

Rural Health Advocacy Asks Talking Points

February 2026

Immediate Actions Is Needed to Secure Rural Health Access

- Rural America is home to **more than 62 million people** whose health and economic stability depend on a federal partnership that keeps pace with rapidly shifting needs. Yet rural hospitals, clinics, and workforce pipelines continue to face unprecedented strain, threatening access to care for entire regions.
- **Since 2010, almost 200 hospitals have closed or discontinued inpatient services and in 2024 nearly 50% of rural hospitals have negative operating margins.** 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.

What Congress Can Do to Support Rural Patients and Providers

- In 2026, Congress must prioritize (re)authorizing vital rural health programs in order to support rural communities' access to local care, sustain the rural health infrastructure, and bolster the workforce.
- 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.
- **(PERSONAL STORY OF WHY FEDERAL RURAL HEALTH PROGRAMS MATTER)**



RURAL HOSPITALS: Investing in a strong rural safety net

Rural hospitals suffer from long-standing challenges, including workforce shortages, low patient volumes, a lower socio-economic population, and challenging payer mixes. Ensure rural hospitals have resources to sustain operations through the following:

Department of Agriculture Rural Hospital Technical Assistance Program: This program provides free, flexible, on-the-ground technical assistance to rural hospitals at-risk of closure to prevent closures and maintain essential healthcare services in rural communities.

- Technical assistance equips hospitals with the skills to help better manage their financial and business strategies and address issues causing strain on their systems.
- Nearly **130 rural hospitals** have received or are receiving technical assistance since the pilot began in 2018.
- An **estimated \$1.7 million in financial opportunity** is identified per project with an **average project cost of \$52,000.**



House: Co-sponsor H.R. 1417, the Rural Health Care Facility Technical Assistance Program Act (Reps. Ronny Jackson, Tokuda)
Senate: Co-sponsor S. 1282, the Rural Development Hospital Technical Assistance Program Act (Sens. Rounds, Welch)

The Medicare Rural Hospital Flexibility (Flex) Grant Program: The Flex programs provides needed resources for CAHs, small rural hospitals, rural health clinics, and emergency medical services.

- Supports include education and training investments, infrastructure support to strengthen financial and operational performance for small rural hospitals, data infrastructure support to enhance data and reporting capabilities, and other activities that improve access to high quality care in rural areas.
- 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.
- Flex must be reauthorized to provide stability for the program. Without Flex, rural hospitals will be more at risk of closure. **This would include the XX rural hospitals in (your state) that are operating with negative profit margins.**



House: Co-sponsor H.R. 6804, the Rural Hospital Flexibility Act (Reps. Miller, Sewell)
Senate: Co-sponsor S. 3250, the Rural Hospital Flexibility Act (Sens. Hassan, Blackburn, Barrasso, Cortez Masto)



PROVIDERS: Building a Robust Rural Healthcare Workforce

Rural residents have faced chronic and sometimes severe shortages of primary care providers for decades. **Nearly 70% of all rural counties are Health Professional Shortage Areas.** Rural training is a evidence-based pathway to growing a robust workforce.

Rural Residency Planning and Development Program: This program provides start-up funding for hospitals to begin new rural residency programs and address the ongoing workforce shortages faced by rural communities.

- Despite **only 2% of Medicare Graduate Medical Education training occurring in rural areas, graduates of rural residency programs are 5.4 times as likely to choose rural practice.**
- **X programs in (your state) are funded by RRPD.**
- Since the pilot program began in 2019 RRPD grantees have:
 - Established 62 new accredited rural residency programs or rural track programs in family medicine, internal medicine, psychiatry, and general surgery.
 - Created 752 approved new residency positions in rural areas, with over 660 enrolled.
 - Made awards to 103 grantees across 36 states and 1 territory.



House: Co-sponsor H.R. 6468, the Rural Residency Planning and Development Act (Reps. Miller, Tokuda, Adrian Smith, Troy Carter)

Senate: Support the Rural Residency Planning and Development Act when it is introduced in the Senate

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COMMUNITY HEALTH: Building Rural Health Opportunity

Medical deserts are appearing across rural America leaving many without timely access to care. It is essential that Congress authorize safety net programs that aim to expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in rural America.

Rural Health Care Services Outreach Program: Outreach 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. Congress must continue to support healthcare delivery in rural areas by supporting reauthorization.

- Outreach grants 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.
- Outreach program grantees have a track record of improving population health and starting sustainable programs that allow more rural residents to receive direct healthcare services:
 - **Over a half million rural residents** received direct services through Outreach programs, in 2023.
 - 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.



House: Co-sponsor H.R. 2493, the Improving Care in Rural America Reauthorization Act (Reps. Buddy Carter, Figures, Schrier, Rulli) and urge House leadership to bring this legislation to the floor for a vote.

Senate: Co-sponsor S. 2301, the Improving Care in Rural America Reauthorization Act (Sens. Scott, Smith, Lummis, Kaine) and urge Senate leadership to bring this legislation to the floor for a vote.

The Rural Communities Opioid Response Program (RCORP): RCORP is the only opioid prevention and treatment program exclusively targeted to rural communities. RCORP is a multi-year initiative that addresses barriers to treatment for substance use disorder (SUD), including opioid use disorder (OUD).

- RCORP-supported rural counties had **1.2 more waived 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.



House: Co-sponsor H.R. 6407, the RCORP Authorization Act (Reps. Miller, Tonko, Buddy Carter, Sewell)

Senate: Support the RCORP Authorization Act when it is introduced in the Senate

The Centers for Disease Control and Prevention (CDC) Office of Rural Health (ORH): ORH 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.

- Rural residents experience a higher likelihood of death from leading chronic diseases and unintentional injury.
- **CDC must have a permanent, central office to coordinate and streamline rural public health efforts across the agency.**



House: Co-sponsoring H.R. 3102, the Rural Health Focus Act (Reps. Guest, Gluesenkamp Perez)

Senate: Co-sponsoring S. 403, the Rural Health Focus Act (Sens. Hyde Smith, Merkley)



COVERAGE: Investing in a strong rural safety net

Rural facilities disproportionately depend on reimbursement from public payers, including Medicaid, Medicare, and the Marketplaces, therefore reductions to coverage for rural residents will force many facilities to reduce or eliminate essential services, delay much-needed facility upgrades, or close their doors entirely. Without continued policies that guarantee sustainable reimbursement, rural hospitals and clinics will remain at risk. Loss of coverage for rural residents will mean delaying or forgoing care and widening the gap between rural and urban health outcomes.

- Rural residents are more likely to rely on the individual Marketplaces because fewer rural employers offer coverage and rural workers are more often self-employed or work in small businesses.
- Under H.R. 1, federal Medicaid spending in rural areas is estimated to **decline by \$137 billion**, more than the \$50 billion appropriated for the Rural Health Transformation Program. One-time funding, while significant, cannot by itself secure the long-term stability of rural providers. **RHTP program is an important step forward, but it must be paired with durable reforms that ensure rural Americans have reliable access to care for years to come.**
- If ePTCs are not restored, rural residents with Marketplace coverage will feel the greatest impact: rural areas are projected to see **a 30% drop in Marketplace coverage** and a **37% rise in the number of people without insurance.**



Delay implementation of harmful Medicaid policies that will result in loss of coverage for rural residents and increased uncompensated care rates for rural hospitals.

Pass the H.R.5145, the Bipartisan Premium Tax Credit Extension Act to extend ePTCs through 2026 (Reps. Kiggans, Suozzi)