



June 25, 2026

The Honorable John Boozman
Chairman
U.S. Senate Committee on Agriculture
555 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Amy Klobuchar
Ranking Member
U.S. Senate Committee on Agriculture
425 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman John Boozman, Ranking Member Amy Klobuchar, and Members of the Senate Agriculture Committee,

The National Rural Health Association (NRHA) writes to express support for the Senate Agriculture Committee legislative text for the *Agricultural Act of 2026*. We urge the Senate to quickly advance and pass this legislation. NRHA views the next Farm Bill as an opportunity to improve health care access for agricultural workers and their families, build rural economic and community development, and enhance the overall quality of life in rural communities.

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.

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 healthcare infrastructure in underserved rural communities. NRHA's primary focus within the Farm Bill is on the US Department of Agriculture (USDA) Rural Development (RD) programs. Broadly, we support updates to the following authorities and investments in health care facilities, nutrition, broadband, and behavioral health.

Title VI – Rural Development

The RD title supports the backbone of rural communities. As a healthcare organization, NRHA understands the importance of building economically healthy communities that include viable access to health care. NRHA supports the following bills and provisions included in the *Agricultural Act of 2026* and urges the Committee's continued support for:

Rural Healthcare Infrastructure. Rural hospital closures are increasing for the first time since prior to the pandemic. Since 2010, more than 200 rural hospitals have closed or discontinued providing inpatient care, and 417 are currently vulnerable to closure.^{1,2} Rural hospitals serve as a major source of jobs and economic engines for rural communities, but many need support to ensure long-term viability.

NRHA is pleased to see *Sec. 6302* include language based on NRHA-endorsed [S. 4141](#), the *Rural Hospital Revitalization Act*, which provides temporary zero-interest loans through the Community Facilities Direct Loan Program to support new construction and renovation of existing rural hospital facilities to improve essential health care services offered to rural communities. These investments are urgently needed as many rural hospitals operate in aging, inefficient facilities that they cannot afford to modernize on their own. Without access to affordable capital, they are unable to upgrade infrastructure, expand service capacity, or meet evolving clinical and safety standards essential to sustaining care in rural communities.

Additionally, *Sec. 6303* includes language from NRHA-endorsed [S. 1282](#), the *Rural Healthcare Facilities Technical Assistance Act*, which codifies a rural health care facility technical assistance program to improve the long-term financial position and operational efficiency of eligible health care facilities in rural areas, including those Community Facilities loan recipients. Currently a pilot, this unique program provides affordable, flexible, on-the-ground technical assistance as needed by rural hospitals with a specific focus on hospitals currently in financial distress. An estimated \$1.7 million in financial opportunity is identified per project with an average project cost of \$52,000. This relatively small amount provides an outsized impact on the rural communities that receive technical assistance.

NRHA supports the reauthorization of the Delta Healthcare Services Grant in *Sec. 6231* through 2031. This program plays a crucial role in strengthening care across the Mississippi Delta by funding projects that expand access, build local capacity, and support sustainable, community-driven solutions to persistent rural health challenges.

Finally, NRHA expresses concern about the expansion of eligibility of community facilities program funding to entities providing healthcare services not located in a rural area as outlined in *Sec 6211*.

¹ UNC Cecil G. Sheps Center for Health Services Research. (2026). *Rural hospital closures*. <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

² Chartis Center for Rural Health. (2026). *2026 rural health state of the state*.

<https://www.chartis.com/insights/2026-rural-health-state-state>

This proposal undermines the core purpose of the program and risks diverting scarce federal resources away from the communities Congress intended to prioritize. Allowing urban or suburban providers to qualify creates a loophole that favors large, well-resourced systems that already benefit from stronger financial positions, broader payer mixes, and greater access to capital. This shift would make it harder for rural hospitals, clinics, and EMS agencies—many of which operate on razor-thin margins—to compete for the same limited pool of Community Facilities dollars. Instead of strengthening local capacity, the provision risks redirecting rural development funds away from rural providers which could accelerate the consolidation of care outside rural communities, reduce local access points, and weaken the long-term sustainability of rural health infrastructure.

Investment in Rural Broadband. The *Agricultural Act of 2026* would codify the USDA ReConnect broadband program and streamline the application process. NRHA supports inclusion of language based on NRHA-endorsed [S. 3084](#), that specifies direct broadband funding to communities where 90 percent, or more, of residents lack access to speed of 25/3 Mbps services. Additionally, NRHA appreciates language that requires that funding through the ReConnect and Community Connect Grant programs must be used to deploy broadband infrastructure capable of providing speeds of at least 100/20 Mbps with evolutionary capability to meet consumer demand.

NRHA further urges the Committees to specify a minimum broadband service commitment of 100/100 Mbps symmetrical speeds for all applicants seeking funding through ReConnect. This standard would exceed and align with the intent of the Federal Communications Commission's updated broadband benchmark of 100/20 Mbps and ensure rural communities have access to robust, future-ready connectivity capable of supporting telehealth, remote monitoring, education, and economic development. This minimum speed was required in the third round of ReConnect funding and NRHA believes that it is critical to write it into law. Allowing applicants to offer a lesser standard would be a step backwards; having “advanced telecommunications capability” for fixed broadband service requires access to download speeds of at least 100 Mbps and upload speeds of at least 20 Mbps.³

Rural Economic and Workforce Development. NRHA supports *Sec. 6233*, which reauthorizes the Rural Innovation Stronger Economy (RISE) Grant Program. This program provides flexible

³ Federal Communications Commission. (2024). *2024 Section 706 report: Inquiry concerning the deployment of advanced telecommunications capability to all Americans in a reasonable and timely fashion* (FCC 24-27).

https://docs.fcc.gov/public/attachments/FCC-24-27A1_Rcd.pdf

grant funding for rural areas to maximize job opportunities and support private investment in regional economies.

NRHA also supports the inclusion of rural childcare support in *Sec. 6301*, which directs funding from the Distance Learning and Telemedicine program to prioritize rural projects. Rural areas are disproportionately affected by childcare shortages, with 58% of rural populations residing in childcare deserts compared to 44% in urban areas.⁴ This lack of available and affordable childcare is a barrier to recruiting and retaining healthcare professionals to rural areas and this provision would help support high quality rural options.

Further, NRHA applauds the expansion of eligible use of the Distance Learning and Telemedicine program funds to be used toward operating and administrative expenses under *Sec 6311*. This added flexibility will allow rural hospitals, clinics, and EMS agencies to sustain the very technology these grants help them acquire, ensuring they can keep telehealth, distance learning, and clinical connectivity systems running reliably despite limited operating budgets and chronic workforce shortages.

Inclusion of Tribal Health. NRHA also supports Distance Learning and Telemedicine case exemptions for tribal populations in *Sec. 6311*, which waives match requirement for eligible entities in cases of demonstrated need or if the matching requirement would create a substantial burden and for federally recognized Indian Tribes.

Title VII—Research, Extension, and Related Matters

Support for Rural Behavioral Health and Substance Use. NRHA supports *Sec. 7412*, which includes language from NRHA-endorsed [S. 2282](#) that reauthorizes the Farm and Ranch Stress Assistance Network and increases funding to \$15 million. The program helps to establish referrals to providers to connect individuals to behavioral health counseling and wellness support and to ensure individuals have access to a comprehensive scope of mental health and substance abuse treatments.

Title XII—Miscellaneous

Support for Rural Maternal Health. NRHA supports *Sec. 12514*, which establishes a Commission on Rural Maternal Health to study issues impacting rural maternal health. Rural communities

⁴ National Rural Health Association. (2025). *Workforce retention factors in rural health: Policy brief*. <https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/nrha-policy-briefworkforce-retention-factors-final-3-7-25.pdf>

often face unique challenges in terms of maternal healthcare access, including difficulty in recruiting and retaining maternal healthcare workers and in maintaining and sustaining maternal healthcare infrastructure to keep obstetric services open. From 2010 to 2022, about 238 rural hospitals closed their obstetrics units, dropping the share of rural hospitals offering obstetrics care from 57% to 48%.⁵ This commission will help support expanding efforts towards studies and improving outcomes for rural mothers and families.

Title IV – Nutrition

Food insecurity is a reality for millions of rural households and rural children, threatening the very communities that feed the rest of America. Rural communities make up 63% of all counties, but they account for 86% of counties with the highest food insecurity rates.⁶ To address this critical issue, NRHA supports the following provisions included in the *Agricultural Act of 2026*:

Support for Rural Seniors. Rural older adults have higher rates of food insecurity (7.3%) compared to metro older adults (6.7%).⁷ The Agricultural Act of 2026 *Sec. 4303* strengthens Gus Schumacher Nutrition Incentive Program (GusNIP) by improving year-round availability of incentives through the use of all forms of produce (frozen, fresh, canned, and dried) and by waiving the federal match in counties with high poverty rates. Further, NRHA supports *Sec.4201 Delivering for Rural Seniors*, which establishes a three-year pilot program that awards grants for the purpose of expanding home delivery options for participants in the Commodity Supplemental Food Program.

Healthy Food Financing Initiative Reauthorization Act. NRHA supports reauthorizing the Healthy Food Financing Initiative (HFFI) in *Sec. 4307*, which provides loans, grants, and technical assistance to improve and support access to fresh, healthy, and affordable food in rural and underserved communities. We are pleased to see a \$10 million increase in HFFI’s reauthorization.

Thank you for your consideration of these requests and for your supportive work towards improving rural communities. NRHA looks forward to continuing to work with Members of the

⁵ Kaiser Family Foundation. (2023). *10 things to know about rural hospitals*. <https://www.kff.org/health-costs/10-things-to-know-about-rural-hospitals/>

⁶ Feeding America. (2025). *Map the Meal Gap 2025*. <https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary>

⁷ Gundersen C., Strayer M., Dewey A., Hake M., Engelhard E. *Map the Meal Gap 2022: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2020*. Feeding America; Chicago, IL, USA: 2022.



Committee as the Farm Bill progresses. If you have any questions, please contact Marguerite Peterseim (mpeterseim@ruralhealth.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light gray dotted grid background.

Alan Morgan
Chief Executive Officer
National Rural Health Association