

NRHA's 2026 Advocacy Guide

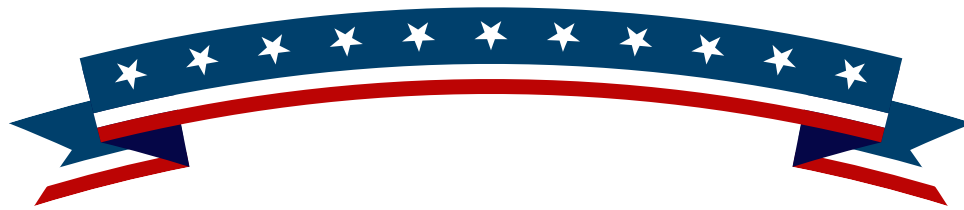


How to Advocate During an Election-Year



**National Rural
Health Association**

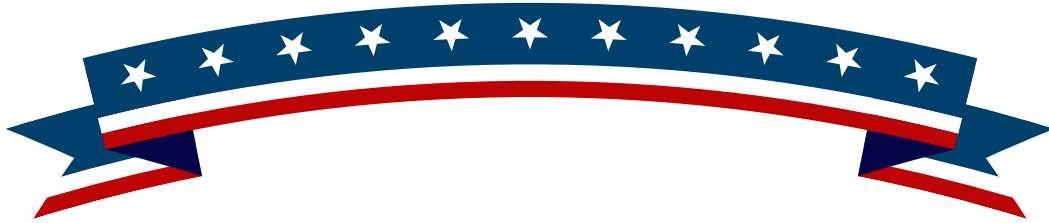
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NRHA's Guide: How to Advocate During an Election-Year



About this toolkit

This toolkit serves as a guide on how to prioritize rural health advocacy efforts during an election-year. During this time, you may see changes in congressional offices locally and federally. It's important to engage with your district Members and educate on rural health priorities!

About NRHA

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

How to Engage With Your District Member

Emailing Members and Staff about End of Year Priorities

With the 119th Congress winding down there is still plenty of work to be done, especially around funding for rural health. Follow the steps below to connect with your members of Congress. Make sure to share information about the importance of rural health, the urgency to act in the coming months, and request a meeting with your candidates.

1

- Find your legislator and other elected officials by entering your zip code [here](#).
- Most members of Congress have a website with contact information.
- Please contact NRHA Government Affairs staff for assistance as needed.

2

- Email the Congressional office requesting a meeting. Find out who the Health Staffer is or use the general office inquiry form to send an email requesting a meeting using the template provided in this guide. Include any relevant materials so they have a chance to review them before your meeting.

3

- Have the meeting! During, thank them for any positive actions they've taken, share your personal interest in the issue, and make a clear request.
- Use the talking points provided in this toolkit as a guide to establish next steps.

4

- Follow Up. After the meeting, thank the legislator and staffer for their time. Be sure to get their email address and follow up with them via email.

How to Engage With Your District Member

Email Template

Emailing Members and Staff about End of Year Priorities

[ON YOUR LETTERHEAD]

[DATE]

The Honorable [FIRST & LAST NAME OF REPRESENTATIVE/SENATOR]

U.S. House of Representatives/[U.S. Senate]

Washington, DC [ZIP CODE]

Dear [REPRESENTATIVE/SENATOR LAST NAME],

My name is [X], and I am writing on behalf of [Name of your organization.] [Describe your organization].

I am writing to request a meeting with you and your healthcare staff on [XXX Date.] With the end of the 119th congress in sight, it is more important now than ever to address crucial rural healthcare policy and ensure that rural health is included in end of year packages.

[Name of your Organization] would like to discuss critical issues related healthcare for rural Americans. [Include specific requests, bills, or include talking points from the priorities below you wish to discuss with your Member of Congress here.]

Thank you for considering this request. To schedule the meeting, please contact me at [your contact information]. I look forward to meeting with you and your healthcare staff soon.

Sincerely,

[Your Full Name]

[Your Organization]

[Your Contact Information]



National Rural
Health Association

How to Engage With Your District Member

How to Engage with your District Member as a Candidate

According to the Pew Research Center, over 60% of Americans see the affordability and accessibility of healthcare as a "very big problem." As a result, most candidates have a healthcare platform. It's crucial to understand where candidates stand on rural health issues. Follow these steps to share information on the importance of rural health and request a brief meeting with your candidates.

1

- Find US Senate and US House of Representatives Candidates Information.
- You can find your sample ballot via the [Sample Ballot Lookup](#) on [Ballotpedia](#). Enter your address to find information on candidates in your district.
- The [Sample Ballot Lookup](#) also offers information and ways to contact candidates. This can come in the form of email, social media or campaign office information.

2

- Reach out to candidates in your area. NRHA has prepared a sample email in this guide that is customizable. Simply copy and paste the email template. Then add which talking points are important to you and your district.

3

- Have the meeting! During the meeting, thank them for taking the time meet and note any positive actions they've emphasized during the campaign, share your rural health story, and make a clear request for the candidate to emphasize rural care in this election.
- Utilize the talking points in this toolkit a guide to establish the next steps the member or staff can make.

4

- After the meeting, thank the candidate for their time. Be sure to get their email address and follow up with them via email.
- Attended events the candidates are hosting and become an important part of the conversation.

TIP: If the candidate you are reaching out to is a sitting Member of Congress and you have an established contact in their office (for example you met with them during Policy Institute), feel free to email your contact directly for additional information.

How to Engage With A Candidate

Email Template

Rural Health is a Key Issue – Voters Agree

Dear [CANDIDATE],

As your constituent, I am writing to you today because I have been following your campaign and appreciate the attention you have given to health care *[add a personalized note]*. I would like to learn more about your position on improving rural health access by investing in a strong safety net, strengthening our workforce, and addressing the decline in rural life expectancy.

I represent *[name or name of your organization]*, as well as the National Rural Health Association (NRHA), a membership organization of over 21,000 rural Americans. NRHA members include everyone from hospital CEOs to public health activists and grassroots organizers, all working to ensure that our rural communities can thrive. NRHA and I share one goal: to improve rural healthcare in the United States.

Rural populations often face significant barriers that limit their ability to obtain the care they need. The past five years have devastated the financial viability of rural practices, disrupted rural economies, and eroded the availability of care.

- Since 2010, over 200 rural hospitals have closed or discontinued inpatient services. Nationally, over 40% of rural hospitals are operating with negative margins, making them vulnerable to closure. *[Can personalize [data related to your rural hospital](#).]*
- For decades, rural residents in many parts of the United States have faced chronic and sometimes severe shortages of primary care providers. Nearly 70% of rural or partially rural counties are designated Health Professional Shortage Areas, and close to one in ten counties have no physicians at all. *[Can personalize figures here to your district by [looking at HPSA Data here](#)]*
- Medical deserts are appearing across rural America leaving the over 60 million Americans who call rural areas home vulnerable or without timely access to healthcare.

These alarming statistics highlight the growing need for political action. Addressing rural inequities and declining life expectancy rates is a top priority for your rural constituents, and I hope that your policy platform will include this moving forward. With this, my questions to you are simple: *[Questions are based on NRHA's Policy Priority Areas, please feel free to choose which questions feel most appropriate to you and your candidates]*

Investing in a Strong Safety Net:

- *How will you prioritize rural hospitals and investing in the rural health safety net by supporting rural hospitals, Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers?*

Reducing Rural Healthcare Workforce Shortages:

- *Can you commit to working with both parties to support rural Graduate Medical Education and workforce programs like the National Health Service Corps to address rural healthcare workforce shortages?*

Addressing Rural Declining Life Expectancy and Rural Opportunity:

- *How will you invest in specific programs that will bring funding to our rural community in order to improve life expectancy for rural residents?*

Thank you for your time and attention to these critical issues. I have attached some additional informational resources to this email. I look forward to your response, and I would welcome a short meeting with *[the candidate / your contact / the staff member overseeing health policy.]* If you have any questions, you can reach me at *[your contact information]*.

With Sincerity,
[Your Full Name]
[Your Organization]

How to Uplift Your Priorities

5 Steps to Be an Effective Advocate

1. Know who you are advocating. Do your homework. Don't assume they're experts on health care.
2. Connect through personal experience. The “why” that is core to telling your story.
3. Articulate your ask. What is your issue/problem, identify 2-3 critical points? Offer a solution, if possible.
4. Supplement with data. Amplify your story with research- national and district level.
5. Follow up and stay engaged. You are fostering a relationship. Offer yourself as a resource for information in the future.

Learn more with NRHA's Advocacy 101 leave-behind [here](#)

Utilize Your Resources

[Rural Health Research
Centers Data Sources](#)

[NRHA Rural Health
Legislative Tracker](#)

[NRHA State Advocacy
Resources and Data](#)

[NRHA Health Policy Briefs
and Documents](#)

[NRHA Advocacy Priority
Areas](#)

[NRHA Public Comments
and Letters](#)

[NRHA Policy Agenda](#)



NRHA Talking Points

Urge Congress to Invest in Rural Health FY 2027 Appropriations

The House Appropriations Labor, Health and Human Services (L-HHS) Subcommittee passed its fiscal year (FY) [2027 funding bill](#) out of the Committee and sent it to the full House for approval. The bill includes robust funding for rural health programs and should be made into laws.

Ask: We urge Congress to fully fund rural health programs and pass a comprehensive FY 2027 appropriations package that is reflective of funding levels for rural health programs in the House's FY 2027 proposal.

[PERSONAL STORY OF THE IMPACT OF RURAL HEALTH AND IMPORTANCE OF GRANT FUNDING]

The following programs at the Federal Office of Rural Health Policy would end if Congress enacts the President's budget proposal, upending rural health care delivery in *[your state]*:

- **The Medicare Rural Hospital Flexibility (Flex) Program** helps Critical Access Hospitals (CAHs) and rural communities deliver quality, sustainable healthcare. Flex is a lifeline that keeps rural hospitals open and improves quality of care.
 - *Show number of CAHs in your state that is impacted by Flex [here](#) - Find number in spreadsheet "CAHs by state".*
 - *Show amount of Flex funding received in your state [here](#) - Find number in tab "Flex state awards".*
- **The State Offices of Rural Health (SORHs)** work with rural health care providers and stakeholders across the state to administer Flex programs, connect partners to resources, build capacity, and otherwise provide critical direct technical assistance.
 - *Show amount your SORH received in your state [here](#) - Find number in tab "SORH state awards".*
- **The Rural Hospital Stabilization Program** is a pilot technical assistance program that improves health care in rural areas by providing in-depth assistance directly to financially distressed rural hospitals to address long-term solvency and operating models. The program provides direct funding to enhance and/or expand service lines.
 - *Please reference first cohort RHSP awardees [here](#).*
- **The Rural Hospital Provider Assistance Program.** This new program, first funded in FY 2026, aims to help rural PPS hospitals with low wage indexes by providing additional funding to support recruitment and retention.
 - *Find list of hospitals funded in FY 2026 [here](#).*

NRHA Talking Points

Urge Congress to Invest in Rural Health FY 2027 Appropriations

The following rural programs need continued investment to sustain rural healthcare access in our rural communities:

- **The Department of Agriculture Rural Hospital Technical Assistance Program** provides free, targeted, on-the-ground technical assistance to rural hospitals at-risk of closure to prevent closures and maintain essential healthcare services in rural communities.
- **The Rural Residency Planning and Development Program (RRPD)** supports the development of new rural residency programs to address the ongoing physician shortages faced by rural communities.
 - Find RRPD grant awardees in your state [here](#); find FY2026 awardees [here](#).
- **The Rural Health Care Services Outreach programs** supports 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.
 - Find Outreach programs' FY 2025 awardees [here](#).
- **The Rural Communities Opioid Response Programs (RCORP)** addresses barriers through targeted interventions for treatment for substance use disorder (SUD), including opioid use disorder (OUD), specific to the unique needs in rural areas.
 - Find RCORP FY 2025 awardees [here](#).
- **The Office of Rural Health at the Centers for Disease Control and Prevention (CDC)** strengthens the agency's focus on rural communities by coordinating rural-specific initiatives across CDC programs, improving implementation of CDC's rural public health portfolio, and advancing a strategic framework to address persistent rural health disparities. The office serves as a central hub for rural expertise, ensuring CDC's policies, data, and interventions are tailored to the unique needs of rural populations.

NRHA Resources:

- [NRHA FY27 Appropriations Asks Table](#)
- [NRHA Rural Health Appropriations Hub](#)
- [NRHA 2026 Rural Health Advocacy Asks](#) provides an overview of NRHA's main appropriations priorities, along with details on key programs.
- [Rural Health Appropriations Toolkit](#) provides template emails, letters, and other resources to help you structure your asks to Congress on rural health appropriations and funding. It also provides more in-depth talking points on our rural health appropriations and priorities.
- Advocacy Campaign: [Urge Congress to Invest in Rural Health \(FY2027 Appropriations\)](#)

NRHA Talking Points

Key Medicare Program Extenders

Background:

- Many rural health-related programs require periodic reauthorization by Congress. The lack of program permanence contributes to financial instability and complicates rural providers' long-term planning for finances, staffing, and operations. A series of short-term extenders put rural hospitals in an uncertain position that ultimately undermines the benefit of the programs.

Ask: [Your organization] urges Congress to permanently extend, or enact a 5-year minimum, for the rural hospital Medicare designations set to expire December 31, 2026.

- Medicare Dependent Hospitals (MDHs) are small, rural hospitals with at least 60% of their admissions or patient days are from Medicare patients. MDHs receive the IPPS rate plus 75% of the difference between the IPPS rate and their inflation-adjusted costs from one of three base years. *Please find a list of MDHs by state [here](#).*
- Low-Volume Hospital (LVH) Designations are hospitals that have fewer than 800 discharges in a fiscal year. The LVH adjustment helps isolated, rural hospitals with extremely low patient volumes to continue operating. LVHs receive a payment adjustment on a sliding scale based on volumes.
- *Emphasize the importance of these enhanced Medicare reimbursements to your hospital and the difficulty of dealing with short-term extensions.*
- **Key legislation to support:** Congress must pass these bills to extend these hospital designations **past December 31, 2026**. If your member of Congress is not a cosponsor, ask them to cosponsor the following:
 - *The Rural Hospital Support Act ([S. 335](#))*
 - *The Assistance for Community Hospitals Act ([H.R. 1805](#))*

NRHA Resources:

- [NRHA Rural Health Extenders one-pager](#)
- [NRHA MDH/LVH Extension factsheet](#)
- Advocacy Campaign: [Urge Congress to Enact Long-term Rural Healthcare Extenders](#)

NRHA Talking Points

Medicaid: HR-1

Background:

- H.R. 1 introduces sweeping Medicaid eligibility and enrollment changes, with significant consequences for rural patients, providers, and state systems. Rural patients disproportionately depend on coverage from public payers (Medicare, Medicaid, and Marketplace subsidies). As a result of declines in coverage for rural residents, many rural clinics and hospitals face financial pressure that may lead to reduction or elimination of essential services, delays in much needed facility upgrades, or closure.
- Nationally, more than 10 million rural residents rely on Medicaid. [Your state] currently sits at [XX%] for statewide rural Medicaid enrollment.
- Changes to Medicaid will negatively impact rural hospitals. Medicaid reimbursements account for nearly 10% (or \$3.9 million) in net revenue for the typical rural hospital. More than 40% of all rural hospitals are operating in the red, with about 417 rural hospitals vulnerable to closure. Since 2010, more than 200 rural hospitals have closed or converted to models that exclude inpatient care, such as Rural Emergency Hospitals (REHs).
 - The state of [your state] has had [XX] rural hospital closures since 2010. Currently, about [XX%] of [your state]'s rural hospitals are operating within negative margins. [Find 2025 hospital specific data in your state [here](#)]

Asks: We urge Congress to delay implementation of harmful Medicaid policies enacted in H.R. 1 that will result in coverage losses for rural residents and increased uncompensated care rates for rural hospitals and providers.

- *[Personal story about Medicaid policies have impacted your rural community, facility, patients]*
- *[Your community] relies on Medicaid to provide affordable health care coverage [insert coverage data points](#). Loss of coverage, including changes to federal Medicaid policy will shift costs to rural families and providers, jeopardize rural health care systems, and worsen rural health outcomes.*
 - Changes enacted in H.R. 1 are [projected](#) to reduce Medicaid spending in rural areas by \$137 billion over 10 years.

NRHA Talking Points

Medicaid: Work Requirements

Background: Medicaid Community Engagement (aka Work Requirements)

- Starting January 1, 2027, new Medicaid work requirements require able-bodied adults in the Medicaid expansion population to engage in work, or other qualifying activities, as a condition of receiving Medicaid benefits.
- For rural communities—where Medicaid coverage is high, jobs and training programs are limited, and providers and state agencies already face severe workforce shortages—the administrative demands, documentation requirements, and frequent verification processes pose significant risks to coverage continuity and strain rural health systems.
- Currently in [your state], only [XX%] of Medicaid applications are processed within 30 days, which is before the implementation of work requirements. In rural areas where access to providers is limited, added documentation requirements would create harmful barriers to care. Rural counties that are unable to process applications within 30 days may rely more heavily on manual reviews and may be experiencing backlogs. Additional verification requirements from work requirements may impact application processing times for rural areas.
- *Reference the “application processing time” map from KFF’s toolkit to show how long your state takes to process applications before the new requirements*
- *Personal story about any administrative burdens that further impact your facility and providers*

Asks: We strongly oppose the additional requirement that the condition or diagnosis significantly impairs individuals’ ability to comply with the work requirement as it places significant burden on the provider community.

- We request strong, clear exclusions—especially for postpartum individuals, caregivers, and medically frail patients.
- States may seek good-faith extensions through 2028, and CMS will distribute \$200 million in implementation grants. States should devote a portion of these funds towards rural beneficiaries and providers who will face disproportionate challenges navigating and operationalizing the new requirements.

NRHA Talking Points

Medicaid: Provider Taxes & State Directed Payments

Background:

Provider taxes generate critical Medicaid financing, while state directed payments (SPD) help target those resources to providers and services most needed by Medicaid beneficiaries.

- **Provider Taxes-** Provider taxes are a cornerstone of state Medicaid financing, supporting base Medicaid provider payment rates, funding supplemental provider payments, preventing Medicaid benefit cuts, and expanding Medicaid benefits.
 - Reductions to provider-tax thresholds—especially in expansion states—would destabilize Medicaid funding streams that rural hospitals depend on, increasing uncompensated care and pushing already-vulnerable facilities closer to closure.
 - H.R. 1 freezes existing provider-tax arrangements, prohibits most new provider taxes, and phases down allowable hold harmless thresholds in Medicaid expansion states, reducing states' long-term Medicaid financing capacity.
- **State Directed Payments-** SDPs have become a critical tools states use to help bring Medicaid payments closer to the cost of care and support rural provider sustainability.
 - Many state SDPs were specifically designed to stabilize rural hospitals and critical access hospitals (CAHs). SDPs support essential rural services, including emergency care, obstetrics, behavioral health, long-term care, and primary care. Limiting these programs could weaken a key lifeline for financially vulnerable rural providers.
 - Currently, [your state] receives \$XX in annual federal spending for SDPs.
 - CMS has proposed extending Medicare-based payment limits beyond the service categories explicitly identified in statute, which could significantly reduce flexibility for rural-focused SDP programs.
 - [Your state] could face an estimated XX% reduction in Medicaid payments to hospitals if SDPs were limited to 100% of Medicare rates.

Asks: Preserve state flexibility to finance Medicaid programs in ways that maintain access to care in rural and underserved communities. Protect existing provider-tax financing mechanisms and oppose additional restrictions beyond those already enacted in H.R. 1

- Rural hospitals face unique financial pressures, including low patient volumes, high fixed costs, and limited service lines. Congress should ensure future Medicaid financing reforms do not unintentionally destabilize rural health care systems or reduce access to care for rural patients.

NRHA Talking Points

Medicaid: Redeterminations

Background: Medicaid Eligibility Redeterminations:

Beginning in 2027, the Medicaid adult expansion population will have their eligibility reviewed every six months, as opposed to the current cycle of once every twelve months.

- Rural Medicaid enrollees may be more likely to lose coverage due to paperwork issues or red tape rather than true ineligibility.
- Rural Medicaid beneficiaries face more structural barriers to complying with eligibility redeterminations, such as lack of internet or transportation access, that put them at higher risk for being improperly disenrolled.
- Currently, [your state] consists of [XX%] of Medicaid eligible renewed on an ex-parte basis, which is a large portion of renewals for the state.
 - *Use the “Renewals and Disenrollment – Renewal Outcomes” tab to show, the share of people whose coverage was renewed BEFORE implementation of these new requirements.*

Ask: CMS should maintain ex-parte verification, prohibit repeated checks for permanent conditions, and avoid time-limited self-attestation that increases burden in low-resource settings.

NRHA Resources:

- [KFF Tracker on Implementation of the 2025 Reconciliation Law Medicaid Work Requirements](#)
- [KFF 5 Key Q&As on Provider Taxes](#)
- [NRHA's H.R.1 Implementation Tracker](#)
- [NRHA's Letter to CMS on H.R. 1 Medicaid Implementation](#)
- [NRHA's Comments to CMS on Community Engagement](#)
- [NRHA's Comments to CMS on State Directed Payments](#)

NRHA Talking Points

Rural Health Transformation Program

Background

- The Rural Health Transformation Program (RHTP) is a historic investment in rural communities, providing a total of \$50 billion over a period of 5 years awarded to states based on their submitted applications.
- *[Your state] received [\$XXX,XXX] for year 1 activities. Some promising initiatives include:*
 - *List a few initiatives that you think will be most impactful in your state- use NRHA's summary guide to show how much your state was awarded and a brief overview of your state's outlined RHTP application programs.*
 - *Use NRHA's RHTP RFPs by Status Map to show where your state is at for your rollout of Year 1 subaward funding.*
 - *Discuss where your state is at in terms of implementing initiatives, getting money to rural providers and communities, contracting with implementation partners, and beginning investments aligned with their approved initiative areas, etc. How has that process gone?*

Ask: We urge Congress to ensure proper accountability, transparency, and implementation of RHTP funds to maximize that rural providers, hospitals, and community-based organizations are positioned to benefit from these investments.

- While RHTP funding was not intended to directly offset changes to the Medicaid program, NRHA believes Congress designed the program to support rural providers impacted by the H.R. 1-related reimbursement reductions.
 - Our concern is that without a clear rural set-aside or allocation formula, funding could disproportionately flow to larger health systems or organizations that are better positioned to apply for and administer grant opportunities resulting in RHTP falling short on meaningfully stabilizing access to care in rural areas.
- *Raise any implementation concerns in your state.*

NRHA Resources:

- [NRHA RHTP RFP Deadlines Calendar](#)
- [NRHA RHTP State Summary Guide](#)
- [NRHA RHTP Webpage](#)
- [NRHA Comment on Medicaid Rural Health Transformation \(RHT\) Program Reporting](#)
- [NRHA Letter to HHS on RHTP Provider Payments](#)

Other Advocacy Resources

NRHA Legislative Leave Behinds

- NRHA Legislative Agenda
- Rural Health 101
- Appropriations Asks FY 2027
- 2026 Rural Health Advocacy Asks
- Rural Health Extenders
- Rural Program Reauthorizations

NRHA Priority Area Legislative Leave Behinds

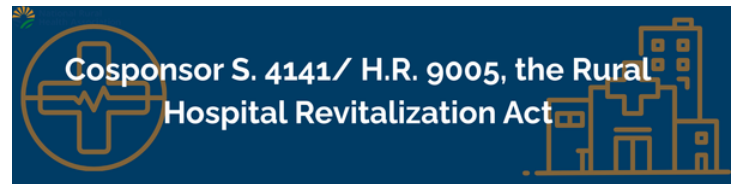
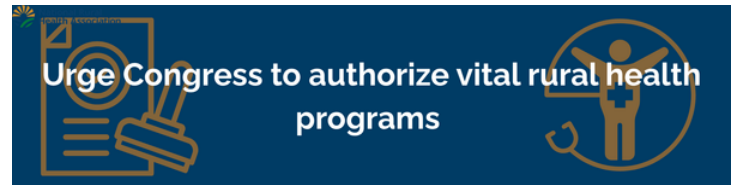
- Rural Hospitals & Rural Hospitals 101
- Rural Emergency Medical Services
- Rural Rural Emergency Hospitals
- Rural Rural Health Clinics
- Rural Community Health Centers
- Rural Healthcare Workforce
- Healthcare Workforce Graduate Student Loans
- 340B Drug Pricing Program
- Rural Marketplace Subsidies
- Rural Medicare Advantage
- Rural Maternal Health
- Rural Telehealth
- Rural Cybersecurity
- Rural Healthy Aging
- Rural Veteran's Health
- Rural Tribal Health
- Rural Behavioral Health
- Rural Oral Health
- Rural Public Health
- Rural Nutrition
- Rural Housing
- Farm Bill



Other Advocacy Resources

Advocacy Campaigns

A reminder that a key part of advocacy is sharing impactful stories with your Member of Congress that they can take with them back to D.C. in order to make change. Lift your voice through personal stories related to the topics below when possible.



How to Use Social Media

Tips on how to use social media to enhance your advocacy

1. Have a specific and clear message when posting

Make sure the message you are trying to convey to your audience is easy to quickly read, digest, and understand. You only have a brief moment to make an impact with a tweet or post, so make sure your point is succinct and powerful.

2. Use hashtags

Using popular hashtags or making your own unique hashtag for people to utilize is a great way to engage followers and also make sure your post reaches relevant audiences you want to reach.

3. Create engaging visuals

Make sure that your visuals are easy to read and are formatted in a way that is both engaging and helps to convey your message.

4. Link or tag relevant external pages and accounts

Utilize external resources to reroute your audience's attention to other sources of information and uplift other resources you want them to see, use, or follow as well.

5. Tell a story

Make it personal so your audience can relate and understand the impact.

6. Be consistent with posting

Stay consistent with posting periodically and also stick to a theme visually.

7. Engage or collaborate with others.

Tag other organizations and collaborate on social media with others to extend your reach.

8. Advertise and outreach

Make sure you are advertising your social media at every opportunity.

NRHA Advocacy Social Media:

