



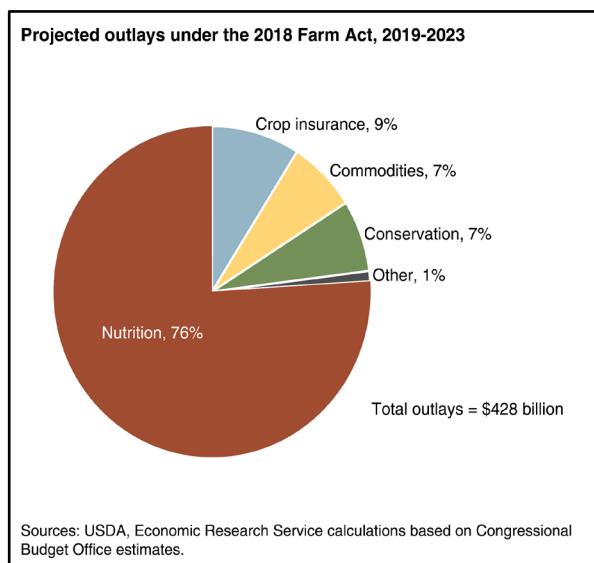
A bold vision for rural America: Making the Farm Bill work for health and prosperity

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Introduction

The U.S. Farm Bill is a comprehensive package of legislation that governs a wide range of agricultural and food programs and is renewed approximately every five years.¹ The original Farm Bill, officially titled the Agricultural Adjustment Act of 1933, was created in response to a severe economic and environmental crisis facing the country, particularly in rural America.^{1,2}

Farm prices had collapsed, overproduction was widespread, farmers were losing their land to foreclosure, and rural poverty surged, leading to families suffering from hunger, malnutrition, and lack of income.³ The bill aimed to protect both farmers and the broader economy by stabilizing farm income, reducing crop surpluses, and restoring purchasing power to farmers. It introduced programs such as price supports, supply controls, and government purchases of excess commodities. It later addressed nutrition assistance to eliminate hunger, prevent rural collapse, and ensure a stable food supply.^{4,5}



The Farm Bill matters to rural health

The Farm Bill is not just agricultural policy—it is rural health policy. Nearly **50 percent of Farm Bill Funding** in past iterations directly impacted rural health through **nutrition programs, rural development, and food safety initiatives**.

Since 1933, the U.S. has passed 18 Farm Bills.^{2,6} The most recent is the Agriculture Improvement Act of 2018, which was extended by the American Relief Act of 2025 and signed into law on Dec. 21, 2024.⁷ Comprising 10 titles, over three-quarters of Farm Bill spending is directed toward nutrition programs as outlined in Title IV, including the Supplemental Nutrition Assistance Program (SNAP). Other titles with specific impacts on rural communities include Title V: Credit, Title VI: Rural Development, and Title VII: Research, Extension, and Related Matters. The Farm Bill is no longer solely an agricultural policy; it has evolved into a central strategy for improving rural health access and outcomes, strengthening food security, and supporting infrastructure development in underserved rural communities.

A comprehensive omnibus Farm Bill has not been developed and passed since 2018 due to ongoing legislative disagreement over the allocation of funds across its many components, including nutrition programs, farm subsidies, and conservation efforts. Lawmakers strive to balance the diverse priorities of rural, urban, and regional constituencies, each with distinct needs and policy objectives. The size and complexity of the bill, typically covering hundreds of billions of dollars over 10 years, require careful negotiation and coordination across multiple committees and stakeholders. The lack of revised legislation has stalled efforts to modernize programs that align with current economic, agricultural, nutritional, and environmental needs. This sets a concerning precedent that risks devaluing the Farm Bill's role in strengthening the nation's food and farming systems and meeting the needs of rural communities and farmers.

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Analysis

In 2006, the National Rural Health Association (NRHA) published a policy paper focused on the passage of the 2007 Farm Bill.⁸ Many of the same issues the U.S. experiences continue to be present today.⁹ At the time, NRHA determined that a comprehensive national rural policy addressing infrastructure development, broadband connectivity, and health care needs including nutrition was necessary — a position it reaffirms.

Nutrition support

A critical policy component of Title IV in the Farm Bill is SNAP, established in 1964, which constitutes roughly 80 percent of the Farm Bill budget.¹¹

Nearly 47 million people of all ages in the U.S. live in households that experience food insecurity, meaning they are unable to access adequate food due to a lack of money or other resources.¹² SNAP addresses food insecurity by providing food-purchasing assistance to low-income households nationwide, functioning as a federally funded safety net program administered by USDA and distributed through state agencies.¹¹ The 2025 budget reconciliation bill (Public Law 119-21) will reduce federal spending on SNAP by \$287 billion over 10 years.¹³ Cuts to SNAP produce budgetary savings but could produce higher rates of food insecurity and poorer health outcomes in the long run.¹⁴ Several studies indicate that individuals who receive SNAP benefits have better health and lower rates of food insecurity compared to similar individuals who

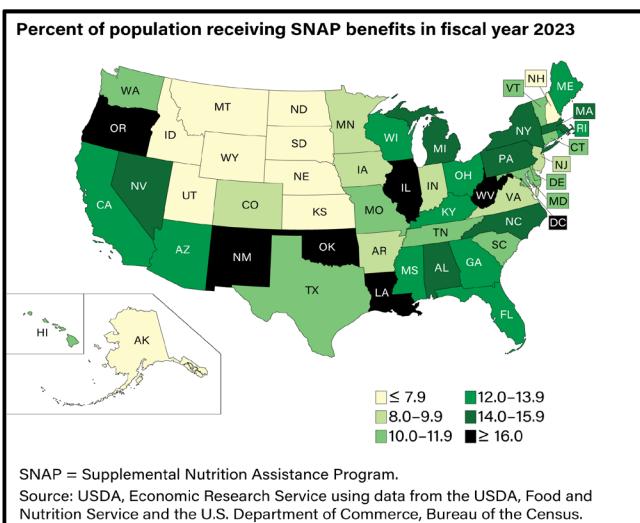
SNAP's economic and health impact in rural America

SNAP is a cornerstone of rural economic and health resilience:

- Reduces rural poverty by up to 2.6 percentage points among children.
- Stimulates rural industry output by 1.25 percent.
- Improves food security in counties where up to 1 in 3 households rely on benefits.

Maintaining and expanding SNAP is vital for:

- Combating food insecurity.
- Supporting local economies.
- Improving chronic health outcomes, especially among seniors and children.



are eligible but not receiving these benefits.¹⁵ Food insecurity is associated with multiple chronic conditions, poorer self-reported health status, higher health care utilization, and lower rates of medication adherence.¹⁶

SNAP reduces poverty in rural areas by approximately 1.4 percentage points overall and by 2.6 points among children, demonstrating its significant implications for rural hardship.^{1,15} During economic downturns, every dollar in SNAP funding generates roughly \$1.54 in the gross domestic product (GDP), and stimulates rural industry output by 1.25 percent, compared to 0.53 percent in urban regions.¹⁷

¹ Prior to October 2021, SNAP cost and nutritional data had not been updated since 1975.¹⁸

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In FY23, SNAP served an average of 42.1 million individuals (approximately 1 in eight Americans) each month. Many rural communities have exceptionally high SNAP participation rates.¹⁹ In 23 percent of all rural counties, more than 20 percent of the population relies on SNAP, compared to 11 percent of urban counties. In some rural counties, nearly one in three households rely on SNAP benefits.²⁰

Another significant program authorized in the Farm Bill is the Senior Farmers' Market Nutrition Program. It benefits local farmers and low-income older adults, who are often more vulnerable to food insecurity and have multiple chronic health conditions. Eligible seniors (age 60+ with incomes \leq 185 percent of poverty level) receive coupons ranging from \$20 to \$50 annually to purchase fresh fruits, vegetables, honey, and herbs at farmers' markets and farm stands.²¹ Each year, over 800,000 seniors redeem these coupons at more than 6,000 markets, contributing \$20+ million to local farm economies and improving diets in rural areas with limited grocery access.²² SFMNP has shown initial successes in improving seniors' diets and farmers' incomes.²³ Similarly, the Gus Schumacher Nutrition Incentive Program - Produce Prescription, funded in the 2018 Farm Bill, supports increased access to fresh produce through prescriptions that offer incentives to increase healthier food consumption. Since 2018, over 234,000 monthly participants have redeemed \$118 million in incentives across 4,600 outlets, addressing food access barriers and chronic conditions in rural communities.²⁴ This program has particular promise for rural health, where produce prescriptions help address both geographic barriers to food access and the high burden of diet-related chronic conditions.

Rural infrastructure and economic development

The Farm Bill plays a pivotal role in supporting rural infrastructure, housing, and economic development. Title VI: Rural Development Programs invests in the backbone of rural America, financing projects for clean water, electricity, health care facilities, small business development, and more. Although these programs account for only about 1 percent of Farm Bill spending, they are crucial for the nearly 60 million people (or approximately 1 in 5 Americans) who live in rural areas. With the addition of the Rural Health Liaison Program in 2018, the USDA gained a dedicated position to coordinate rural health policy across federal agencies and strengthen partnerships that address health disparities in rural communities. Maintaining this role is essential to ensure rural health remains a central consideration in future Farm Bill programs and investments.

The USDA Community Facilities Direct Loan and Grant Program provides direct loans and/or grants for essential community facilities in rural areas. Priority is given to health care and public safety projects. Funds may be used to purchase, construct, or improve facilities. These loans serve as a primary source of capital for cash-strapped rural hospitals. Starting in 1989, the Farm Bill authorized the Rural Economic Development Loan and Grant (REDLG) program, which rural electric cooperatives use to provide zero-interest loans and grants that local utilities pass through to finance community projects. Keeping REDLG alive ensures that rural towns can continue to access capital for critical development projects. The bill also funds the Rural Energy for America Program, which supports loans and grants for renewable energy and energy efficiency projects in rural areas.

Rural America faces persistently higher poverty rates than urban areas. Nearly 25 percent of rural counties have high poverty rates (defined as 20 percent or more of the population), compared to 10 percent of urban counties.²⁵ This disproportionate hardship means rural communities often lack



the tax base needed for essential infrastructure upgrades, directly affecting public health. Farm Bill-funded programs address these gaps by supporting safe drinking water systems and wastewater treatment, which reduce risks of waterborne disease and environmental hazards.²⁶ They also expand access to affordable rural housing and community facilities such as schools, hospitals, clinics, and fire stations, which serve as critical health supports by ensuring safer living environments, improved access to care, and stronger emergency response capacity. Together, these investments not only enhance quality of life but also shape long-term health outcomes across rural America.

Broadband

Located in Farm Bill Titles VI and XII, access to broadband internet is a specific priority for rural infrastructure. Research indicates that expanding broadband access in rural communities is associated with economic growth, including increased business growth of up to 213 percent and 44 percent higher GDP growth.²⁷ Yet, over 22 percent of rural Americans lack coverage from a fixed terrestrial 25/3 Mbps broadband connection, compared to 1.5 percent of urban Americans.²⁸ This inhibits rural residents' access to telehealth and limits the ability for remote patient monitoring to manage complex chronic conditions. Further, it limits education and economic opportunities for students who will become our future rural health care workforce. In 2018, the Farm Bill directed over \$350 million annually to the USDA ReConnect Program to expand infrastructure in the most underserved areas, which are primarily.²⁹ The tiered funding model covers up to 100 percent of the cost for poverty areas and socially vulnerable communities.

The Farm Bill allocates funding to expand digital infrastructure in rural communities. The Community Connect Grants and the Rural Broadband Loans and Grants Program are designed to expand broadband access in areas with limited or no connectivity. Additionally, the Distance Learning and Telemedicine Program enables rural clinics and hospitals to connect residents with specialized instruction and medical services that are otherwise unavailable locally. These programs help reduce geographic barriers to care.³⁰ By strengthening broadband infrastructure, the Farm Bill plays a critical role in increasing health care access and promoting improved health outcomes in rural America.

Research and education

Title VII: Research, Extension, and Related Matters supports the scientific research, extension education, and innovation that underpin the agricultural sector's long-term success. Rural communities and farmers benefit directly from agricultural research through the development of new farming techniques, resilient crop varieties, better animal health, and locally adapted solutions delivered via extension services. These efforts include the Foundation for Food and Agriculture Research program, which aims to expand research in agricultural production, and the Agriculture and Food Research Initiative, which funds research on crop disease prevention, water quality, and farm profitability, thereby directly impacting rural economies.

In addition to advancing agricultural research and innovation, Title VII also supports the well-being of agricultural producers through programs that address behavioral health and stress. Farmers and ranchers experience suicide rates that are 1.5 to 2 times higher than the national average, driven by volatile markets, climate disruptions, and geographic isolation that limit access to care.³¹ More than 60 percent of rural counties lack a single psychiatrist, psychologist, or social worker, leaving many producers without essential services.³² The Farm and Ranch Stress



Assistance Network (FRSAN) and the proposed National Agricultural Crisis Hotline are designed to connect agricultural workers with behavioral health providers who understand the unique challenges of farm life.

Policy recommendations

NRHA recommends the following actions to support rural communities in the Farm Bill.

- **Preserve and expand nutrition programs** to increase access to nutritious meals and strengthen America's health outcomes while simultaneously supporting our agricultural communities. Safeguarding and expanding SNAP is vital to addressing food insecurity, particularly among low-income rural populations.³³ Additionally, programs such as the Senior Farmers' Market Nutrition Program and Gus Schumacher Nutrition Incentive Program - Produce Prescription have shown promise and have the potential for further expansion.
- **Maintain federal oversight** through centralized governance to ensure accountability, uniform implementation, and protection against politicized state-level disparities. Federal oversight ensures consistent standards and equitable administration of nutrition and agriculture programs across states. Attempts to decentralize oversight of these programs lead to increased administrative burdens and costs, as well as differential delivery among states.
- **Restore flexibility to temporarily increase SNAP benefits during federally declared emergencies.** As demonstrated during the COVID-19 pandemic, granting the federal government flexibility to adjust SNAP benefits during national emergencies enables a swift response to food insecurity during crises. Restoring this authority would reinforce the resilience and adaptability of the nation's safety net while honoring the Farm Bill's original intent.
- **Increase broadband access expansion in rural communities through funding allocation.** Expanding broadband infrastructure in rural communities is crucial for ensuring equitable access to essential services, including health, nutrition, education, and economic resources. Reliable internet connectivity supports enrollment in federal assistance programs such as SNAP, facilitates telehealth services for older and underserved populations, and strengthens local food systems through improved market access. Investing in the continuation of the USDA ReConnect Program and expanding funding for the Community Connect Grants and Rural Broadband Loans/Grants Program advances digital equity and bolsters the resilience of rural communities.
- **Break the Farm Bill into smaller portions.** Passing the Farm Bill is regularly delayed due to disagreement across various titles. While there is agreement among lawmakers on a few titles, as evidenced by the fragmented approach to funding select titles, the broader division over the other titles prevents Farm Bill programs from being reauthorized. Dividing the Farm Bill into smaller, more manageable components would enhance transparency and allow for targeted debate and reform on specific policy areas. This approach could reduce political gridlock and enable more responsive updates to individual programs.

Recommended actions

NRHA advocates for the inclusion of the following bills in the broader Farm Bill reauthorization, recognizing both the urgency of passage and the time required to divide the bill:

- **Rural Hospital Technical Assistance Program Act** (H.R. 1417/S.1282; 119th Congress) would authorize the USDA Hospital Technical Assistance Program to identify and address hospital

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needs to improve financial performance and quality outcomes. This is a pilot program, an offshoot of the USDA CFL Programs.

- **Delivery for Rural Senior Act of 2025** (H.R. 1538; 119th Congress) would direct the Food and Nutrition Service to award competitive grants to state agencies for a home delivery pilot program for participants in the Commodity Supplemental Food Program (CSFP), prioritizing CSFP participants in rural communities.
- **Investing in Rural America Act** (H.R. 1246; 119th Congress) aims to revitalize rural economies by ensuring access to capital by enabling Farm Credit System institutions to partner with local lenders and the USDA Community Facilities Loan and Grant Program to assist in financing health care, education, childcare, and other infrastructure.
- **Rural Wellness Act** (H.R. 1906; 119th Congress) would extend the congressionally established substance use disorder (SUD) set-asides in the Distance Learning and Telemedicine and Community Facilities Direct Loans and Grants (CFL) Programs, as developed in the 2018 Farm Bill. The reauthorization includes new mental and behavioral health treatment programs in CFL to target ongoing health challenges such as suicide, overdose deaths, and SUDs in rural communities.
- **The Home-Based Telemental Health Care Act** (S. 1056/H.R. 6817; 119th Congress) establishes a grant program to fund demonstration projects that provide in-home mental health and SUD services to medically underserved individuals in rural areas or those working in the farming, fishing, and forestry industries.
- **Farmers First Act** (S. 2282/H.R. 4400; 119th Congress) would reauthorize the Farm and Ranch Stress Assistance Network at \$15 million to provide agricultural communities with mental health resources. The bill also requires grant recipients to establish referral relationships with key rural behavioral health providers, such as rural health clinics, critical access hospitals, and federally qualified health centers.
- **The National Agricultural Crisis Hotline Act** (H.R. 5246; 118th Congress) would establish a national crisis hotline to address the behavioral health needs of agricultural communities and employ individuals who understand the unique challenges faced by this population.
- **Engage and partner** with bipartisan congressional caucuses, such as the Congressional Rural Broadband Caucus, the Congressional Rural Caucus, the Congressional Rural Health Caucus, the Congressional Agriculture Research Caucus, the Agriculture Trade Caucus, and the Future Farmers of America Caucus, to build sustained interest, facilitate targeted advocacy, and strengthen bipartisan support for equitable and health-promoting Farm Bill provisions. Opportunities to engage include hosting congressional briefings, coordinating stakeholder advocacy days, providing tailored policy briefs to caucus members, and participating in roundtable discussions to align legislative priorities with community needs.

Conclusions

The Farm Bill presents a significant opportunity to improve health care, build rural community economic development, and enhance the overall quality of life in rural communities. It remains one of the most consequential pieces of federal legislation shaping the health, economic vitality, and sustainability of rural America. Its reauthorization represents a critical moment to modernize and expand support for programs that address food insecurity, rural development, agricultural innovation, and health disparities – yet repeated delays have left vital programs in limbo. This inaction not only threatens the Farm Bill’s role as a stabilizing force but also undermines long-

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standing commitments to public health and agricultural resilience.

A renewed and forward-looking Farm Bill must preserve and expand evidence-based programs, maintain federal oversight to ensure consistency and equity, and allow for responsive action during national emergencies. Legislative strategies that divide the bill into smaller, actionable components, alongside targeted advocacy for provisions that directly support rural health and well-being, offer pragmatic paths forward. The urgency is apparent – rural communities cannot wait. With bold vision and decisive leadership, the Farm Bill can once again serve as a catalyst for opportunity, ensuring that rural America not only survives but thrives in the decades to come.

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