



March 4, 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

The Honorable Glenn Thompson
Chairman
House Committee on Agriculture
400 Cannon House Office Building
Washington, D.C. 20515

The Honorable Angie Craig
Ranking Member
House Committee on Agriculture
2052 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman John Boozman, Ranking Member Amy Klobuchar, Chairman Glenn Thompson, Ranking Member Angie Craig, Members of the Senate Agriculture Committee, and Members of the House Agriculture Committee:

The National Rural Health Association (NRHA) writes to express support for the House-released *Farm, Food, and National Security Act of 2026 (FFNS Act)* and to urge the Senate to move expeditiously in advancing its own Farm Bill proposal. 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 infrastructure development in underserved rural communities. NRHA's primary focus in the Farm Bill is on the US Department of Agriculture (USDA) Rural Development (RD) programs. Specifically, recommend updates to the following authorities and investments in nutrition, broadband, behavioral health, and emergency medical services.

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 healthcare facilities. Rural hospital closures are ticking back up again for the first time since before the pandemic. Since 2010, almost 200 rural hospitals have closed or stopped providing inpatient care and 417 are currently vulnerable to closure.^{1,2} Rural hospitals serve as a major source of jobs and support the economy of a community, but many need support to ensure long-term viability.

¹ <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

² <https://www.chartis.com/insights/2026-rural-health-state-state>

NRHA supports the following bills and provisions included in the *FFNS Act* and urges both Committees' continued support:

Assistance for Vulnerable Rural Health Providers. Sec. 6417(b) includes [H.R. 1417](#), the *Rural Health Care Facility Technical Assistance (TA) Program Act*, codifies and strengthens the existing pilot hospital TA program with the intention to continue fulfilling its current responsibilities focusing on preventing closures, strengthening essential health services, and improving the financial and operational sustainability of rural health care facilities. Entities eligible for TA are expanded to include hospitals, critical access hospitals, rural emergency hospitals, rural health clinics, community health centers, home health agencies, and psychiatric hospitals. The TA program helps rural facilities prevent closure, strengthen essential health care services, and improve financial performance. Priority for eligible facilities would be given to borrowers and grantees of the Rural Housing Service, Rural Business-Cooperative Service, and Rural Utilities Service. The legislation would authorize the program at \$2 million for each fiscal year 2026 through 2030.

Relatedly, NRHA also supports Sec. 6417(a), allowing for rural healthcare facilities to refinance debt obligations. We support the change to broaden existing language from rural hospitals to include all eligible rural health care facilities, such as rural health clinics.

Investment in Rural Broadband. The *FFNS Act* would integrate the ReConnect Program into the Farm Bill Broadband Program, to be renamed the ReConnect Rural Broadband Program. NRHA recommended this in a previous [letter](#) to House and Senate Agriculture Committee leadership and appreciates inclusion of legislative language to ensure that areas with no residential broadband service of at least 25/3 Mbps are given highest priority for loans and grants.

NRHA further urges the Committees to consider specifying a minimum service level commitment of 100/100 Mbps high-speed, to match Federal Communications Commission's updated standards of 100/20 Mbps, symmetrical broadband service for all applicants seeking funding through ReConnect. This level was required in the third round of ReConnect funding and allowing applicants to offer a lesser standard would be a step backwards. NRHA believes that it is critical to write this minimum speed standard into law. 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

NRHA supports *FFNS Act*, Sec. 6204, reauthorizing the Community Connect Grant Program. Community Connect is critical to bringing internet access to rural areas and provides grants for the construction of retail broadband networks used to furnish free internet at participating community facilities and other free access points for at least two years, in addition to retail service. Additionally, we support the *FFNS Act*, Sec. 6102, language reauthorizing the Distance Learning and Telemedicine (DLT) Program at \$82 million per year. This provision is based on language in NRHA-endorsed [H.R. 290](#), the *Rural Telehealth and Education Enhancement Act*, and provides grants to eligible entities for the construction of broadband facilities and equipment related to telepresence activities. In order to help entities apply for broadband loans and grants, NRHA strongly supports codifying the Broadband Technical Assistance Program, as included in Sec. 6206.

Support for Rural Behavioral Health. NRHA supports the continued 20% set-aside in the DLT Program and prioritization in the Community Facilities Loan and Grant (CFL) Program for projects that offer substance use disorder and concepts from the NRHA-endorsed [H.R. 1906](#), the *Rural Wellness Act*. The *FFNS Act*, Sec. 6101 also adds a 20% set-aside in DLT and prioritization in CFL for

³ https://docs.fcc.gov/public/attachments/FCC-24-27A1_Rcd.pdf

“mental health, behavioral health, and maternal health treatment services,” which NRHA also supports.

Rural Economic and Workforce Development. The *FFNS Act*, Sec. 6425 reauthorizes the Rural Innovation Stronger Economy (RISE) Grant Program at \$10 million per year for five years. This program offers flexible grant funding for rural areas to maximize job opportunities and support private investment in regional economies. [H.R. 291](#), supported by NRHA, is incorporated into this section to provide funding for career pathway programs and sector partnerships in various industries including health care and childcare.

NRHA also supports inclusion of [H.R. 5363](#), the *Expanding Childcare in Rural America Act* in the *FFNS Act*, Sec. 6305. 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 to alleviate this problem.

Title IV – Nutrition

Recent freezes and cuts to local food procurement supports, The Emergency Food Assistance Program (TEFAP) slowdowns, and H.R. 1 adjustments to SNAP heighten the urgency of *FFNS Act* Title V nutrition provisions. Rural America faces distinct health and socioeconomic disparities with nearly 15.4% of rural households experiencing food insecurity compared to 12.2% nationally. Further, 7.3% of older adults in rural communities are food insecure.^{5,6} Rural Americans tend to be older, sicker, and poorer, and have less access to fresh, nutritious foods. 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 87% of counties with the highest food insecurity rates, despite producing much of the nation’s food supply.⁷

NRHA supports the following provisions in the *FFNS Act*:

Gus Schumacher Nutrition Incentive Program (GusNIP) Reauthorization. The *FFNS Act Sec. 4303* strengthens 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. GusNIP provides opportunities to address health disparities through innovative nutrition programs.

Healthy Food Financing Initiative Reauthorization Act. NRHA supports reauthorizing the *FFNS Act Sec. 4307* Healthy Food Financing Initiative (HFFI) 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 authorized

⁴ <https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/nrha-policy-brief-workforce-retention-factors-final-3-7-25.pdf>

⁵ Rural Health Disparities. (2025). Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/rural-health-disparities>

⁶ Rural Health Information Hub. Rural Hunger and Access to Healthy Food (April 16,2025). <https://www.ruralhealthinfo.org/topics/food-and-hunger>

⁷ https://www.apha.org/getcontentasset/bcc72ada-49e3-4444-ac3b-f76a027e6575/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/chn_food_justice.pdf?language=en

appropriations. HFFI not only brings healthy options into food deserts but creates needed jobs and economic opportunities in rural communities, as well as new market opportunities for farmers.

Amendments

NRHA supports adoption of two complementary amendments that would further strengthen rural hospital stability and access through the USDA Community Facilities (CF) authorities.

First, NRHA strongly supports the amendment #108 from Representative Tokuda authorizing CF loans and grants to:

- Reimburse revenue losses due to workforce shortages, public health emergencies or other operational disruptions;
- Support recruitment, retention, hazard pay, and workforce training costs; and
- Cover administrative expenses necessary to maintain essential health services.

With authorization of up to \$50 million annually, for fiscal years 2027 through 2031, this proposal provides a targeted stabilization tool for rural facilities facing temporary but severe operational strain. As previously noted, rural hospitals often operate on thin margins and lack access to flexible capital to keep the lights on. This amendment would help preserve essential services and prevent avoidable closures.

Second, NRHA supports Representative Underwood's amendment to include [H.R. 4277](#), the *Prioritizing Rural Hospitals Act*, bipartisan legislation introduced by Representatives Underwood and Mann. This proposal would prioritize health care facilities and mental or behavioral health facilities within the CF direct loan and grant programs for fiscal years 2026 through 2031. The legislation would also clarify eligible uses of CF funds to include:

- Medical supplies;
- Telehealth capabilities, including underlying health information systems;
- Limited staffing support (capped at 25 percent of funds); and
- Renovation or reopening of closed healthcare facilities.

These eligible uses reflect the practical needs rural providers consistently raise. Many communities require modernization of telehealth infrastructure, support to stabilize staffing, and investment to reopen shuttered facilities in order to restore local access to care. Ensuring CF resources can address these realities strengthens the program's effectiveness while preserving its long-standing purpose of supporting essential community infrastructure.

Together, these amendments provide both operational stabilization tools and strategic prioritization within existing USDA authorities, reinforcing the Farm Bill's broader goal of sustaining rural communities and protecting access to essential health services. NRHA respectfully urges inclusion of both amendments in the final legislation.

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 Committee as the Farm Bill progresses. If you have any questions, please contact Alexa McKinley Abel (amckinley@ruralhealth.us).

Sincerely,



A handwritten signature in black ink, appearing to read "Alan Morgan", is positioned below the logo.

Alan Morgan
Chief Executive Officer
National Rural Health Association