



September 14, 2023

The Honorable Debbie Stabenow  
Chairwoman  
U.S. Senate Committee on Agriculture  
731 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable John Boozman  
Ranking Member  
U.S. Senate Committee on Agriculture  
141 Hart 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 David Scott  
Ranking Member  
House Committee on Agriculture  
468 Cannon House Office Building  
Washington, D.C. 20515

Dear Chairwoman Debbie Stabenow, Ranking Member John Boozman, Chairman Glenn Thompson, Ranking Member David Scott, Members of the Senate Agriculture Committee, and Members of the House Agriculture Committee:

The National Rural Health Association (NRHA) is writing to outline our requests for the 2023 Farm Bill reauthorization. NRHA views the upcoming 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 every component of rural America's health care, including rural community hospitals, critical access hospitals, clinics, providers, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA's primary focus in the Farm Bill is on the USDA Rural Development programs. In addition, we recommend updates to the following authorities and investments in broadband, nutrition, behavioral health, and emergency medical services.

### **Title VI – Rural Development**

The Rural Development (RD) title supports the backbone of rural communities. As a healthcare organization, NRHA understands the importance of building economically healthy communities that include thriving healthcare facilities. Rural hospital closures are ticking back up again for the first time since before the pandemic. As of August 2023, [153 rural hospitals](#) have closed since 2010. 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.

NRHA urges the Committee to include the following bills in the Farm Bill:

***H.R. 4713: Rural Hospital Technical Assistance Program Act.*** This legislation would authorize the USDA Hospital Technical Assistance Program to identify and address hospital needs to improve financial performance and quality outcomes. So far, 17 hospitals have been served by the critical pilot program.

**S. 1876/H.R. 3922: *Expanding Childcare in Rural America Act.*** This bill directs USDA to prioritize projects that improve the availability, quality, and affordability of childcare in agricultural and rural communities. Increasing access to quality childcare furthers crucial goals of recruiting and retaining rural health care providers, as well as improving farm safety for families.

**H.R. 4603: *Rural Wellness Act.*** Congress established substance use disorder set-asides in the Distance Learning and Telemedicine and Community Facilities Direct Loans and Grants (CFL) Programs in the 2018 Farm Bill. This bill would extend those set-asides until the next Farm Bill reauthorization in 2028 and includes new mental and behavioral health treatment prioritizations in CFL as issues of suicide, overdose, and substance use disorder continue to plague rural communities.

**S. 2447: *Strengthening Telehealth and Education for Rural Communities Act.*** This legislation would reauthorize the Distance Learning and Telemedicine Grant Program. The bill would also make the program more accessible for rural communities by removing administrative and financial barriers, including the matching requirement for grant recipients.

In addition, NRHA urges support for the following programs:

***Community Facilities Direct Loan and Grant Program.*** CFL provides essential, affordable funding to develop community facilities in rural areas. The requirements of the CFL portfolio are legislated and designed to mitigate risk of default. However, NRHA believes the application process for CFL is overly burdensome and requires meeting stringent underwriting requirements. Generally, capital starved rural facilities are not in a position to meet program requirements for a three-year history of a positive bottom line on financial status, making some of the most vulnerable rural providers ineligible. Actions should be taken to simplify the application and underwriting requirements. Additionally, authorities for the CFL portfolio should be expanded to include Farm Credit institutions as eligible entities to provide funding to awardees.

Congress should authorize use of loans and grants for essential community facilities for capital development projects through a set aside for rural hospitals so that funds may be used for renovations, upkeep, and modernization of aging facilities. The Committee should also authorize a prioritization for applicants seeking to upgrade out-of-date electronic health record systems to bring rural hospitals in line with current technology and address cybersecurity concerns. The Committee may also consider another prioritization for applicants that will use funds for improving emergency medical services in rural areas, including purchasing equipment and vehicles.

***ReConnect and Rural Broadband Programs.*** The Committee should consider merging the ReConnect Program into the Rural Broadband Program to eliminate duplicative programs in the Farm Bill. The ReConnect Program has been hugely important for rural communities, with each round of funding seeing demand far outpacing the amounts made available for recipients. By combining these two similar programs, USDA will be able to award funds to more entities to bring broadband to the most unserved rural areas and streamline superfluous federal programs. Alternatively, the Farm Bill should state that ReConnect funds must not go to a provider in a service area where another provider received Rural Utilities Service funds from another program, funds from federal universal service programs, or a funds from a state broadband grant program.

NRHA further urges the Committee to specify a minimum service level commitment of 100/100 Mbps high-speed, symmetrical broadband service for all applicants seeking funding through ReConnect. This level was required in the third round of ReConnect and allowing applicants to offer a lesser

standard would be a step backwards from the last round of funding. NRHA believes that it is critical to write this minimum speed standard into law.

NRHA also asks that the Committee explicitly state that ReConnect grant recipients do not need to spend all matching funds before using grant funds on a project. NRHA maintains that this is an unnecessary and burdensome requirement on rural safety-net providers.

**Community Connect Grant Program.** The Community Connect Program is critical for bringing broadband service to essential community facilities in rural areas where service does not exist, as well as connecting residents to high-speed internet at community centers. NRHA recommends the Committee reauthorize the program at \$55 million per year from 2023 – 2028. Additionally, the Committee should consider eliminating the 15% matching funds requirement for tribes, local government units serving a population of no more than 5,000, and local government units within a persistent poverty county. A requirement to put up non-Federal matching funds could disincentivize entities from applying and thus create a barrier to expanding broadband to rural areas in greatest need.

#### **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 87% of counties with the highest food insecurity rates.

NRHA supports inclusion of the following bills in the Farm Bill package:

**S. 760/H.R. 1509: Healthy Food Financing Initiative Reauthorization Act.** This legislation would reauthorize the 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. 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.

**S. 1036/H.R. 3474: Senior Hunger Prevention Act of 2023.** This legislation targets senior hunger, which is a major concern in rural communities where over 20% of residents are over the age of 65. The Act would create a standard medical deduction for seniors and individuals with disabilities in the Supplemental Nutrition Assistance Program (SNAP) to allow the neediest recipients to receive adequate SNAP benefits without an overly bureaucratic paperwork process.

NRHA asks that the Committee further consider our additional requests:

**Supplemental Nutrition Assistance Program (SNAP):** SNAP reaches our most vulnerable rural populations including older adults, children, and people with disabilities. Over 16% of rural households participate in SNAP compared to 13% of urban households. SNAP also has the potential to stimulate local rural economies by achieving an estimated \$1.79 in economic activity for every SNAP dollar spent. Strengthening SNAP works to mitigate food insecurity and ensure rural residents have access to fresh, healthy foods; a key component in promoting overall health. Specifically, NRHA calls on Congress to:

- Retain the Thrifty Food Plan update schedule established in the 2018 Farm Bill and protect the most recent 2021 reevaluation by the USDA. This crucial reevaluation increased the cost of the Thrifty Food Plan and thus the maximum amount of SNAP benefits for the first time in

45 years. Reevaluating the Thrifty Food Plan is essential to ensure that SNAP recipients get benefits that match inflation and are based on current economic realities, especially as we continue to see food prices grow. Rural residents tend to be older and poorer, as evidenced by higher poverty rates in rural areas compared to urban areas and may need a supplement to their other income to afford an adequate, healthy diet.

***Gus Schumacher Nutrition Incentive Program (GusNIP).*** GusNIP provides opportunities to address health disparities through innovative nutrition programs. Rural Americans tend to be older, sicker, and poorer, and have less access to fresh, nutritious foods. The Committee should act to strengthen GusNIP for rural communities through:

- Authorize increased funding for the next 5 years. Both the GusNIP SNAP Incentives and Produce Prescription Programs have proven effective and should be maintained and funded at higher levels to increase rural participation.
- Reduce or eliminate the matching requirement at 7 U.S.C. § 7517(b)(1)(D) to encourage more participation in SNAP Incentives grants. A requirement to put up non-Federal matching funds could serve as a barrier for less well-resourced rural entities to apply and consequently leave rural communities out of the program.
- Add rural health clinics (RHCs) to the definition of healthcare partners at 7 U.S.C. § 7517(a)(4)(B) to expand the reach of Produce Prescription Programs to more rural areas. RHCs are vital components of the rural health safety net and should be authorized to participate in a Produce Prescription Program as a healthcare partner with other eligible entities.

***Food Distribution Program on Indian Reservations (FDPIR).*** Tribal communities make up a significant portion of our rural population. Food insecurity among tribal communities nearly doubles that of all other communities; an issue that has been exacerbated due to the COVID-19 pandemic. Native Americans also have a higher prevalence of diet-related diseases, with mortalities attributed to diabetes at a rate three times higher than the general U.S. population. This makes supporting food security for tribal communities a critical component of the nutrition title. The Committee can strengthen FDPIR for tribal communities by allowing tribal households participating in FDPIR to simultaneously participate in SNAP. Further, the Committee should continue funding the demonstration project that permits tribal nations to enter into self-determination contracts to purchase agricultural commodities under FDPIR. This would allow more tribes to source their own food directly and to include more indigenous, culturally appropriate foods into FDPIR. Finally, the Committee should also grant USDA section 638 authority so that it can give tribal nations the ability to administer SNAP autonomously.

## **Title VII – Research, Extension, and Related Matters**

NRHA calls on the Committee to support the following bills:

***S. 1736: Farmers First Act of 2023.*** This bill reauthorizes the Farm and Ranch Stress Assistance Network (FRSAN) at \$15 million to provide agricultural communities with mental health resources. Additionally, the bill calls for FRSAN grant recipients to establish referral relationships with key rural behavioral health providers, like RHCs, critical access hospitals, and federally qualified health centers.

**S. XXXX/H.R. 5246: National Agriculture Crisis Hotline Act.** Issues such as social and geographical isolation, weather variability, limited access to health care, and fluctuating commodity prices are unique factors that affect agriculture workers' mental health. This bill would create a national crisis hotline that can respond to agricultural communities' behavioral health needs and employ those who understand the particular struggles that this population faces.

**S. 1077: Home-Based Telemental Health Care Act.** This legislation would improve access to mental health and substance use services by establishing a grant program for health providers to expand their telemental health capacity in rural areas for individuals working in farming, fishing, and forestry.

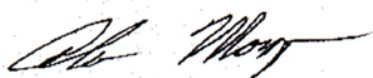
### **Title XII – Miscellaneous**

**S.265: Supporting and Improving Rural EMS Needs Reauthorization Act (SIREN) Reauthorization.** Rural emergency medical services (EMS) are a complicated and persistent policy issue. EMS agencies vary from locality to locality, making comprehensive reforms difficult. NRHA asks that the Committee support rural EMS agencies through authorizing an increase in the maximum grant amount from \$200,000 to \$500,000 for the Rural Emergency Medical Services Training and Equipment Assistance program. Further, Congress should eliminate the non-Federal matching funds requirement to encourage the neediest EMS agencies to apply for grants.

**Rural Health Liaison.** The Committee should continue to support the Rural Health Liaison to ensure that USDA is connecting and collaborating with its health partners at the Department of Health and Human Services and other relevant agencies.

Thank you for your consideration of these requests and for your work towards improving rural communities. NRHA looks forward to continuing working with Members of the Committee as the Farm Bill progresses. If you have any questions, please contact Alexa McKinley ([amckinley@ruralhealth.us](mailto:amckinley@ruralhealth.us)).

Sincerely,



Alan Morgan  
Chief Executive Officer  
National Rural Health Association