**FY 2026 Appropriations Talking Points:** [Urge Congress to Invest in Rural Health (FY 2026 Appropriations).](https://www.votervoice.net/iframes/NRHA/Campaigns/124960/Respond)

**High-Level Talking Points:**

* Since 2010, over 190 rural hospitals have closed or discontinued inpatient services. When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin exits, affecting the larger community.
* In this economic environment, it is critical Congress uses every tool to equip rural providers with the stability they need to keep their doors open. Currently, nearly 50 percent of rural hospitals have negative operating margins.
* Rural providers suffer from long-standing challenges, including workforce shortages, low patient volumes, higher prevalence of chronic diseases, a lower socio-economic population, and challenging payer mixes.
* Rural health spending is a relatively small percentage of the federal annual budget but is vitally important for maintaining access to care for individuals living in rural America.
* The President's FY 2026 Budget request calls on Congress to eliminate two longstanding rural health programs: the Medicare Rural Hospital Flexibility program and State Offices of Rural Health, both of which are essential to ensuring access to care for rural Americans. This will upend rural health care delivery by ending proven programs, leading to a critical underfunding of rural health systems and ultimately threatening rural provider stability and patient access.
* [**PERSONAL STORY OF THE IMPACT OF RURAL HEALTH AND IMPORTANCE OF FUNDING]**

**Program specific talking points:**

* **The Medicare Rural Hospital Flexibility (Flex) Grant Program** 
  + Flex plays a critical role in helping (your state’s) (insert number of CAHs) Critical Access Hospitals (CAHs) improve their financial status and focus on enhancing their quality of care.
  + Eliminating the Flex program would take away needed resources for small hospital-based services for Critical Access Hospitals (CAHs), emergency medical service (EMS), rural health clinics, and health professionals.
    - If Flex is not supported, rural hospitals will be more at risk of closure. This would include the In (your state) XX rural hospitals in your state that are operating with a negative profit margin
  + The Flex program has a proven track record of improving the financial stability of small rural hospitals and participation in value-based efforts.
  + The program also offers education and training and provides infrastructure support that allows small rural hospitals to strengthen financial and operational performance, and invest in activities that improve access to high quality care in rural areas. It also supports essential investments in data infrastructure and reporting capabilities.
* **State Office of Rural Health (SORH) Program** 
  + SORH are a one-stop shop for information for community leaders and healthcare providers in the nation’s rural communities, growing collaborative approaches to rural health access and leadership and providing support to build capacity and resources to improve rural health.
  + Elimination of the SORH programwould take away funding dedicated to helping small rural communities leverage state and federal resources to develop long-term solutions to rural health programs.
    - This leveraged funding of the initial investment to secure additional investments rural health programming includes: (XXX insert info available from your state- *example from Michigan shows a 27-fold return on investment from federal funding ($237k to $6.4m))*.
    - The SORH program is not just a Federal program. It's a Federal-state partnership with a 3-to-1 match requirement, meaning for every federal dollar invested, states contribute three dollars.
  + Loss of the SORH program would lead to rural communities no longer having the foundational funding to support core staffing and operations that enables states expand workforce development, primary care access, and education.
* **Rural Health Care Services Outreach Program**
  + These grants support rural, community-driven initiatives that promote improved access to care, enhance care coordination, foster sustainable solutions for chronic disease prevention and management in rural areas, and encourage longevity by providing initial start-up funding and then requiring recipients to identify and implement strategies to continue the projects after federal funding ends
    - * In FY 2023, 522,000 unique individuals received direct services through Outreach programs.
      * In FY 2023, 100% of Delta States Rural Network Development grantees showed improvements on at least one clinical measure.
      * Rural Health Network Development Program grantees generated an average of $2.00 of economic impact into their rural communities for every Outreach program dollar spent.
      * In FY 2023, 98% of Rural Health Network Development Program grantees reported that they will sustain all or parts of their projects.
      * 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.
* **The Rural Residency Planning and Development Program (RRPD).** RRPD supports the development of new rural residency programs to address the ongoing workforce shortages faced by rural communities.
  + X programs in (your state) are funded by RRPD.
  + Since 2019, RRPD has:
    - * Created 61 new accredited rural residency programs or rural track programs in family medicine, internal medicine, psychiatry, and general surgery, 52 of which participated in the national match to recruit residents.
      * Received approval for approximately 746 new residency positions in rural areas
      * Started training 387 rural residents
      * Made awards to grantees across 38 states and 1 territory
* **The Rural Communities Opioid Response Program (RCORP)**
  + RCORP is a multi-year initiative that addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD). RCORP 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.
  + In FY 2024, $14 million went towards grantees improving access to treatment and recovery services for substance use disorder and opioid use disorder
  + RCORP-supported rural counties had **1.2 more waivered clinicians per 100,000 population** to prescribe buprenorphine, which is a medication for opioid use disorder.
  + RCORP counties also had **57.5 more treatment slots per 100,000 population** compared to non-RCORP counties.
* **The Centers for Disease Control and Prevention (CDC) Office of Rural Health (ORH)**
  + The office enhances implementation of CDC’s rural public health portfolio, coordinates efforts across CDC programs, and leads a strategic plan for rural public health across the agency.

Resources:

* NRHA Resources:
  + [NRHA FY26 Appropriations Asks Table](https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/2025/fy-2026-approps-table-5-30-2025.pdf)
  + [NRHA Rural Program Reauthorizations](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/Rural-program-authorizations-5-1-25.pdf)
  + [FY 2026 Appropriations Toolkit](https://www.ruralhealth.us/getmedia/48ca5bee-63ec-4e42-98f7-7bddf9b54ff7/Rural-Health-Appropriations-Toolkit.docx)
* NOSORH Resources:
  + [SORH Talking Points](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/SORH-Talking-Points-Final.docx)
  + [SORH Rural Matters Fact Sheet](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/SORH-Rural-Matters-Fact-Sheet.pdf)
  + [2025 SORH Appropriations Fact Sheet](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/2025-SORH-APPROPRIATIONS-FACT-SHEET.pdf)
* RRPD Resources:
  + [RRPD one-pager](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/1-Pager-RRPD_May-2025.pdf)
* Flex Resources:
  + [Medicare Rural Hospital Flexibility Program Fact Sheet](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/MEDICARE-RURAL-HOSPITAL-FLEXIBILITY-PROGRAM-2025.pdf)
  + [Flex Program Talking Points](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/Flex-Talking-Points-Final.docx)