**In-District Rural Health Appropriations Toolkit**

The President’s fiscal year (FY) 2026 [budget request](https://www.hhs.gov/sites/default/files/fy-2026-budget-in-brief.pdf) proposes to eliminate fundamental rural health programs, including the Medicare Rural Hospital Flexibility (Flex) Program, Small Hospital Improvement Program (SHIP), and State Offices of Rural Health (SORH) programs. If enacted by Congress, these cuts would threaten rural healthcare delivery and access. **NRHA has numerous ways for you to get involved and make your voice heard compiled in this toolkit.**

**Table of Contents**

* [Hosting a Congressional Visit](#_Hosting_a_Congressional)
* [Advocacy Campaign: Urge Congress to Invest in Rural Health](#_Advocacy_Campaign:_Urge_1)
* [Template Letter to Members of Congress](#_Template_Letter_to_1)
* [Rural Health Program Talking Points](#_Rural_Health_Program)
	+ [State Offices of Rural Health](#_State_Offices_of)
	+ [Flex Program](#_Flex_and_SHIP)
	+ [Rural Residency Planning and Development](#_Rural_Residency_Planning)
	+ [Rural Health Care Outreach Services programs](#_Rural_Health_Care)
	+ [Rural Communities Opioid Response Program](#_Rural_Communities_Opioid)
	+ [Rural Hospital Stabilization Program](#_Rural_Hospital_Stabilization)
	+ [USDA Rural Hospital Technical Assistance Program](#_USDA_Rural_Hospital_1)
	+ [Area Health Education Centers](#_Area_Health_Education)
* [NRHA’s FY 2026 Appropriations Requests Table](#_NRHA_FY_2026)

You can also find these resources on our [Appropriations Hub](https://www.ruralhealth.us/advocacy/advocacy-priority-areas/appropriations).

# **Hosting a Congressional Visit**

During recesses, members of Congress and their staff will plan visits to facilities across their states and districts to learn about the experiences and needs of their constituents. This is your chance to show your members of Congress the impact and value of your work and why it is important to support programs that strengthen rural health care in the FY26 appropriations bill.

A congressional visit should include a tour of your facility or a highlight of your programming with a focus on what makes your specific services unique. For example, a visit may be a 20- to 30-minute tour and conversation, or a shorter tour followed by a roundtable with key members of your staff.

**Scheduling your visit**

To schedule a visit, begin by reaching out to your members’ in-district or in-state staff via email or phone call. For Representatives, reach out to your district director or district scheduler. For Senators, reach out to state or regional directors. If you need help identifying the correct staff member or need contact information, please reach out to Alexa McKinley Abel (amckinley@ruralhealth.us).

**Sample invitation email**

Dear (STAFFER NAME)

On behalf of (INSERT NAME OF FACILITY/PROGRAM) in (INSERT CITY/TOWN), I would like to invite (SENATOR/REPRESENTATIVE) (LAST NAME) to tour (PROGRAM/FACILITY NAME) during the upcoming August recess.

We would like to share with you the services our program/facility has provided our rural community. During your visit we welcome you to (tour the facility, meet our staff, talk to patients, see how our team operates, etc.). Health care in rural America is critical to a community’s overall well-being. Rural hospitals and facilities comprise as much as 20% of the rural economy, and we look forward to the opportunity to show you the role our work plays in the growth and future of our community here in (INSERT CITY/TOWN).

(INSERT short paragraph about the facility or program—what you do, job numbers, economic footprint, patients cared for, explain your role in providing care.)

We are happy to work with your team to find a date that works well for (SENATOR/REPRESENTATIVE NAME).

All of us at (INSERT NAME OF FACILITY/PROGRAM) look forward to offering a more personal look at the challenges and opportunities in providing health care in rural America through our community.

Sincerely,

(YOUR NAME)

(TITLE)

(ORGANIZATION NAME) (ORGANIZATION ADDRESS)

**Preparing for your visit**

You will want to inform your staff and employees of the visit. If you have any background materials on your programs that you provide to visitors, such as a one-pager on your work, make sure you have copies on hand.

It is a joint decision between your facility and your members of Congress whether the media should be involved in the visit. If media coverage is agreeable, produce a collection of media documents in advance of the visit. This allows ample time for the representative’s office to approve these materials. Identify key individuals at your local news outlet and send all relevant materials to them. Important media documents include:

* Media advisory: A brief written notice to the media about the upcoming event. This document should include the date, time, location, purpose of the visit, participants, and relevant contact information. An example is included below.
* Press release: This is written communication about the event for local media. A release typically contains a write-up and quotes from the visit and may contain photos.
* Social media: Social media posts can share information with the public before and after the event. Be sure to tag your member of Congress in the posts and re-share their posts about the event.

NRHA is available as a resource if you need assistance throughout this process.

**Sample media advisory**

Email Subject Line: (REPRESENTATIVE/SENATOR) (LAST NAME) to Tour (FACILITY NAME) - (DATE) (TIME)

What: (CONGRESSMAN/CONGRESSWOMAN/SENATOR) will visit (FACILITY NAME) on (DAY), (DATE) at (TIME). The (HOUR, HALF HOUR, ETC.) visit will include a tour of the facility and (any other activities – roundtable, reception with staff, etc.) Media and photographers are welcome to attend.

(INSERT paragraph about the facility—what you do, job numbers, economic footprint, patients cared for, explain your role in providing care)

The (CONGRESSMAN/CONGRESSWOMAN/SENATOR) is working to raise awareness on the issue of rural health in Washington, D.C., and we look forward to the opportunity to collaborate with them on this issue. This visit will serve as an opportunity to highlight the power of rural providers and patients and the critical role that (FACILITY NAME) plays in the rural health safety net.

When: (DATE) (TIME) (LOCATION) (ADDRESS) Who: (CONGRESSMAN/CONGRESSWOMAN/SENATOR)

(RELEVANT HOSPITAL/FACILITY/PROVIDER ATTENDING)

Contact:(YOUR NAME) (EMAIL) (PHONE)

**After your visit**

Following the visit, be sure to send a thank you email and a letter addressed to your member of Congress. You can send an email to the staff member that you worked with to arrange the visit and attach the thank you letter (on your organizational letterhead) and any follow-up materials that you were asked to or offered to provide.

Make sure to send the thank you in a timely manner, ideally within a week of the visit. Even if you were not asked for any supplemental materials, thanking your representative for their time and reiterating your asks will go a long way toward establishing and maintaining your relationship. You can also offer yourself as a future resource.

Send any applicable media materials or pictures and a summary of the visit to NRHA’s Government Affairs and Policy Coordinator, Sabrina Ho (sho@ruralhealth.us).

**Sample thank you letter** (use organizational letterhead)

Month X, 2025

The Honorable (Senator/Representative LAST NAME)

U.S. Senate/U.S. House of Representatives

Office Address

Washington, DC 20510

Dear(Senator/Representative LAST NAME),

On behalf of (NAME OF FACILITY/PROGRAM) in (INSERT CITY) I would like to thank you for taking valuable time from your schedule to visit our facility. It was an honor to host you and to meet with you and your staff, and I hope you enjoyed the tour. More importantly, I hope you came away with a greater understanding of (TOPIC/ISSUE DISCUSSED DURING VISIT).

We look forward to continuing to work with you to ensure the healthy future of our rural community. Please use us as a resource as you address issues related to rural health care and access to care. We look forward to staying in touch with you and your staff in the coming months. Thank you again for taking the time to visit (NAME OF FACILITY/PROGRAM).

Sincerely,

(YOUR NAME)

(TITLE)

(ORGANIZATION NAME, ORGANIZATION ADDRESS)

# **Advocacy Campaign: Urge Congress to Invest in Rural Health**

Use NRHA’s FY 2026 appropriations advocacy campaign to send an email directly to your senators and representative about the importance of fully funding rural health programs in the upcoming budget proposals. Our advocacy campaigns include a pre-drafted message on rural health appropriations and an opportunity for you to personalize your email with your own story. **Access the advocacy campaign** [**here**](https://www.votervoice.net/NRHA/campaigns/124960/respond)**.**

### Advocacy Campaign How-To Guide



# **Template Letter to Members of Congress**

During recess when Members of Congress are at home, **you should send a copy of your FY26 appropriations letter to both their D.C. staff (health legislative assistant, health policy advisor, etc.) as well as their in-state or in-district staff.** For Representatives, reach out to the district director. For Senators, reach out to state or regional directors.

Please use [FORHP Grants List spreadsheet](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/FORHP-Grants-state-letter.xlsx) (see each spreadsheet tab for different programs) and [Critical Access Hospitals by State spreadsheet](https://www.ruralhealth.us/NationalRuralHealth/media/Documents/Advocacy/2025/CAHs-by-state-state-letter.xlsx) to fill in grantee information below. For rural hospital operating data please see [Chartis data on NRHA’s website](https://www.ruralhealth.us/advocacy/state-rural-health-advocacy/rural-health-data).

If you need help identifying the correct staff member or need contact information, please reach out to Alexa McKinley Abel (amckinley@ruralhealth.us).

**Template FY26 Budget Letter**

Month X, 2025

The Honorable (Senator/Representative LAST NAME)

U.S. Senate/U.S. House of Representatives

Office Address

Washington, DC 20510

Dear (Senator/Representative LAST NAME),

The (your organization) writes to express its deep concerns regarding federal rural health programming cuts proposed in the fiscal year (FY) 2026 President’s Budget for the Department of Health and Human Services. The budget request calls for the elimination of core, bipartisan, longstanding rural health programs that are essential to ensuring access to care in(state). **We urge you to reject these cuts and fully fund rural health care programs at HHS.**

(Paragraph introducing your organization, what you do, etc.)

The FY 2026 President’s Budget proposes to cut core rural health programs at the HHS Federal Office of Rural Health Policy (FORHP), which would lead to a critical underfunding of rural health care and ultimately threaten rural provider stability and patient access. Programs at FORHP deliver outsized value in terms of access to care, workforce support, and chronic disease management. Unfortunately, the President’s proposal comes at a time when almost half of rural hospitals are operating with negative margins, including XX in (state). Since 2010, rural America has seen over 190 hospitals close or cease to provide inpatient care. The rural health care system cannot sustain cuts to federal programming.

**The following programs at FORHP would end if Congress enacts the President’s budget proposal, upending rural health care delivery in (state).**

**State Offices of Rural Health (SORHs).** SORHs across the country serve as the backbone of rural health coordination within their respective states. SORHs work with rural health care providers and stakeholders across the state to administer Flex and SHIP programs, connect partners to resources, build capacity, and otherwise provide critical direct technical assistance.

Between 2015 and 2024, the (state) Office of Rural Health received $XXX,XXX from FORHP to administer these activities. (Find number in tab “SORH ST Total” in FORHP Grants spreadsheet linked above. Please add any additional information/details on activities funded through SORH grants at your state office.)

**Medicare Rural Hospital Flexibility (Flex) Program.** The Flex program helps Critical Access Hospitals (CAHs) and rural communities deliver quality, sustainable healthcare. Flex is administered by the State Offices of Rural Health and supports training and technical assistance, financial and quality improvements efforts, and emergency medical services integration. Flex is a lifeline that keeps rural hospitals open and improves quality of care.

Over 1,350 CAHs across rural America are supported through Flex, including XX in (state) (Find number in spreadsheet “CAHs by state” link above). Since 2015, (state) received $XXX,XXX from Flex (Find number in tab “Flex ST Total” in FORHP Grants spreadsheet). Without this funding, rural hospitals will face financial setbacks and could close. By investing in Flex, rural communities retain access to quality care. (Please include any other specific activities that your Flex program funds.)

**Small Hospital Improvement Program (SHIP).** The SHIP program provides for operational improvements, including data collection, quality improvement, and HIT implementation, for small rural hospitals. Small, rural hospitals in (state) rely on SHIP grants to improve quality and safety, modernize billing systems, address cybersecurity concerns, and prepare for the transition to value-based care. (State) received $XX,XXX in SHIP funds in since 2015, ensuring that small, rural hospitals can stay current and thrive in the modern health care environment. (Find number in tab “Flex ST Total” in FORHP Grants spreadsheet linked above. Please include any other specific activities that your SHIP program funds.)

Other critical investments in rural health include:

* **$14 million for the Rural Residency Planning and Development Program (RRPD)**. RRPD supports the development of new rural residency programs to address the ongoing workforce shortages faced by rural communities. Since 2019, this program has created 54 new accredited rural residency programs or rural track programs in family medicine, internal medicine, psychiatry, and general.
* **$109 million for the Rural Health Care Services Outreach programs**. This suite of programs support rural, community-driven initiatives that promote improved access to care, enhance care coordination, and foster sustainable solutions for chronic disease prevention and management in rural areas. In FY 2023, over 522,000 unique individuals received services through Outreach programs and 100% of grant recipients demonstrated improvement in one or more clinical measures.
* **$155 for Rural Communities Opioid Response Program** (RCORP). RCORP is a multi-year initiative that addresses barriers through targeted interventions for treatment for substance use disorder (SUD), including opioid use disorder (OUD), specific to the unique needs in rural areas.
* **$67 million for the Area Health Education Center (AHEC) Program**. Congress established the AHEC program in 1971 to strengthen and diversify the healthcare workforce in rural and medically underserved communities. AHECs develop and train a diverse healthcare workforce prepared to deliver culturally appropriate, high-quality, team-based care, with an emphasis on primary care for rural and underserved populations. Last academic year, AHECs across the nation and U.S. territories reached more than 718,000 students and health professionals with programming such as health career education, clinical rotation support, and continuing education for healthcare professionals.
* **$10 million for the Office of Rural Health at the Centers for Disease Control and Prevention** (CDC ORH). The office enhances implementation of CDC’s rural public health portfolio, coordinates efforts across CDC programs, and has developed a strategic plan for rural public health.
* **$5 million for the Rural Hospital Technical Assistance Program at the Department of Agriculture (USDA).** Housed within the Rural Development portfolio at USDA, this pilot technical assistance program improves rural hospitals’ financial and operational performance, prevents closures, and strengthens the delivery of health care in rural communities. The program provides direct on-the-ground assistance and is flexible enough to meet the varied needs of rural hospitals under operational and financial stress.

(Provide any additional information about the importance of programs listed above.)

(Your organization) appreciates your consideration of our concerns and **urges you to invest in rural health care in the FY 2026 appropriations process.** If you have any questions or would like to discuss the importance of these programs further, please contact (name) at (phone/email address).

Sincerely,

(E-Signature)

Name

Title

Organization

# **Rural Health Program Talking Points**

### State Offices of Rural Health

* Federally funded since 1991, the SORH Program assists states in strengthening rural health care delivery systems by **maintaining a focal point for rural health** in each state.
	+ These cost-effective programs directly improve health care access and outcomes for rural residents.
	+ SORHs are trusted partners of rural hospitals and providers across the state – ensuring programs like Flex and SHIP are not just administered but truly impactful. Not only do SORHs administer these programs, but they do also it well because of long-term relationships with hospitals and healthcare providers in the state.
* The program provides funding for an institutional framework helps small rural communities **leverage state and federal resources to develop long-term solutions** to rural health programs.
	+ Leverage the initial investment to secure additional investments rural health programming (XXX insert info available from your state- *example from Michigan shows a 27 fold return on investment from federal funding ($237k to $6.4m))*
	+ The SORH program is not just a Federal program. It's a Federal-state partnership with a 3-to-1 match requirement, meaning for every federal dollar invested, states contribute three dollars. This cost-sharing model ensures shared responsibility, maximizes the impact of federal funds, and reflects strong state-level commitment to rural health.
* The SORH program provides foundational funding to support core staffing and operations that enables states expand **workforce development, primary care access, and continuing education statewide**. Example activities investments support include:
	+ *Workforce Development*: Educating future and current health professionals about practicing in rural communities. Supporting "grow-your-own" pipeline programs for high-need roles—from lab technicians to advanced clinicians.
	+ *Ensuring Primary Care Access:*
		- Building financial and operational sustainability for certified Rural Health Clinics and other rural providers.
		- Supporting quality improvement efforts that address chronic conditions like kidney and cardiovascular disease
	+ *Provider Educatio*n: Offering a trusted, low-cost education model to improve rural care delivery. Delivering continuing education credits annually through Grand Rounds and Project ECHO programs (focusing on infectious disease, One Health, and diabetes)

### Flex and SHIP Programs

Flex plays a critical role in helping (your state’s) (insert number of CAHs Find number in spreadsheet “CAHs by state” link in the Congressional template section above.) Critical Access Hospitals (CAHs) improve their financial status and focus on enhancing their quality of care. Congress created the Flex and SHIP programs as a bulwark against the structural challenges small rural hospitals face given their limited administrative capacity and resources. These programs ensure an annual support mechanism to support rural hospitals at a time when the risk of closure and financial stress is an ongoing problem.

The Flex program has a proven track record of **improving the financial stability of small rural hospitals and participation in value-based efforts.**

* As a result of targeted technical assistance to support CAH financial stability, the proportion of rural hospitals at high or mid-high risk of financial distress has decreased from more than 20% in 2019, to 17.8% in 2023.
* The percentage of CAHs participating in Accountable Care Organizations (ACOs) increased from 30% in 2021 to 40% in 2025.

Flex funding builds capacity for CAHs to participate in the Medicare Beneficiary Quality Improvement Project (MBQIP) measures by supporting essential **investments in data infrastructure and reporting capabilities.**

* Facilitating data transparency, benchmarking, and peer learning—leading to CAHs outperforming national peers on patient experience and quality measures.

Flex funding provides infrastructure support that allows small rural hospitals to strengthen financial and operational performance and invest in **activities that improve access to high quality care in rural areas**. Example investments support:

* Medicare cost reports analysis to identify ways to enhance their reimbursement and receive the appropriate level of payment for the services they provide.
* Updates to the hospital’s Chargemaster, which identifies the appropriate market value for services and makes sure hospitals set prices that reflect their competitive market.
* Helping hospitals complete meaningful Community Health Needs Assessments
* Participation in the Rural Health Clinic (RHC) Compliance Cohort and mock survey support in preparation for RHC recertification.
* Support critical Emergency Medical Services (EMS) provider training, agency sustainability, and quality improvement efforts.

The Flex program supports **education and training** to invest in clinical staff and caregivers which rural hospitals don’t have funding to otherwise provide. These efforts, in turn, raise the level of care provided at independent rural hospitals. Training activities include: on-site obstetric simulation training in order to maintain local access to care; crisis prevention training to protect rural healthcare workers; and training for billing staff in coding and billing to ensure the hospitals can bill efficiently for their services, increasing cash flow and improving their financial status.

**SHIP Program Talking Points**

The Small Rural Hospital Improvement Program (SHIP) services small rural hospitals who often lack the administrative infrastructure of urban counterparts, making external resources essential. SHIP investments support:

* Enable rural hospitals to upgrade HIT and telehealth systems
* Funding to offset hardware and software billing updates
* Participation in CMS-aligned quality reporting, and adopting value-based care models
* Advance national priorities like price transparency, cybersecurity, and data-driven care
* Training on developing custom reports for participation in Medicare Accountable Care Organizations (ACO)
* Purchase tools for data mining in the hospital EHR in order to build quality dashboards and reports for quality programs
* Participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which are used to give a rural hospital a star rating, in turn allowing rural residents to make informed choices about their care

**Rural Hospital Status and Impact**

If Flex and SHIP are not supported rural hospitals will be more at risk of closure:

* Loss of funding for financial analysis would result in hundreds of rural hospitals falling behind on their billing practices and lose the ability to continuously analyze and update their revenue cycle management.
* Rural hospitals will face significant hurdles in quality data collection and reporting, disqualifying them from key payment models and driving a widening gap between rural and urban systems.
* The quality improvement efforts play a key role in supporting the ability of rural hospitals to take part in value-based care models, which already lags behind urban hospitals. The loss of this funding will exacerbate that participation gap.
* When quality challenges emerge for rural hospitals, it helps reinforce the bypass factor, where patients with private insurance drive past their local hospital for care, leaving only patients with Medicare, Medicaid or uninsured, leading to further hardship.

Nationally, nearly 46% of rural hospitals operate with negative profit margins. Since 2010, nearly 190 rural hospitals have closed or ceased inpatient services.

* In (your state) XX rural hospitals are operating with a negative profit margin[[1]](#footnote-1). (This data from Chartis can be found on NRHA’s website at <https://www.ruralhealth.us/advocacy/state-rural-health-advocacy/rural-health-data>.)

When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin ends, affecting the larger community. Investing in a strong rural health infrastructure is critical to the future of rural areas.

Bottom line, Flex and SHIP are important maintenance programs that rural hospitals count on each year to provide the resources that help rural hospitals to keep their doors open and ensure a focus on providing high quality care.

### Rural Residency Planning and Development Program

The Rural Residency Planning and Development Program (RRPD) provides start-up funding to establish new and grow existing rural residency programs. Find RRPD-funded programs in your state [here](https://www.ruralgme.org/program-profiles).

**Why is RRPD important?**

* Only 2% of Medicare-funded graduate medical education training occurs in rural places.
* Training in a rural area is the best predictor of a physician choosing to practice in a rural community.
* Training residents in rural areas immediately increases access to care. Residents are physicians that can see and treat patients with counsel from rural health care preceptors.
* X programs in (your state) are funded by RRPD. (Find RRPD-funded programs in your state [here](https://www.ruralgme.org/program-profiles).)

**What does RRPD do?**

* Provides grants of up to $750,000 to help hospitals establish rural residency training programs, including rural track programs.
* Funding can help support the costs of accreditation, faculty development, and resident recruitment, including both direct and indirect costs.
* RRPD can help establish a residency training program in one of the following needed rural specialties:
	+ Family medicine
	+ Internal medicine
	+ Preventive medicine
	+ Psychiatry
	+ General surgery
	+ Obstetrics and gynecology

**What is RRPD’s track record of improving access to care?**

* Since its inception in 2019, RRPD has:
	+ Created 61 new accredited rural residency programs, 52 of which participated in the national match to recruit residents
	+ Received approval for 746 new residency slots
	+ Started training 387 rural residents
	+ Made awards to grantees across 38 states and 1 territory
* You can access these statistics on an RRPD one pager [here](https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/2025/1-pager-rrpd_may-2025.pdf).

### Rural Health Care Services Outreach programs

Outreach grant programs improve rural community health by focusing on enhancing access to care, quality improvement, care coordination, and integration of services. This is done through a suite of programs that allow grantees flexibility to best determine how to meet community needs. Further, Outreach programs 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 programs include:

* Rural Health Care Services Outreach Program
* Rural Health Network Development Program
* Rural Maternity and Obstetrics Management Strategies (RMOMS)
* Small Health Care Provider Quality Improvement Grants
* Rural Health Care Coordination Program

**Outreach programs also help to address regional challenges through the following:**

* Delta States Rural Development Network Grant Program
* Delta Region Community Health Systems Development Program
* Delta Maternal Care Coordination Program
* Rural Northern Border Region Outreach Program
* Appalachian Region Healthcare Support Program

**Outreach programs show proven, successful outcomes:**

* In FY 2023, 522,000 unique individuals received direct services through Outreach programs.
* In FY 2022, 85% of grantees showed improvement in one or more clinical measures.
	+ Clinical measures include reductions in diabetic hemoglobin A1c scores (HgbA1c), blood pressure scores, tobacco use, and body mass index (BMI) calculations.
* In FY 2023, 100% of Delta States Rural Network Development grantees showed improvements on at least one clinical measure.
* 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.
* In FY 2023, 98% of Rural Health Network Development Program grantees reported that they will sustain all or parts of their projects.

### Rural Communities Opioid Response Program

Rural Communities Opioid Response Program (RCORP) is a multi-year initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities.

Specifically, the RCORP program funds planning and implementation efforts relevant to rural communities related to medication assisted treatment, neonatal abstinence syndrome, psychostimulant support, overdose response, and child, adolescent, and adult behavioral health support.

**RCORP programs show proven, successful outcomes:**

* In FY 2023, RCORP awarded $80 million across 39 states to support key strategies to respond to the overdose risk from fentanyl and other opioids.[[2]](#footnote-2)
* In FY 2024, $14 million went towards grantees improving access to treatment and recovery services for substance use disorder and opioid use disorder.[[3]](#footnote-3)
* In 2022, RCORP served 2 million individuals across more than 1,900 communities in 47 states/territories.[[4]](#footnote-4)
* RCORP-supported rural counties had 1.2 more waivered 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.

### Rural Hospital Stabilization Program

The [Rural Hospital Stabilization Program](https://www.ruralcenter.org/programs/stabilization) (RHSP) is a pilot technical assistance program at FORHP that improves health care in rural areas by providing in-depth assistance directly to financially distressed rural hospitals that addresses long-term solvency and operating models. The program provides direct funding to enhance and/or expand service lines, improve access and keep health care services available. The program increases service volume and revenue to improve financial sustainability in rural hospitals that have limited access to resources needed to expand services and improve health care outcomes.

**What does the program support?**

Services available through the program include:

* Funding directly to hospitals for service line enhancements/expansions
* Expert financial analysis and operational assessments
* Strategic stabilization action planning
* Service line operationalization and implementation planning
* Community engagement assistance to increase viability through local support

**Examples of projects include:**

* Establishing strategic evidence-based action plans for performance improvement.
* Operationalizing service lines that meet locally identified needs, including telehealth services.
* Stabilizing financial position and increasing operational efficiencies.
* Identifying priorities and action planning to address root causes of financial instability.
* Engaging local communities to support local hospital services and improve health outcomes.

**Why is this program needed?**

* Nearly 200 rural hospitals have closed over the last two decades.
* Over 50% of rural hospitals operate in a financial deficit.
* Hospital instability and closures compound the lack of access to care and reduce community economic stability.
* Hospital bypass (outmigration) is largely attributed to lack of needed services.
* Technical assistance is a proven strategy to reduce closures and improve financial and operational performance.

**So far, the RHSP has:**

* Began assisting eight hospitals in 2025 and has identified a nation-wide need for targeted stabilization technical assistance programs that directly support rural hospital solvency.
* Registered over 650 individuals, from 49 states and representing 389 rural hospitals for the program’s information webinar, showcasing the national need and interest.
* Accepted 113 hospitals from 29 states applied in 2024 for first cohort participation. [Eight hospitals (WA, TX, OK, GA, CO, MO, KS) were selected](https://www.ruralcenter.org/programs/stabilization/selected-hospitals) and the second cohort selection process is underway.

### USDA Rural Hospital Technical Assistance Program

The Rural Hospital Technical Assistance Program is a pilot technical assistance program at the U.S. Department of Agriculture (USDA) to improve rural hospitals’ financial and operational performance, prevent closures, and strengthen the delivery of healthcare in rural communities. The program provides direct on-the-ground assistance and is flexible enough to meet the varied needs of rural hospitals under operational and financial stress.

**What does the program support?**

Services available through the program include:

* Strategic, financial, and operational analysis
* Physician practice analysis
* Debt capacity with market assessment
* Revenue cycle management
* Service line analysis

Examples of projects include:

* Improving financial position and increasing operational efficiencies.
* Implementing quality improvements that support an evidenced-based culture for improved health outcomes.
* Increasing use of telehealth to fill service gaps and improve access to care.
* Strengthening the local health care delivery system to position for population health.
* Providing hospital board training through NRHA’s certification programs.

**Why is this program needed?**

* Since 2010, over 190 rural hospitals have closed or stopped providing inpatient care.
* An additional 430+ hospitals are identified as vulnerable to closure.
* Almost half of rural hospitals have negative operating margins. For those with positive margins, the average operating margin is 1%.
* Technical assistance is a proven strategy to reduce closures and improve financial and operational performance.

**The Rural Hospital Technical Assistance Program has boasted successful outcomes so far:**

* USDA found that hospitals supported by Community Facilities programs, including the technical assistance program, were 94% less likely to close within 6 years.
* As of 2025, 107 rural hospitals have received or are currently receiving technical assistance through this program.
* The program helped a hospital in Kansas identify $17.3 million in opportunities to continue their mission into the future.

### Area Health Education Center Program

The Area Health Education Center (AHEC) Program under HRSA develops and trains a diverse healthcare workforce prepared to deliver culturally appropriate, high-quality, team-based care, with an emphasis on primary care for rural and underserved populations. Congress established the AHEC program in 1971 to strengthen and diversify the healthcare workforce in rural and medically underserved communities.

**What does this program support?**

* There are approximately 56 AHEC programs with more than 235 centers in operation in almost every state.
* Last academic year, AHECs across the nation and U.S. territories reached more than 718,000 students and health professionals with programming such as health career education, clinical rotation support, and continuing education for healthcare professionals.

**Why is this program needed?**

* The need to strengthen the healthcare workforce, particularly for rural areas, continues.
* According to new projections published today by the Association of American Medical Colleges the U.S. will face a physician shortage of up to 86,000 physicians by 2036.
* The American Hospital Association reported earlier this year that the U.S. could need over 190,000 registered nurses each year over the next decade.

#

# **NRHA FY 2026 Appropriations Requests**

You can access this information as a one-pager [here](https://nrha-prod-eastus-be.azure.silvertech.net/NationalRuralHealth/media/Documents/Advocacy/2025/FY-2026-Approps-Table-6-11-2025.pdf).

|  |
| --- |
| **Rural Health Appropriations Requests & Allocations** |
| **Discretionary Funding Program** | **NRHA FY 2026****Request** | [**President’s FY26 Budget**](https://www.hhs.gov/sites/default/files/fy-2025-budget-in-brief.pdf) | **HAC FY 2026** **Mark Up**  | [**SAC FY 2026 Mark Up**](https://www.appropriations.senate.gov/imo/media/doc/fy26_lhhs_bill_text.pdf) | **FY 2025**[**Continuing Resolution**](https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/evo-media-document/bill-text.pdf) |
| *Federal Office of Rural Health Policy Programs* |
| Rural Health Research & Policy Development | **$12.076M** | $11.076M | TBD  | $11.076M | $11.076M |
| Rural Hospital Stabilization Pilot Program | **$15M** | $0 |  TBD | $6M | $4M |
| Rural Hospital Flexibility Grants | **$75M** | $0 |  TBD | $66.27&M | $64.277M |
| State Offices of Rural Health | **$15M** | $0 |  TBD  | $13.5M | $12.5M |
| Rural Health Care Services Outreach, Network & Quality Improvement Grants*Within line:* Rural Maternity & Obstetrics Management Strategies Program(s) | **$108.975M****$15M** | $100.975MTBD |  TBD | $103.975M $13M | $100.975M$12M |
| Rural Residency Planning & Development | **$14M** | $12.7M |  TBD | $14M | $12.7M |
| Rural Communities Opioid Response | **$155M** | $145M |  TBD | $145M | $145M |
| *Critical HRSA Safety Net Programs* |
| National Health Service Corps | **$160M+****$790M~** | $474M |  TBD | $128.6M+ | $345M+/**~** |
| Area Health Education Centers | **$47M** | $0 |  TBD | $47M | $47M |
| Nursing Workforce Development  | **$320M** | TBD |  TBD | $303.472M | $305.472M |
| Oral Health Training | **$43.673M** | $0 |  TBD  | $42.673M | $41M |
| Behavioral Health Workforce Development Programs | **$261M** | $89.3M |  TBD | $113M | $193M |
| Teaching Health Center GME | **$320M** | $175M | -- | -- | $164M~ |
| Telehealth | **$48M** | $42M |  TBD | $42.05M | $42.05M |
| Community Health Centers | **$1.858B+****$6.340B**~ | $6.11B | $ TBD | $1.85B+ | $4.26B+/**~** |
| 340B Drug Pricing Program/Office of Pharmacy Affairs | **$12.238M** | $12.24M | TBD  | $12.238M | $12.238M |
| *Centers of Disease Control and Prevention* |
| Office of Rural Public Health | **$10M** | TBD |  TBD | $5M | $5M |
| *USDA Rural Development Programs* |
| Rural Hospital Technical Assistance | **$5M** | $0 | $2M | $2M | -- |
| Communities Facilities Loans and Grants | **$62M\*** | $14M\* |  $1.65B | $1.9B | $1.6B |
| Broadband ReConnect Program | **$112.4M** | $0 |  $90.75M | $35M | $90M |
| Rural Partners Network | **$10M** | $0 | $0 | $0 | $1.5M |
| *+ Discretionary request**~ Current/proposed law mandatory request**\* Not including Congressional Directed Spending amounts* |

1. <https://www.ruralhealth.us/advocacy/state-rural-health-advocacy/rural-health-data> [↑](#footnote-ref-1)
2. <https://www.hrsa.gov/rural-health/opioid-response/fy2023-rcorp-awards-overview#:~:text=August%2031%2C%202023%3A%20the%20U.S.,from%20fentanyl%20and%20other%20opioids>. [↑](#footnote-ref-2)
3. <https://www.hrsa.gov/rural-health/opioid-response/impact/fy24-awards> [↑](#footnote-ref-3)
4. <https://grants.hrsa.gov/2010/Web2External/Interface/Common/EHBDisplayAttachment.aspx?dm_rtc=16&dm_attid=3c0e8d19-eea5-41bb-82e6-4d726c8e7a67&dm_attinst=0> [↑](#footnote-ref-4)