State of the State"; https://www.chartis.com/sites/default/files/documents/CCRH%20WP%20-%202025%20Rural%20health%20state%20of%20the%20state_021125.pdf

³ <https://www.ruralhealthinfo.org/topics/healthcare-access>

⁴ *Journal of Internal Medicine*, 2023 Jun 20; 38 (Suppl 3): 916–922:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10356718/#CR1>

in rural areas.⁵ Ongoing funding support will help ensure critical capacity to train physicians in rural areas.

Rural Communities Opioid Response Program (RCORP): The opioid and mental health crisis has hit rural communities particularly hard. The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative that addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD). The RCORP program funds rural communities in planning and implementation efforts related to Medication Assisted Treatment, Neonatal Abstinence Syndrome, psychostimulant support, overdose response, and child, adolescent, and adult behavioral health support.

Medicare Rural Hospital Flexibility (FLEX) Grant Program: The Medicare Rural Hospital Flexibility (FLEX) program plays an important role improving hospital-based healthcare access for rural communities by providing grant funding to Critical Access Hospitals (CAHs), emergency medical service (EMS), and clinics in all 50 states. FLEX funding goes toward quality improvements, initiatives for behavioral health, telehealth, and training and technical assistance to build capacity, support innovation, and promote sustainable improvement in the rural healthcare system. These resources also support communities considering the Rural Emergency Hospital option.

Rural Maternal and Obstetric Management Strategies (RMOMS) Program: Between 2011 and 2021, nearly 270 rural hospitals discontinued obstetric (OB) services, with 63 of these closures occurring during the first two years of the COVID-19 pandemic. As a result, nearly 25% of America's rural OB units have been lost, leaving expectant mothers with longer travel times for OB care than ever before.⁶ This reduced access to OB services increases the risk of poorer health outcomes, particularly in emergencies. Following the passage of the Rural MOMS Act in 2022, continued funding for the RMOMS program remains essential to improving rural maternal health outcomes and expanding access to OB services in rural areas.

Supporting and Improving Rural EMS Needs (SIREN) Grant Program: SIREN Act grants support rural EMS agencies in training and recruiting staff, conducting certification courses, and purchasing equipment, including naloxone to address the opioid overdose epidemic. Rural EMS agencies continue to face many challenges, including a decline in primary care and hospital service availability, workforce shortages exacerbated by the pandemic, and long distances between healthcare facilities. At the same time, EMS agencies today are tasked with ever-greater responsibilities — preparing for natural and manmade disasters and bioterror threats, supporting the chronic and emergency care needs of an aging population, and responding on the front lines of the opioid epidemic. Adequate and sustainable funding for the SIREN grant program is particularly important, given that more than 50% of rural EMS agencies are staffed by volunteers,⁷ who regularly have to raise their own funds to keep their doors open.

⁵ <https://www.hrsa.gov/rural-health/grants/rural-health-research-policy/rrpd>

⁶ Chartis Center for Rural Health, "Rural America's OB Deserts Widen in Fallout From Pandemic," December 2023; <https://www.chartis.com/insights/rural-americas-ob-deserts-widen-fallout-pandemic#:~:text=New%20analysis%20into%20the%20loss,on%20the%20delivery%20of%20care.%E2%80%9D>

⁷ Patterson DG, Skillman SM, Fordyce MA. Prehospital Emergency Medical Services Personnel in Rural Areas: Results from a Survey in Nine States. Final Report #149. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, August 2015. https://depts.washington.edu/uwrhrc/uploads/RHRC_FR149_Patterson.pdf

Rural Health Outreach and Network Services: These programs support rural, community-driven initiatives that promote improved access to care, enhance care coordination, and foster sustainable solutions for chronic disease prevention and management in rural areas. In FY 2022, over 475,000 individuals received direct services in over 400 rural counties through these programs, with over 85% of grant recipients demonstrating improvement in one or more clinical measures.⁸ For FY26, we request adequate funding to establish a Rural Network Initiative to help independent rural hospitals effectively compete in a healthcare environment in which size and scale are integral to succeed by fostering collaboration and equipping rural hospitals with the resources needed to remain open, expand service lines, and better meet patient needs.

Centers for Disease Control and Prevention (CDC) Office of Rural Health: Responding to the disproportionate impact of COVID-19 in rural areas, Congress created the CDC Office of Rural Health in the Consolidated Appropriations Act, 2023 to bring a sharper focus to rural health needs. The office enhances implementation of CDC's rural health portfolio, coordinates efforts across CDC programs, and leads the development and ongoing stewardship of a strategic plan to drive targeted, evidence based action to improve rural health outcomes. Funding is needed to ensure continued representation of rural voices within public health data, information, decision-making, and programs.

Other core health programs that improve access to care in rural communities for which we urge continued funding in FY 2026 include:

- The **Federal Office of Rural Health Policy (FORHP)**, which serves as the primary voice for rural populations within HHS. FORHP provides targeted funding, policy leadership, and technical assistance to strengthen rural healthcare networks, support innovative care delivery models, bolster the rural health workforce, and offer direct assistance to rural healthcare providers and facilities.
- The **State Offices of Rural Health**, which strengthen rural healthcare delivery systems by serving as clearinghouses for the collection and dissemination of information on rural health issues, research findings, innovative approaches, and best practices.
- Mandatory and discretionary funding for the **Health Center Program, National Health Service Corps, and Teaching Health Center GME** program.
- Health education and training programs such as the **Area Health Education Center program**, along with **nursing workforce development, oral health workforce, and behavioral health workforce development** programs.
- The **Office for the Advancement of Telehealth**, which promotes the use of telehealth technologies for healthcare delivery, education, and health information services.
- The CDC's **National Center for Health Statistics**, which collects and analyzes data to inform federal, state, and local governments as well as local healthcare providers about specific health challenges faced by rural communities and direct resources where they are most needed and effective.

⁸ <https://web.archive.org/web/20250308124649/https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2025.pdf>

While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural communities. We understand the desire and need by Congress to curb federal spending and reduce the national debt. We believe sustained investments in rural health programs will not only help to improve health outcomes and healthcare delivery in rural areas but also provide broader cost savings to our nation's healthcare system.

As the committee prepares to mark up the FY 2026 appropriations bills for the Department of Health and Human Services and related agencies, we ask the committee to support adequate funding for rural healthcare programs. Thank you for your consideration.

Sincerely,



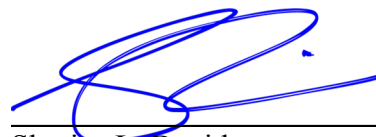
Diana Harshbarger, Pharm.D.
Member of Congress



JM Tokuda
Member of Congress



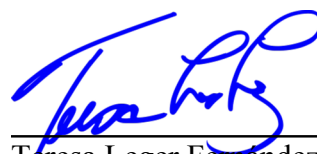
Glenn "GT" Thompson
Member of Congress



Sharice L. Davids
Member of Congress



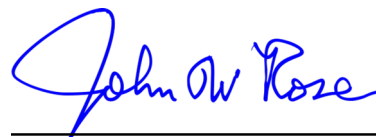
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Member of Congress



Teresa Leger Fernandez
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Raul Ruiz, M.D.
Member of Congress



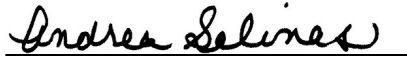
John Rose
Member of Congress



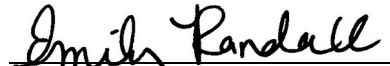
Val Hoyle
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Carol D. Miller
Member of Congress



Andrea Salinas
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Emily Randall
Member of Congress



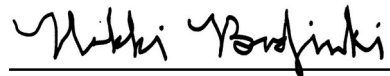
Janelle S. Bynum
Member of Congress



Dan Meuser
Member of Congress



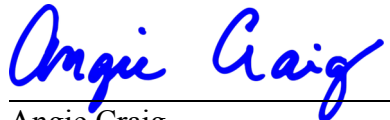
Chellie Pingree
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Nikki Budzinski
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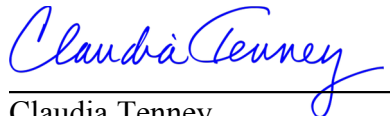
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Angie Craig
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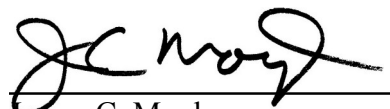
Mike Kelly
Member of Congress



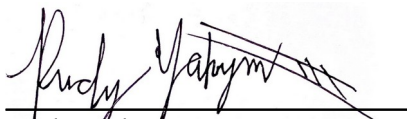
Claudia Tenney
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Joe Wilson
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James C. Moylan
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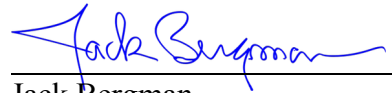
Rudy Yakym III
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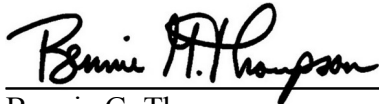
Sam Graves
Member of Congress



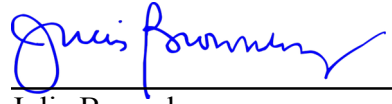
Mike Carey
Member of Congress



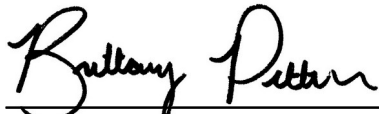
Jack Bergman
Member of Congress



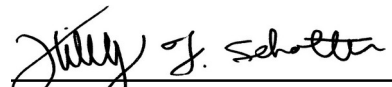
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Julia Brownley
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Brittany Pettersen
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Hillary J. Scholten
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Suhas Subramanyam
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