

2026 Rural Health Advocacy Asks

Immediate Action Is Needed to Secure Rural Health Access

America's rural health care system is at a crossroads. Rural America is home to more than 62 million people whose health and economic stability depend on federal partnerships 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 have closed or discontinued inpatient services**. 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. In this economic environment, it is critical rural providers have stability to keep their doors open. Currently, **nearly 50% of rural hospitals have negative operating margins**. Rural populations often encounter barriers that limit their ability to obtain the care they need. Recent years have devastated the financial viability of rural practices, disrupted rural economies, and eroded availability of care. Medical deserts are appearing across rural America leaving many without timely access to care.

What Congress Can Do to Support Rural Patients and Providers?

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.



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 operation through necessary authorization of core programs.

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.



House: Co-sponsor H.R. 1417, the Rural Health Care Facility Technical Assistance Program Act
(Reps. 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.



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. However, rural training is a promising pathway to growing a robust workforce. 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.

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.



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

2026 Rural Health Advocacy Asks



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.



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).



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: 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-sponsor H.R. 3102, the Rural Health Focus Act (Reps. Guest & Gluesenkamp Perez)

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



COVERAGE: Strengthening coverage to keep rural healthy

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.



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 Bipartisan Premium Tax Credit Extension Act to extend ePTCs through 2026.