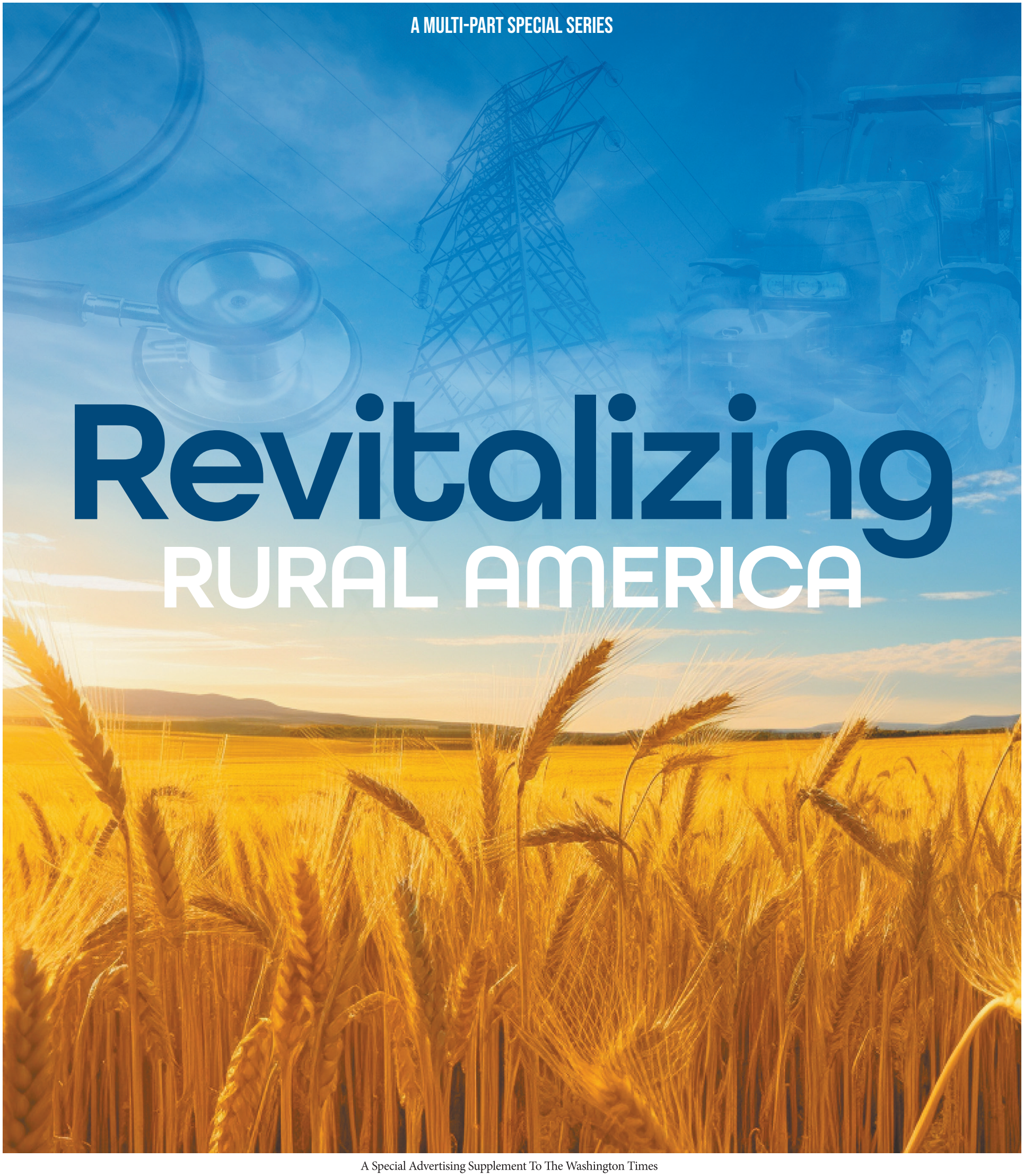
A MULTI-PART SPECIAL SERIES

Revitalizing RURAL AMERICA



A Special Advertising Supplement To The Washington Times

Revitalizing
Rural America

CONTENTS

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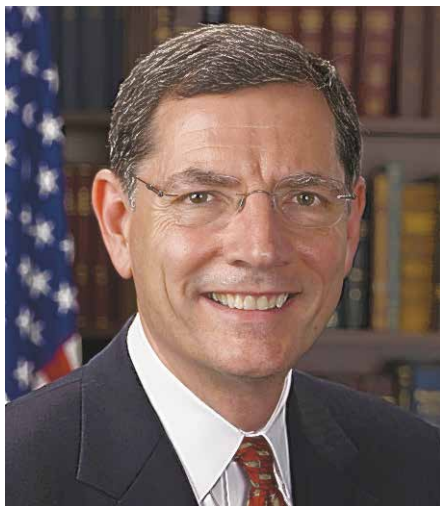
Providing affordable, quality care for all Americans



By U.S. Sen. John Barrasso, R-Wyo.

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I'm a doctor. I practiced medicine in Wyoming for 24 years. I know what affordable, reliable, quality local care means for our communities. Rural providers are lifelines. That is why I have continually supported policies that improve the lives of patients and providers.

In September, I attended the grand opening of a new hospital in Pinedale, Wyo. Prior to its opening, the nearest hospital was 85 miles away through a mountain pass. Another was more than 100 miles away. This hospital will save lives. It will also help patients get the care they need sooner.

Regrettably, many other counties in America are not as fortunate as the people of Pinedale. Since Obamacare became law fifteen years ago, over 100 rural hospitals have closed. Hundreds more are at risk of closing due to the impact of the law.

Rural hospitals all across America are in trouble. To address this crisis of care, Republicans created the $50 billion Rural Hospital Fund. That is the single largest federal investment in rural healthcare in American history. We included it in our Working Families Tax Cuts bill, which became law in July.

The $50 billion fund provides real relief for rural hospitals, clinics, and healthcare providers. It makes our healthcare system stronger and protects care where it is needed most.

You would think this commonsense solution would have bipartisan support. That is not the case. Democrats in the Senate have universally opposed the Rural Healthcare Fund. Every single Democrat voted against it. They have introduced legislation to repeal it. Senator Chuck Schumer even tried to cut that $50 billion for vulnerable rural hospitals as part of the Democrats' ransom note to reopen the government.

Democrats are determined to make our healthcare system weaker for those who need it most. Democrats do not seem to care about the rural communities in their states or across the country.

Instead, Democrats would rather give free healthcare to illegal immigrants. They want to spend $350 billion to prop up the failure that is Obamacare. Those were some of the demands by Sen. Chuck Schumer, D-N.Y., and Senate Democrats during the shutdown. If Democrats had their way, the government would still be closed.

I remember President Barack Obama's promises about Obamacare: You can keep your doctor. You could keep your policy. Insurance costs would go down by $2,500 a family. Every single one of those promises was false.

Since Obamacare took effect, premiums have nearly tripled. Deductibles have more than doubled. The coverage costs for a family of four have increased by more than $10,000.

Many living in rural and frontier counties have lost their options for insurance providers. Nowadays, many counties only one insurer left. Some have none.

Obamacare has failed so badly that a Democratic senator recently confessed on the Senate floor that Democrats "did fail to bring down the cost of healthcare." The New York Times now says, "Obamacare is pricey." The Washington Post Editorial Board even admits that Obamacare was "never actually affordable." Those are liberal supporters of Obamacare, not conservative critics.

Since Obamacare took effect, premiums have nearly tripled. Deductibles have more than doubled. The coverage costs for a family of four have increased by more than $10,000. Many living in rural and frontier counties have lost their options for insurance providers.

Meanwhile, insurance companies have gotten very rich because the government continues to send them money to prop up Obamacare. Their stock prices have soared by 500-1000% since Obamacare became law. Insurers, not rural America, is who the Democrats continue to support financially.

My question to Democrats is this: If billions in taxpayer-funded subsidies, sent straight to large insurance companies without meaningful protections against fraud, were truly the solution, why have premiums continued to rise? And what exactly did those Biden COVID Bonuses accomplish for taxpayers?

Today, taxpayers pay 93% of the cost of Obamacare premiums. What did all that extra spending by the Democrats buy? It brought waste, fraud, abuse, and even corruption. Last year, the American people filed over 200,000 complaints with the federal government because they were unknowingly signed up or switched into Obamacare plans.

Republicans believe Americans deserve high quality, affordable healthcare. Americans have not gotten that with Obamacare.

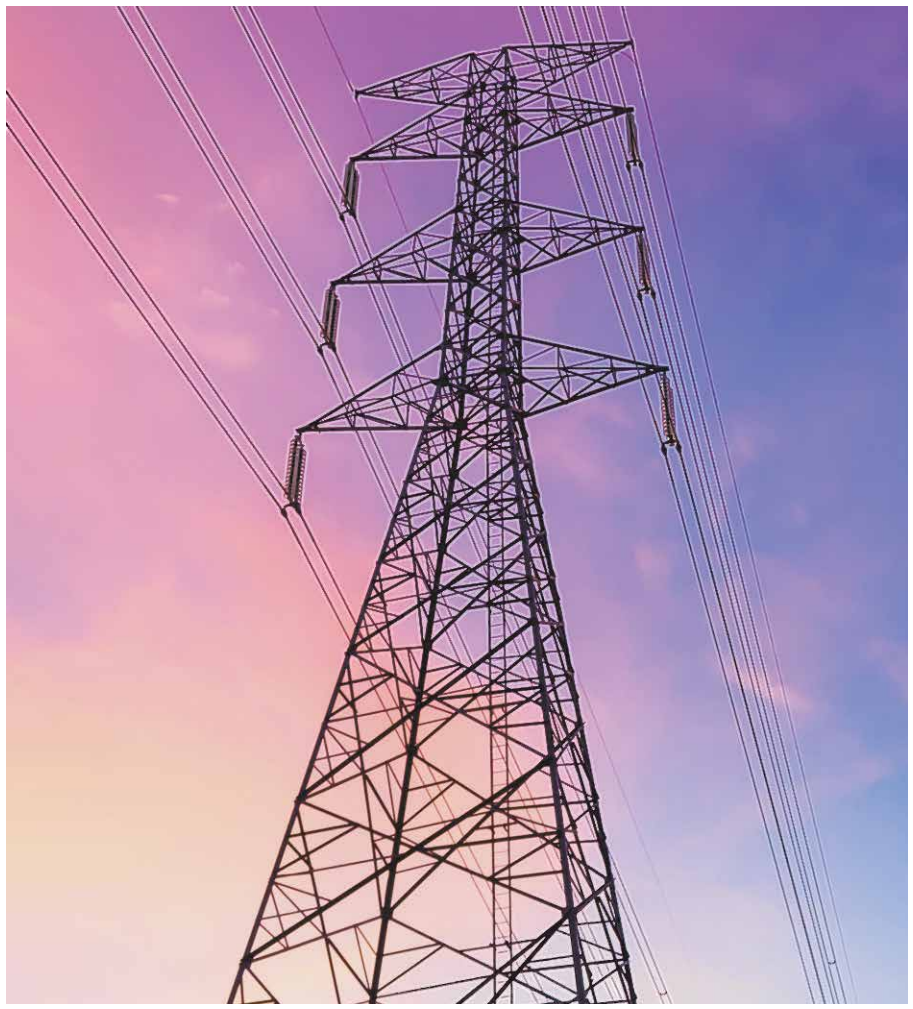
Republicans believe taxpayer dollars should go directly to hardworking people who are empowered to make their own decisions about the healthcare for their families, not to the insurance companies.

Republicans are going to continue to fight to give people what they've wanted all along: the care they need, from the doctor they choose, at a price they can afford.

Sen. John Barrasso of Wyoming is the Senate Majority Whip.

Permitting reform can help rural America build and prosper again

By Debra Phillips



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Look beyond the Beltway if you want to see where America's energy future lies.

It's in the power lines crossing the plains, the substations outside small towns, and the crews upgrading the grid that keeps the country running.

That's America's rural heartland. Not Washington, D.C.

Still, our capital city must step up.

For too long, outdated permitting rules have stalled rural progress and driven up costs for families and small businesses. Projects to strengthen the grid or expand manufacturing routinely spend years – sometimes more than a decade – navigating a maze of approvals and lawsuits. The result is predictable: delayed investments, higher power bills, and missed opportunities in the communities that need them most.

These delays are compounded by real-world supply chain challenges.

A new transformer ordered today can take three years to deliver – up from four to six weeks just a few years ago – because the domestic transformer workforce faces a 30% shortfall. Shortages of skilled technicians and engineers are extending production timelines and driving up costs across the grid supply chain. When projects stall on top of that, the ripple effects hit co-ops, manufacturers, and consumers alike. In rural communities where every dollar counts, those added costs show up directly in monthly bills.

It doesn't have to be this way.

Congress should pass the bipartisan SPEED Act, introduced by House Natural Resources Committee Chairman Bruce Westerman, R-Ark., and U.S. Rep. Jared Golden, D-Maine. The Standardizing Permitting and Expediting Economic Development Act would modernize how America reviews and approves major projects, from transmission lines to manufacturing sites and forest-management initiatives.

Faster approvals translate to lower project costs. Lower project costs mean lower electric bills for families, small businesses, and co-ops. Permitting reform isn't abstract. Instead, it's one of the most direct ways Congress can make power more affordable for rural America.

While it's not a comprehensive permitting fix, the SPEED Act is a serious and meaningful step to modernize the grid and strengthen U.S. manufacturing – helping America build again, starting in places that form the backbone of our economy.

A Rural Solution to a National Problem

Permitting reform is often framed as a big-industry issue. But rural communities bear the brunt of delay. They're home to the small manufacturers and co-ops that must stretch every dollar to deliver reliable, affordable power.

When a substation upgrade or factory expansion sits idle waiting for federal review, those same communities are left waiting for transformers, switchgear, and the workforce needed to install them. That's inefficiency – and lost opportunity. When projects drag on fo years, American families pay for it.

The SPEED Act would help co-ops upgrade and maintain infrastructure more efficiently – reducing costs, easing financial strain on businesses, and helping protect consumers from higher bills. In places where budgets are tight and reliability means everything, those efficiencies matter.

Modernizing the Grid, Strengthening the Economy

Today's grid wasn't built for a future that has already arrived. Advanced manufacturing facilities, technologies that make modern life possible, and data centers are driving an unprecedented surge in power demand. Yet power outages already cost the U.S. economy $150 billion annually. Without faster approvals for modernization projects, that tab will only grow, along with the costs that families and businesses shoulder.

At the National Electrical Manufacturers Association (NEMA), our 300 member companies build the tools that make the electrified future possible: circuit breakers, transformers, lighting, motors, storage systems, EV charging, and digital controls. Our members are investing in U.S. factories and creating high-skill jobs. Still, permitting and workforce delays together now threaten to slow that momentum.

We can't afford to let bureaucracy outpace innovation.

But permitting reform isn't about cutting corners. It's about cutting red tape. The SPEED Act does both responsibly and transparently by aligning agencies, setting timelines, and preserving environmental standards while allowing projects to move at the pace innovation and affordability demand.

Bipartisan Momentum, Local Impact

The SPEED Act builds on bipartisan momentum from earlier efforts like the Energy Permitting Reform Act of 2024, led by former Sen. Joe Manchin, D-W.V., and Sen. John Barrasso, R-Wyo.; the complementary transmission-planning work by Sens. Martin Heinrich, D-N.M., and Mike Lee, R-Utah; and the Department of Energy's new Coordinated Interagency Authorizations and Permits program, spearheaded by Secretary Chris Wright.

Those efforts share a common goal: to make America nimble enough to build what we need, when we need it.

As Chairman Westerman put it, the SPEED Act is "a big step in the right direction" that lets America "innovate and implement" again. In towns from Montana to Maine, where a single delayed substation or canceled manufacturing expansion can quiet economic activity, this bipartisan bill would bring predictability so engineers, contractors, and suppliers can plan, hire, and build with confidence.

Building for the Future

The SPEED Act mirrors the values that define rural America: self-reliance, stewardship, and a desire to get things done.

It recognizes that environmental protection and economic progress go hand in hand and ensures the next generation of infrastructure can be built faster and smarter while keeping costs manageable for the communities that depend on it.

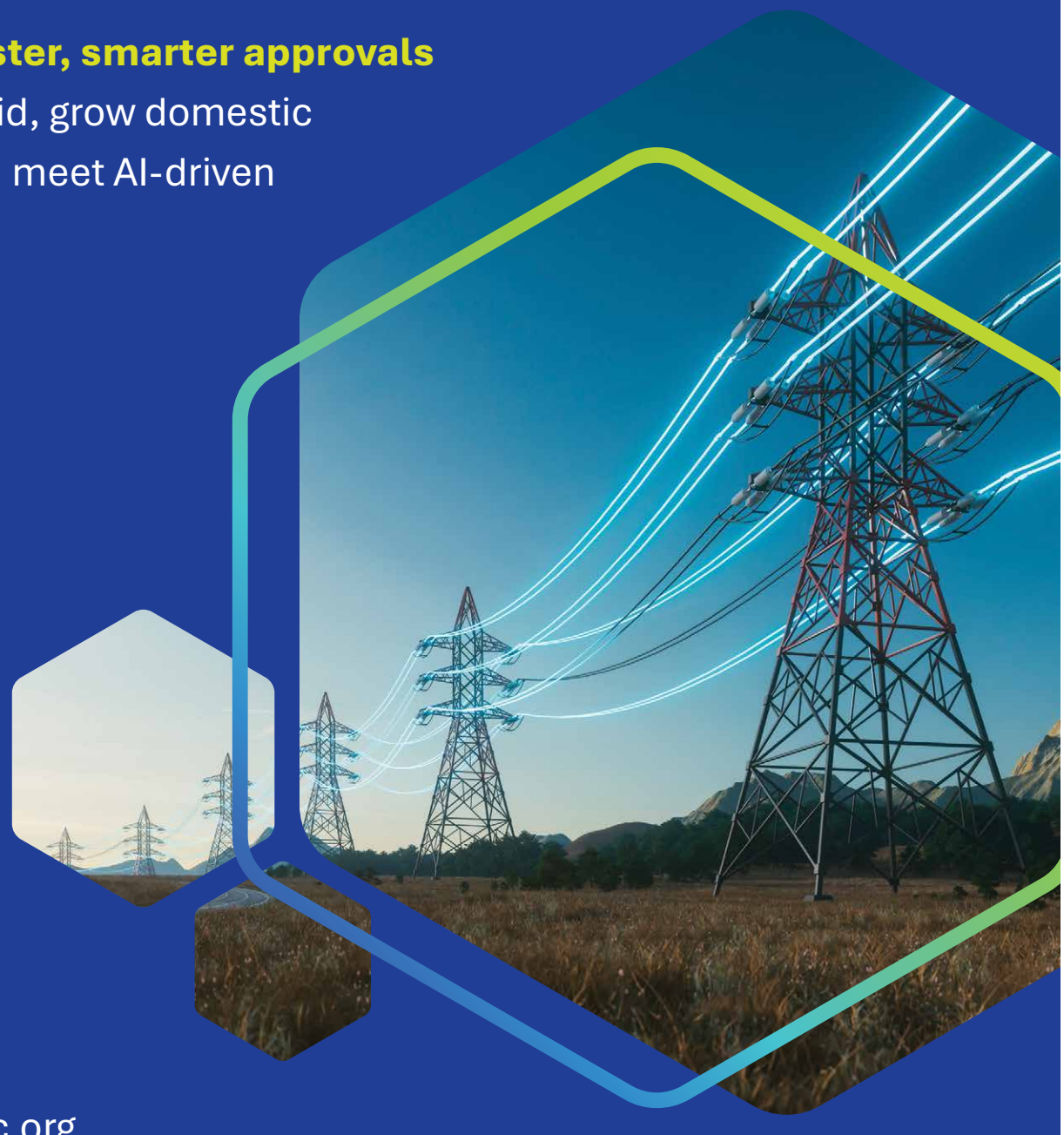
As our national energy system shifts to meet modern electricity demands, the communities that can build the fastest will lead the charge. To get us there, Congress should pass the SPEED Act. The future of our grid, and the prosperity of the communities that sustain it, depends on rural America's ability to build and prosper again.

Debra Phillips is president and CEO of the National Electrical Manufacturers Association (NEMA).

Build Faster.
Build Smarter.
Build American.

Outdated permitting rules raise costs and slow the electric infrastructure Americans rely on.

America needs faster, smarter approvals to modernize the grid, grow domestic manufacturing, and meet AI-driven power demand.

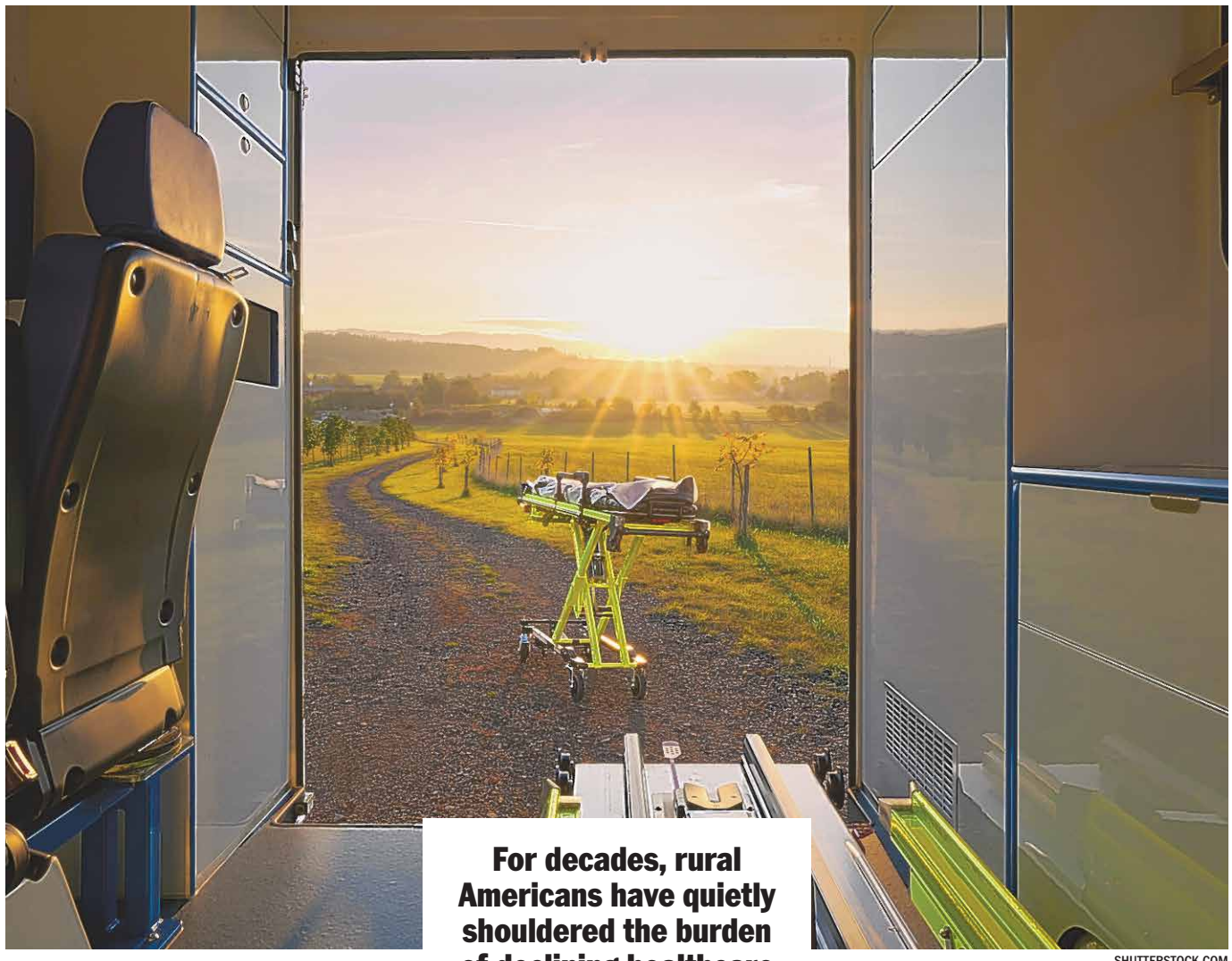


NEMA

www.makeitelectric.org

Revitalize rural health care, a lifeline for communities

By U.S. Sen. Cindy Hyde-Smith, R-Miss.



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More than 70% of America's land is rural, a vast stretch of forests, plains, farms, small towns, and open country that approximately 50 million people call home. In Mississippi, "rural" isn't just geography – it's identity. More than half of Mississippians live outside urban areas, in communities built on resilience, tradition, and an unshakable sense of belonging. But these same communities face challenges that threaten their very future, especially when it comes to healthcare.

Across rural America, hospitals are closing, doctors are leaving, and a simple medical emergency can become a tragedy. In my hometown of Monticello, Miss., I've watched the local pharmacist step in as the de facto family doctor and seen neighbors face such long waits at overcrowded emergency rooms that many decide to seek care elsewhere or leave without care. As access to care disappears, the gap between rural and urban health outcomes keeps growing.

Rural Americans tend to be older and face higher rates of chronic disease, such as high blood pressure, heart disease, obesity, and diabetes. Cancer rates are rising too, with rural patients more likely to be diagnosed with later stages of colon and lung cancers. Access to oncologists and other specialists is often limited or nonexistent, which also contributes to higher mortality.

This crisis has been decades in the making, but COVID-19 made it impossible to ignore. Rural communities like mine were hit hardest, exposing deep cracks in America's public health system and raising urgent questions about how the federal government, particularly the Centers for Disease Control and Prevention (CDC), can do better for rural America.

Recognizing that need, I took action. In 2021, I began working to establish a CDC Office of Rural Health to help rural communities respond to the pandemic and build lasting public-health capacity. I proposed an office empowered to coordinate across all CDC programs and work with other subagencies within the Department of Health and Human Services to ensure the agencies are effectively serving rural Americans. Partnering with Sen. Jeff Merkley, D-Ore., we successfully secured language in the FY2023 appropriations funding bill that created the office, which was signed into law that December.

This was an important first step, but real progress requires permanence. This year, I introduced the Rural Health Focus Act, which would officially authorize the CDC Office of Rural Health. Statutory authorization of the CDC Office of Rural Health would improve opportunities for Congress to provide regular funding to strengthen the agency's ability to coordinate programs that serve rural communities.

For decades, rural Americans have quietly shouldered the burden of declining healthcare systems. The pandemic finally opened the nation's eyes to what these communities have endured. But, for those of us where rural America is our backyard, the mission has always been clear: To lift our neighbors and make sure their voices are heard.

Under this legislation, the Director of the Office of Rural Health would lead efforts across the agency to advance rural health policies, expand telehealth, reduce health disparities, and guide investments that improve care for rural Americans.

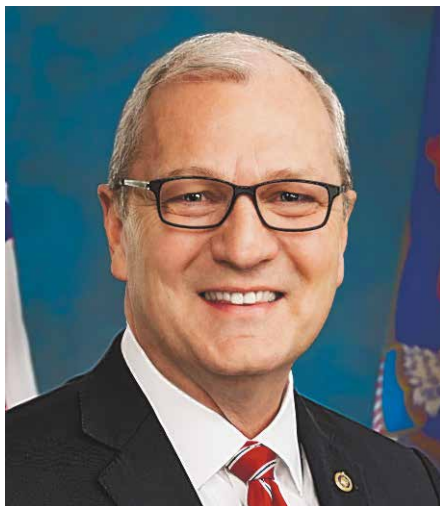
The Rural Health Focus Act is just one piece of the larger effort to revitalize health care in rural America. As a member of the Senate Telehealth Working Group, I will continue advocating for permanent telehealth access – a lifeline for communities. Keeping rural hospitals and clinics open, supporting doctors and nurses who serve in these communities, and rebuilding the rural health workforce are among my top priorities.

For decades, rural Americans have quietly shouldered the burden of declining healthcare systems. The pandemic finally opened the nation's eyes to what these communities have endured. But, for those of us where rural America is our backyard, the mission has always been clear: To lift our neighbors and make sure their voices are heard.

As a senator, I will continue to be the champion for my neighbors across all corners of healthcare. Rural America is the backbone of our nation, and it deserves nothing less than our full commitment to its strength and vitality.

Cindy Hyde-Smith, who has represented Mississippi as a Republican in the United States Senate since 2018, serves on the Senate Appropriations Subcommittee on Labor, Health, Education, and Related Agencies.

Delivering critical access to care for rural veterans



By U.S. Sen. Kevin Cramer, R-N.D.

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Veterans live in every community across the country. Yet unlike most Americans, they can't simply use the closest health care providers. A backwards Department of Veterans Affairs (VA) requirement prevents veterans from seamlessly accessing certain health care providers in their communities. These men and women honorably served our country but must jump through bureaucratic hoops to receive the VA health care they earned.

Modern VA health care began with a network of VA-run hospitals and clinics to provide care for veterans, which became the largest integrated health care system in the nation. This system was designed to deliver consistent quality care for veterans and their unique needs. But it also hardwired the agency to prioritize care within its own facilities, even when better options are available nearby. When possible, it still makes sense for veterans to seek care at a VA facility. But when it's not, they should have the freedom to access quality and timely care in their own communities.

Over three million veterans received health care outside of the VA last year while still using their VA benefits, a testament to how far the system has come since its early crises. It's worth remembering the VA Community Care Program was born out of tragedy. The 2014 access scandal in Phoenix revealed long wait times and systemic failures within the VA as veterans literally died waiting in line for VA care.

Yet today, the VA's implementation of the Community Care Program still falls short of its original intent, largely because of the pre-approval requirement. In some cases, this burden requires multiple phone calls and authorizations before patients ever step foot into a clinic. The VA's power to approve care comes with the power to disapprove. Whether through a finding of disapproval or use of bureaucratic delay, the outcome is too often the same: Tragedy for a hero.

This is especially significant in rural America, where a disproportionate share of veterans live compared to the general population. Veterans living in rural areas like those in North Dakota choose non-VA care because going to the state's only VA hospital can require driving many hours and traveling hundreds of miles. Forcing veterans to travel to a VA facility because of government preference, while passing several capable hospitals along the way, is absurd.

Veterans living in rural areas like those in North Dakota choose non-VA care because going to the state's only VA hospital can require driving many hours and traveling hundreds of miles. Forcing veterans to travel to a VA facility because of government preference, while passing several capable hospitals along the way, is absurd.

To address this, I introduced the Critical Access for Veterans Care Act with U.S. Sen. Tim Sheehy, R-Mont. This legislation allows all veterans living within 35 miles of a Critical Access Hospital to receive care locally without pre-approval. These rural hospitals can receive a Critical Access designation if they are the sole health care provider within 35 miles, have 25 or fewer inpatient beds, and provide 24/7 emergency care services. They were created to solve the challenge of health care access for residents of rural communities and offer many of the same services available at other VA facilities.

North Dakota is home to 37 Critical Access Hospitals scattered in rural communities across the state. These hospitals already exist to bridge the gap for local residents, and veterans should be able to use them as easily as their neighbors.

This legislation is a win-win solution for veterans and local health providers. Our bill reduces onerous paperwork and travel barriers, increases easy, efficient access to care for veterans, and supports rural Critical Access Hospitals.

The promise to our veterans was quality care, not government-rationed care, and reforms are needed to deliver on this promise.

U.S. Sen. Kevin Cramer, North Dakota Republican, is a member of the Senate Veterans Affairs Committee. He also serves on the Senate Armed Services, Environment and Public Works, and Banking, Housing and Urban Affairs Committees. Cramer previously served three terms as North Dakota's At-Large Member in the U.S. House of Representatives.

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America still needs a new farm bill

By Elizabeth Burns-Thompson

After two years of short-term extensions that have left farmers in limbo, it's past time to give producers the clarity and consistency they deserve.

America's farmers are staring down a crisis. Farm bankruptcies are rising, commodity prices have plummeted, and profitability per acre is deep in the red, placing unprecedented financial stress on many family farms across our country.

Heightening the strain and uncertainty is the fact that Congress has yet to pass a new Farm Bill. After two years of short-term extensions that have left farmers in limbo, it's past time to give producers the clarity and consistency they deserve. And while the government funding bill extended key programs for another year, it's once again a temporary fix that doesn't fully meet producers' needs.

One thing a temporary extension can't do is make proactive policy to help address the farm crisis. From the outset, House Agriculture Committee Chairman Glenn "GT" Thompson, R-Penn., identified the need to safeguard farmers' access to crop protection tools as a core Farm Bill priority — and has repeatedly underscored this fix as essential. The language would clarify existing federal law ensuring science-based labels for pesticides, giving farmers certainty that the products they rely on will be available for seasons to come.

Yet, fringe activist groups continue to spread false narratives about similar legislation and even call for bans on proven tools like glyphosate — despite its more than 50-year track record, the overwhelming weight of scientific evidence, and the rigorous regulatory process that supports its safety. At a time when farmers are facing historic uncertainty, it's hard to imagine anything more tone deaf than hearing folks who have never set foot on a farm — let alone balanced a farm budget — try to strip American farmers of the tools they depend on to feed our country.

The consequences extend far beyond farmers' livelihoods. They drive up food inflation, undermine Farm Bill programs, and further strain taxpayers across the country. A new Farm Bill remains essential to provide practical support to the backbone of rural America, and this provision must be part of it.

This provision is straightforward but vital. It reaffirms that the U.S. Environmental Protection Agency (EPA) is the nation's authority on the safety of pesticide products, ensuring that product labels adhere to EPA's science-based assessments. Without that clarity, farmers and consumers could face a confusing patchwork of conflicting rules, creating regulatory chaos for products that have been used safely for decades. Of course, states will continue to have the same responsibility to regulate the use and application of any pesticides within their borders.

The provision also aligns with the Make America Healthy Again Strategy, which recommends that EPA "work to ensure that the public has awareness and confidence in the agency's robust pesticide review procedures." By reinforcing the authority of EPA's gold standard science, the provision strengthens public trust in the rigorous safeguards and review processes that govern pesticide safety nationwide. Likewise, it assures farmers that products upholding these high safety standards will continue to be available.

What would happen without this provision? According to an analysis by The Directions Group, losing access to crop protection tools like glyphosate would cost American farmers, consumers, and taxpayers a staggering $74 billion over the life of the 2025-2029 Farm Bill. This figure includes almost $50 billion in additional food costs for American households, $14.5 billion in lost farm income, and over $10 billion in direct costs to SNAP and crop insurance.

To put that $74 billion figure in perspective, it's the equivalent of building 172,000 new single-family homes or providing free school lunches to every K-12 student in the country for more than 2 years. It's huge.

As policymakers look to tighten budgets, this provision is smart, fiscally responsible policy that keeps Farm Bill costs down and saves taxpayers money. Without it, offsetting new costs would require finding billions of dollars in additional spending or cutting key programs entirely. That severe tradeoff would weaken every goal the Farm Bill is meant to achieve.

Congress must make a new Farm Bill, and this provision, a top priority. Chairman Thompson has shown steadfast leadership in this effort, and now policymakers on both sides must come together to finish the job.

Farmers, families, and our food security are depending on it.

Elizabeth Burns-Thompson is the Executive Director of the Modern Ag Alliance, a coalition of more than 100 agricultural organizations. To learn more, visit MODERNAGALLIANCE.ORG.

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RELENTLESS LITIGATION THREATENS FUTURE OF AMERICAN AGRICULTURE

American agriculture is approaching a breaking point. Farmers are already facing a number of challenges, including low commodity prices and trade uncertainty. And farm bankruptcies were up 55% last year. Threatening to make matters worse is a campaign of meritless lawsuits, activist state regulators, and false attacks on the tools farmers depend on most to grow the food, fuel, and fiber we all need.

The wave of litigation targeting agriculture is based on a single discredited report by a World Health Organization subagency that has been refuted by more than 1,500 safety studies and every leading health regulator in the world. While trial lawyers make a fortune, farmers are about to be hung out to dry. That's why it's time to take action.

Absent legislative or other interventions to reinforce existing product labeling rules, America's food security and rural economies will be under even more pressure that will be felt at every supermarket, restaurant, gas station, and dinner table in America. Farmers simply cannot keep their yields high and their costs low without weed-fighting tools like glyphosate. Think grocery prices are high now? Research shows that food inflation could more than double if these tools are allowed to be litigated away.

This is a real crisis, but we have the power to fix it. We urge elected officials to stand with farmers over the litigation industry and anti-ag activists.

The Modern Ag Alliance is a coalition of **more than 100 agricultural organizations** advocating for U.S. farmers' access to essential crop protection tools to ensure a stable, affordable food supply.

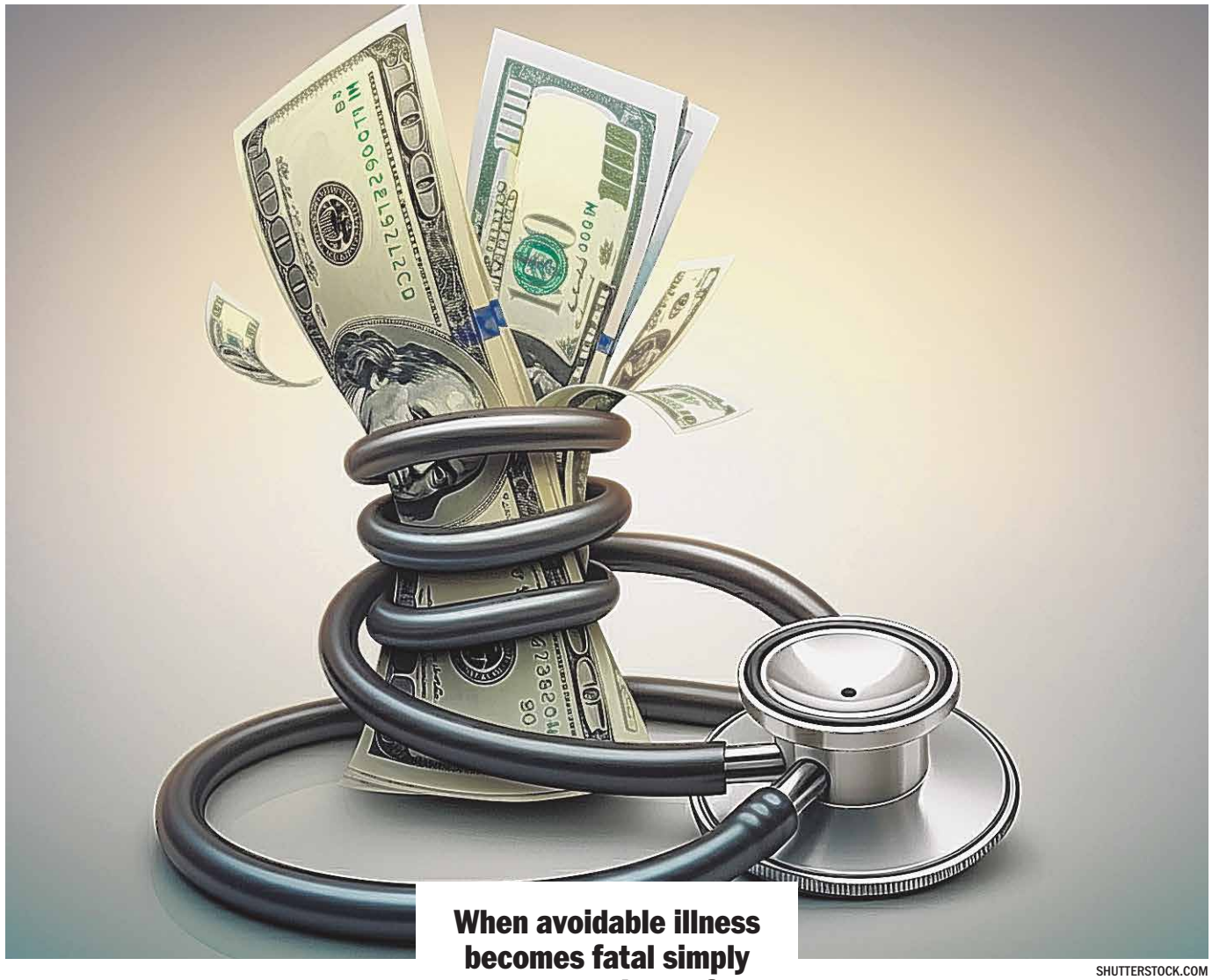
Lawmakers:
Pass legislation to ensure the federally approved label is the law.

ControlWeedsNotFarming.com

ACT NOW

Rural America needs a health care revolution

By U.S. Rep. Jill Tokuda, D-Hawaii



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From the volcano-lined communities of Kaʻū to the corn belt of the Midwest, one truth is clear: rural America is being asked to survive a health care system that is flat-out failing us.

My constituents ask me why their life expectancy is nearly a decade shorter than people living in urban areas. Why a simple doctor's visit requires hours of driving — or a plane ticket. Why hospitals are closing, clinics are stretched thin, and providers are burning out faster than we can recruit them. They ask why they must choose between feeding their families and getting the care they need.

There is no acceptable answer to any of it.

When transportation becomes a barrier to treatment; when the cost of care keeps rising while reimbursements stay flat; when we cannot attract or retain enough doctors, nurses, behavioral health providers, or specialists; and when avoidable illness becomes fatal simply because care is too far or too expensive, the system is not in need of repair. It's in need of a revolution.

For too long, rural America has been forced to accept its fate: that it's simply harder when you live farther from urban centers, and that poor health disparities, chronic conditions, and access to care are a way of life. But it doesn't have to be that way. With modern technology and sustained, targeted investment, we can and must change the health trajectory of rural America.

Rural communities grow the food, fuel, and fiber that this country relies on. They keep America running. It is long past time we take care of the people who take care of us.

When a rural hospital or clinic closes, the consequences ripple far beyond health care. Jobs disappear. Families move. Local businesses suffer. Rural health care is not just about wellness; it is the economic backbone of rural America. If we want rural communities to grow, we must fight for the health systems that keep them alive.

When avoidable illness becomes fatal simply because care is too far or too expensive, the system is not in need of repair. It's in need of a revolution.

Despite the noise and division in Washington, there is still a path forward — and it's bipartisan. As co-chair of the Bipartisan Rural Health Caucus with my colleague Diana Harshbarger (R-Tenn.), I'm committed to making rural health a national priority, not an afterthought. Each year, our caucus leads the National Rural Health Day resolution to remind Congress that our work cannot stop with symbolic gestures. It must be reflected in every funding decision, every committee markup, and every bill we advance.

That's why I've championed legislation to tackle the biggest barriers rural communities face:

• The **Rural Health Clinic Modernization Package** – cuts red tape, updates outdated regulations, and gives clinics the flexibility they need to stay open.

• The **HEALTH Act** – permanently secures telehealth, including audio-only visits, so rural and remote communities can access care despite limited broadband or long travel times.

• The **Community TEAMS Act** and **Strengthening Pathways to Health Professions Act** – rebuild the workforce pipeline by supporting students, training providers, and keeping scholarships and loan repayment programs accessible and tax-free.

These bills won't solve everything, but together they move us toward a rural health system that works for the people who depend on it.

Here's what we must commit to now:

Invest in rural hospitals and clinics. Build and retain a workforce rooted in the communities it serves. Make telehealth permanent and universal. Ensure no family must choose between groceries and health care. Treat rural health care like the national emergency it is.

The challenges are urgent, but the opportunity is even greater. Rural America is ready for a healthcare revolution. What we need now is the political will to match the stakes.

When rural communities — from the shadow of Mauna Loa to the hills of Appalachia — have what they need to thrive, our entire nation thrives with them.

U.S. Representative Jill Tokuda represents Hawai'i's Second Congressional District (CD2) which includes suburban and rural parts of Oʻahu, the islands of Hawai'i, Kaua'i, Maui, Lana'i, Moloka'i, Niʻihau, Kahoʻolawe, and the Northwestern Hawaiian Islands.

She serves on the House Committee on Armed Services, Select Committee on the Chinese Communist Party, and as Ranking Member on the Subcommittee on Conservation, Research, and Biotechnology on the Committee on Agriculture. She is also Co-Chair of the Bipartisan Rural Health Caucus.

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The doctor shortage no one in Washington wants to talk about

By U.S. Rep. Diana Harshbarger, R-Tenn.

Growing up in rural America, you learn early that we take care of our own. Neighbors show up. Families pitch in. When something needs fixing, folks roll up their sleeves and get to work. But when it comes to healthcare, rural America can't simply "work harder" to fill the gaps. You can't magically create a doctor who isn't there, and you can't patch together a healthcare system with duct tape.

And yet, for decades, that's exactly what rural communities have been expected to do.

I spent more than 30 years as a community pharmacist in East Tennessee and now represent this same rural region in Congress. I served the families who drove across two counties for a routine appointment, or who delayed their care altogether because the closest doctor wasn't close enough. And I saw the heartbreak when a beloved physician retired, and no one stepped in to replace them. These stories used to be exceptions. Now they're becoming the norm in too many rural towns across America.

We often talk about hospital closures, workforce shortages, and long drive times. But those problems are symptoms of a deeper issue: That our healthcare system was never built with rural America in mind. It was built around volume, density, and scale — the very things rural communities, by definition, do not have.

We often talk about hospital closures, workforce shortages, and long drive times. But those problems are symptoms of a deeper issue: That our healthcare system was never built with rural America in mind.

And the consequences are showing up all over the country.

You can see it in the data: fewer medical residents training in rural regions, fewer specialists practicing outside major cities, and more hospitals operating on margins supposedly so thin that a single bad year can mean closure. But the lived reality is even more stark. When a rural hospital shuts down, the nearest emergency room can be an hour's drive away. When a pregnant mother must travel across multiple counties for prenatal care, or when a young doctor chooses an urban placement — not out of disregard for the value of rural communities, but because the system never encouraged them to work there — you begin to understand the depth of this crisis.

This health care model is a system that disadvantages rural America, and that's exactly what is happening across rural districts right now.

For far too long, Congress has tried to put a Band-Aid over the symptoms while ignoring the festering sore underneath. One of the clearest examples is the way Medicare funds physician training. Most people don't know how Graduate Medical Education (GME) works, but the truth is simple: the rules we have today almost guarantee most physicians will never practice in rural communities. Hospitals in major cities receive the largest number of residency slots, while rural hospitals — those most in need of a pipeline — often have none. The result is predictable: doctors train in urban settings, build their professional networks there, and usually stay there.

That's why as co-chair of the Congressional Bipartisan Rural Health Caucus, I've championed policies like the Rural Physician Workforce Production Act. It tackles the problem at its root by lifting outdated Medicare caps that make it nearly impossible for rural hospitals to host residents. It allows urban teaching hospitals to send trainees to rural rotations without being penalized, and it creates a sustainable funding pathway so rural hospitals can finally grow their own physician pipeline.

Rural healthcare doesn't need more Band-Aids. It needs structural reform. It needs Congress to admit a one-size-fits-all model doesn't work the same for a town of 5,000 as it does for a city of 5 million.

The same philosophy is behind the new Rural Health Transformation Fund, created through President Trump's Working Families Tax Cuts. At $50 billion, it is the single largest investment in rural healthcare in American history. It gives rural hospitals the resources to stabilize, modernize, expand services, and design long-term, community-based care systems that actually fit their needs.

Rural America isn't asking for the impossible. They're asking for a healthcare system that is accessible, affordable, and recognizes their challenges instead of penalizing them for living too far from big cities. Every community, big or small, deserves the chance to thrive. And that starts with dependable, local care.

If we're willing to take an honest look at what isn't working and modernize the outdated policies holding rural communities back, we can finally build a system that serves everyone. We can train more doctors where they're needed, strengthen rural hospitals, and give families confidence that care will be there when they need it.

And with the right reforms, that future is well within reach.

Rep. Diana Harshbarger has been a pharmacist for over 30 years, serves as the Co-Chair of the Congressional Bipartisan Rural Health Caucus, and is Vice Chair of the Subcommittee on Health under House Energy and Commerce.

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With permitting reform's passage, rural America wins

By Heather Reams

America's rural communities are the backbone of our nation's economy, embodying the values of hard work and self-reliance that define our country. These areas are home to the significant natural resources needed to strengthen our nation's interests — in terms of economics, national security and competitiveness — but investments in rural areas too often do not come to fruition.

One of the largest root causes of this phenomenon can be attributed to our federal permitting system, a dated and bureaucratic approval process in desperate need of updating. While "permitting reform" may sound to some like a technical, "inside the Beltway" discussion, it could revitalize rural America, unlocking new potential and economic promise.

Thankfully, Congressional interest in permitting reform is at an all-time high. Two legislators on the House Natural Resources Committee have a bipartisan answer which could not come at a more critical time. Chairman Bruce Westerman, R-Ark., and Rep. Jared Golden, D-Maine, who both represent rural areas of their states, recently introduced the Standardizing Permitting and Expediting Economic Development (SPEED) Act.

While "permitting reform" may sound to some like a technical, "inside the Beltway" discussion, it could revitalize rural America, unlocking new potential and economic promise.

The bill attempts to clarify congressional intent of the National Environmental Policy Act (NEPA), a law that requires federal agencies to review and disclose the environmental impacts of their proposed actions and to involve the public in the decision-making process. While NEPA is fundamental to maintaining environmental integrity, it's been distorted and bloated over decades, making the law an impediment to domestic progress. According to Chairman Westerman, the SPEED Act will "cut red tape and enable the United States to build once again while setting the standard for environmental stewardship," something all Americans can get behind.

NEPA was signed into law by President Richard Nixon in 1970, which was at a time of environmental awakening (the EPA was established later that same year). A well-intentioned law met years of regulatory and judicial creep, turning it into a monster of red tape and project delays. The SPEED Act untangles 50 years of such modifications to clarify when environmental reviews are necessary, focus scope on direct effects, foster more participation in the review process and place reasonable limits on judicial proceedings to curb frivolous litigation.

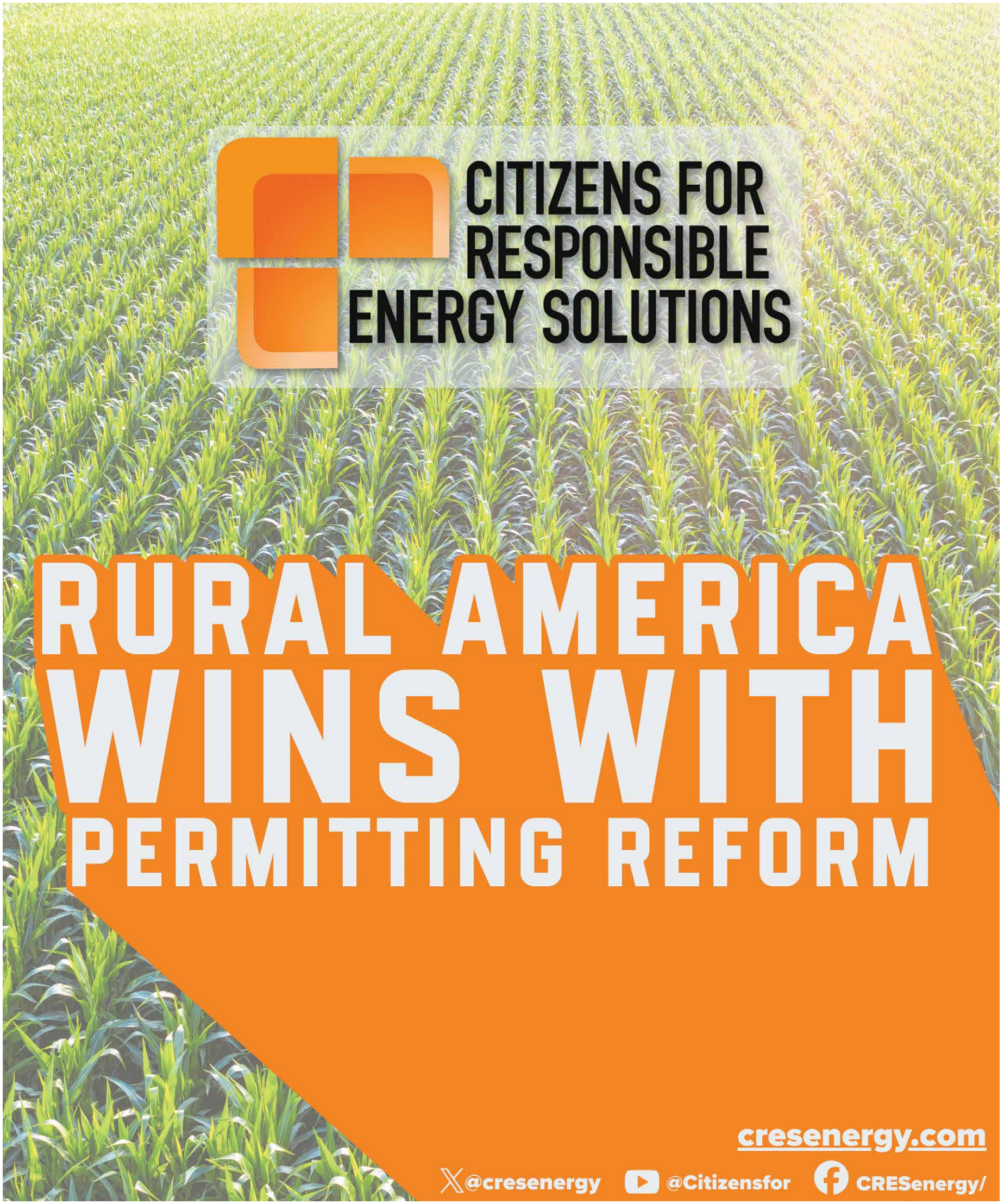
The legislation unequivocally benefits every region of the country. However, because President Donald Trump and the Republican-led Congress seek to maximize U.S. resources to achieve energy dominance, rural America has much to gain from this commonsense bill.

In addition to critical minerals, natural gas, and geothermal resources, wind farms and solar arrays are also found in rural communities, all of which bring a treasure trove of economic benefits such as tax revenue for state and local jurisdictions as well as high-paying jobs. Permitting reform equals more investment, which is precisely what rural America needs.

Modernizing permitting systems also offer more certainty for investors. Today's long delays and over-budget projects due to government red tape jeopardize private investment and risk that investment going elsewhere. To truly support economic development in communities across the nation — and to unlock our nation's energy potential — Congress should take swift action to enact comprehensive permitting reform. That means passage of the SPEED Act, combined with other reforms currently under consideration.

Permitting reform means that rural communities across the nation will reap the benefits of new investments and opportunities to expand existing projects. Regulatory certainty will encourage economic development and generate revenue for further improvements in local infrastructure and community services. Revitalizing the way the nation facilitates its permitting process will make building faster and more cost effective, all while promoting all forms of energy production. It's a win for rural America, which is a win for us all.

Heather Reams is president and CEO of Citizens for Responsible Energy Solutions.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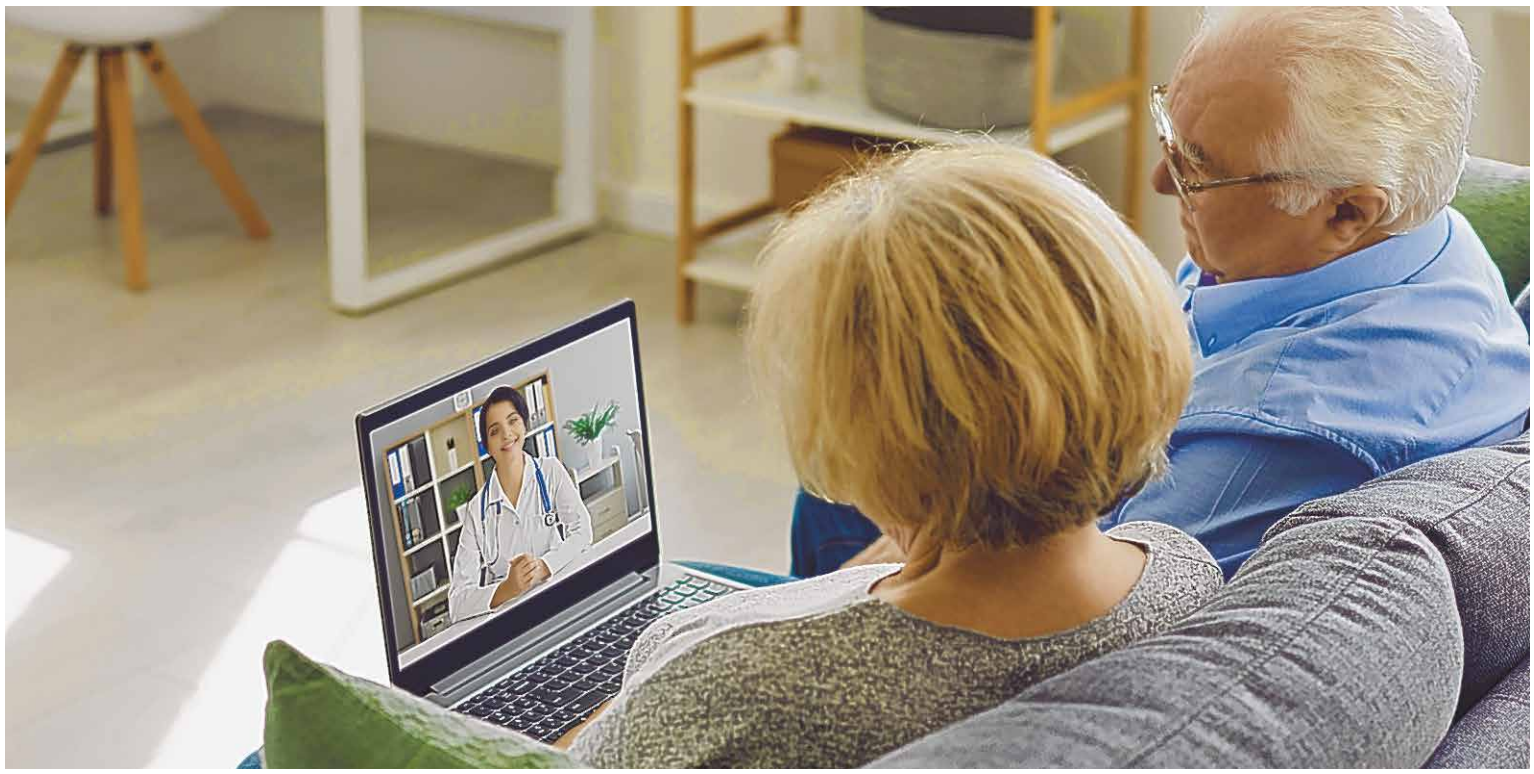

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Telehealth ensures access to quality care in any location

By U.S. Rep. Glenn "GT" Thompson, R-Penn.

Nearly 60 million Americans live in rural areas. Many were born there, and others choose rural America for reasons such as the benefits of space, tranquility, access to nature, and close-knit community.

But when it comes to health care, rural Americans too often encounter limited access to primary care, specialists, and mental health services. These gaps are worsened by transportation barriers, doctor shortages, and hospital closures, impacts that weigh heavily not just on individuals, but entire families and communities.

As the member of Congress representing a sprawling rural district that encompasses one third of the landmass of Pennsylvania, one of the most rural districts east of the Mississippi River, I am keenly aware of the problems my constituents face when accessing medical services. One of the driving forces behind many shuttered hospitals, health care facilities, and other services in these communities are staffing shortages, whether it be physicians, surgeons, OB-GYNs, technicians, nurses, or any of the other professionals critical to providing care.

It is amazing how much easier telehealth makes life for rural and underserved communities and especially our older residents. Continued use and promotion of these services will improve health equity by increasing access to care for our most vulnerable, especially in rural communities.

I spent nearly 30 years as a health care professional serving rural populations. I know firsthand that providers struggle to attract and retain a talented workforce in our rural communities. We must think outside of the box to resolve these issues. For example, I support efforts to encourage medical programs to place residents in rural communities as part of their education, training, and rotations. We know that people are far more likely to remain in communities where they train and serve, and we must continue to build this pipeline and solidify our rural health workforce.

The expansion of telehealth is another avenue that helps provide care for our rural communities. Throughout the COVID-19 pandemic, telehealth added tremendous reach and value to communities across the country, especially in rural America. Many of my constituents were able to access regular care without having to drive for hours, ensuring they could get diagnosed and treated in an efficient manner.

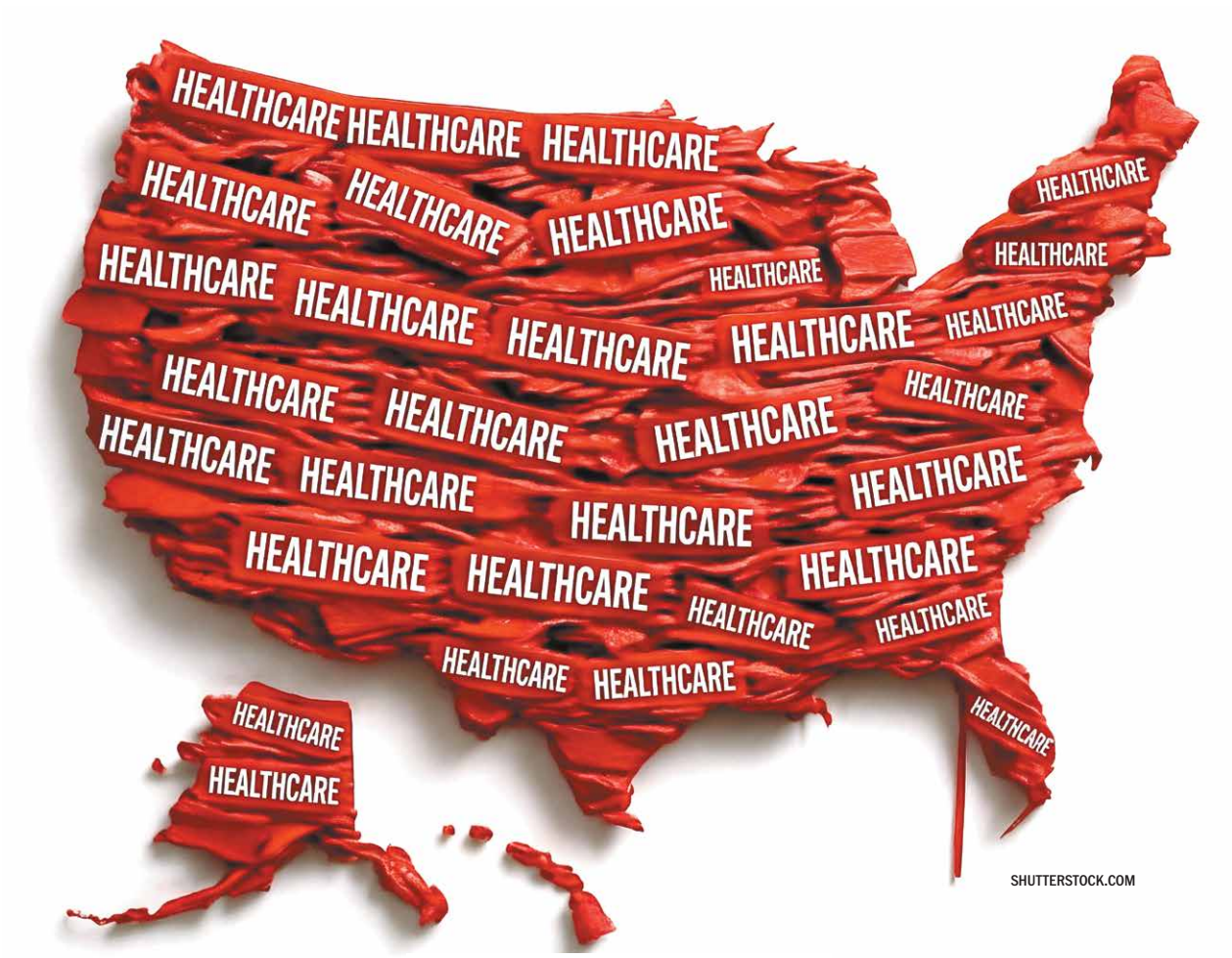
That's why I reintroduced the Helping Ensure Access to Local TeleHealth (HEALTH) Act, which will allow community health centers and rural health clinics to continue providing telehealth services and receive fair reimbursement for doing so. Together with Representative Jill Tokuda, D-Hawaii, we are pushing for permanent Medicare reimbursement for telehealth services provided by community health centers and rural health clinics. Our bill will continue to allow providers to utilize audio-only telehealth visits for patients who do not have access to broadband services. We know that millions of Americans lack access to reliable, high-speed internet service, and the inequality is particularly striking in our rural communities. While I am fortunate to live in an area with high-quality internet service to my home, just a few miles away, my neighbors are on the wrong side of the digital divide. It is like this across my district and across this country, with digital haves and have-nots on the same road creating a checkerboard of connectivity.

It is amazing how much easier telehealth makes life for rural and underserved communities and especially our older residents. Continued use and promotion of these services will improve health equity by increasing access to care for our most vulnerable, especially in rural communities. The HEALTH Act cuts red tape and permanently allows community health centers and rural health clinics to provide telehealth services to their patients. We know telehealth works and we should encourage providers to use every means possible to serve their patients. Equitable health care should be available to all Americans, regardless of geographic location or broadband connection.

U.S. Representative Glenn "GT" Thompson represents Pennsylvania's 15th Congressional District and is chairman of the House Agriculture Committee.

We can solve America's rural health care crisis

By U.S. Rep. Tracey Mann, R-Kansas



Every American should have access to quality, affordable health care regardless of their zip code. The 66 million Americans who call rural America home are no exception. Over the past two decades, there has been a growing health care crisis in rural America, and Washington, D.C. has been slow in adequately addressing the problem. Fortunately, that is now changing thanks to the leadership of President Donald Trump and Republicans in Congress.

Over the last 20 years, nearly 115 rural hospitals have closed. While federal leaders have aimed to support rural hospitals and providers through special reimbursement programs and regulatory guidelines, these one-size-fits-all policies too often don't consider the unique circumstances rural care facilities face. Many of these short-sighted "solutions" are well-intended, but they have failed to strengthen the quality and access to care rural America needs or to keep rural health care affordable. It is clear the country needs to pursue a different path.

This July, the tax cut legislation for working families passed by Congress and signed into law by President Trump made the single largest investment into rural health care in decades. Together, we were able to allocate $50 billion through the Rural Health Transformation Program that will better position rural health care facilities to embrace innovative technologies while improving the way health care is delivered, strengthening health outcomes, and ensuring the health of rural Americans reaches its full potential. This investment will be life-changing for communities like the ones I represent across Kansas and will empower rural health care professionals to better meet the needs of the people they serve.

In addition to making necessary investments into rural health, Congress can and should continue to roll back regulatory burdens that stifle the quality of care in rural America. In September of this year, I joined Rep. Jill Tokuda, D-Hawaii, in leading 13 of our colleagues to introduce a bipartisan package of bills that make necessary modernizations to rural health care and remove limits to the care available through Rural Health Clinics. These simple changes allow more rural communities to set up Rural Health Clinics and deliver faster, improved care to patients. I've also worked across the aisle with Rep. Joe Neguse, D-Colo., to expedite the licensure process for health care providers to address our nation's health care workforce shortage. In rural America especially, hospitals and health care facilities face an even bigger challenge to recruit and retain health care providers. By giving state licensure committees the tools needed to determine eligibility through improvements like shared FBI background information, health care employers are more efficiently positioned to provide quality care.

While federal leaders have aimed to support rural hospitals and providers through special reimbursement programs and regulatory guidelines, these one-size-fits-all policies too often don't consider the unique circumstances rural care facilities face ... It is clear the country needs to pursue a different path.

Rural communities are unique. And although they may look vastly different from Kansas to Hawaii, New York to South Carolina, Alabama to Alaska, one thing remains true: The men and women who make up rural America deserve the same quality care available to the rest of the country. When a life-threatening tragedy happens, no American should be forced to lose hope in their ability to recover because of the population or size of their community.

Across the "Big First" District of Kansas, rural health care workers, hospitals, service providers, clinics, and community health centers serve as pillars in providing health services and lifesaving care to Kansans in rural communities. I am grateful for their commitment to their neighbors and proud to advocate on their behalf to ensure rural America has access to the highest quality care available.

While there is still work to do to remove red tape, increase telehealth services, and improve the quality of care that is available to rural America, I am thankful for the steps we've taken to improve rural health care during the 1st session of the 119th Congress. I am committed to continue working day in and day out to improve the quality of care available in rural America and to strengthen the health of all Americans.

Rep. Tracey Mann has represented the "Big First" District of Kansas in the U.S. House of Representatives since January 2021 and is a tireless advocate for Kansas agriculture and conservative Kansas values. He serves on the House Agriculture and House Transportation and Infrastructure committees.

Solve rural communities' unique health needs with better data

By Taylor Justice

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Rural communities have a historic opportunity to improve health care access, quality of care, and outcomes through the Rural Health Transformation Fund (RHTF), a novel funding stream dedicated to the much-needed transformation of rural America's health systems.

In the coming months, the federal government will award these resources to programs that provide sustainable health care access, improve recruitment and retention of rural providers, and imagine innovative care solutions leveraging new technological solutions.

To accomplish those goals, states must solve for one of the most persistent challenges in health care: addressing the upstream factors that shape a person's wellbeing long before they enter a clinic. As cofounder and CEO of Unite Us, I have seen how the economic and environmental pressures that influence health are routinely overlooked. Needs such as reliable food access, stable housing, and dependable transportation are often treated as separate from medical care, even though overall health outcomes and system efficiency improve when they are addressed together. When health care organizations confront these non-medical barriers alongside clinical services, rural communities see measurable gains and resources stretch further. That is exactly the vision underlying the RHTF.

States are envisioning comprehensive health solutions through RHTF funding. Indiana's proposal seeks to implement a Food is Medicine model for procuring and distributing locally grown foods; Tennessee aims to invest in its rural non-emergency transportation program to support patients in accessing regular doctors' appointments; New Mexico plans to support residents with down-payment assistance to increase access to housing.

These states have the right vision – but executing on these plans requires the right digital infrastructure. At Unite Us, we support states in building seamless, data-driven solutions to support their transformative vision; we created our company to fulfill that exact need.

As cofounder and CEO of Unite Us, I have seen how the economic and environmental pressures that influence health are routinely overlooked. Needs such as reliable food access, stable housing, and dependable transportation are often treated as separate from medical care, even though overall health outcomes and system efficiency improve when they are addressed together.

Unite Us has worked with rural health systems across the country to identify gaps, recommend interventions, track real-time outcomes, and go the last mile in building bridges across sectors.

Unite Us partners with Missouri's Transformation of Rural Community Health (ToRCH) program to strengthen partnerships between hospitals, primary care and behavioral health clinics, and community-based organizations (CBOs) that provide health and economic services like food assistance or housing —the pillars that support healthcare delivery.

Through ToRCH, organizations can seamlessly work together through the Community Information Exchange (CIE) software powered by Unite Us: a secure digital platform that manages patient eligibility for Medicaid benefits, enables all organizations to share resources, make referrals, track outcomes, and seamlessly facilitates reimbursements for CBOs.

The pilot began in 2023 with six hospitals in six different counties across rural Missouri. It has expanded to use Unite Us' efficient payments solution, which seamlessly allocates Medicaid funding for essential services delivered to the community, enabling a more strategic and efficient approach.

In Virginia, Ballad Health collaborated with the Virginia Department of Health on a community health worker-led program to address non-medical needs using Unite Us' closed-loop referral system. By collaborating across the Unite Virginia network –which has connected over 66,000 Virginians to vital services since 2020 – Ballad Health was able to manage the full lifecycle of care from standardized screenings, identifying tailored resources, sending secure electronic referrals, and tracking outcomes.

The program saw a 16.2% reduction in overall emergency department utilization in the six months following a patient referral, a 24.8% average decrease in visits for patients engaged by Ballad Health community health workers in the six months following a referral, and $825,000 in estimated annual cost savings per 1,000 patients.

Much of our work began in North Carolina back in 2015 when we worked to build NCCARE360, North Carolina's statewide care coordination network. Much like ToRCH in Missouri, NCCARE360 built new bridges between previously siloed stakeholders, shoring up systemic gaps and enabling easy follow-up for individuals and families seeking help.

Using NCCARE360, North Carolina launched the Healthy Opportunities Pilot (HOP) in 2022, was the nation's first comprehensive program providing evidence-based interventions to high-needs Medicaid enrollees. The HOP program received significant attention, setting the standard of possibility for states looking to tackle health care costs at scale. Operating in largely rural counties, it provided assistance to over 40,000 residents in just three years, saving an average of $1,000 per member per year, based on a third-party evaluation. Unite Us' platform enabled care managers to accurately evaluate individuals' eligibility, resulting in a claims rejection rate below 5%, well below the typical rejection rates of 10-20%.

In rural communities, addressing non-medical needs is imperative if we are going to improve clinical outcomes and use resources efficiently. Digital tools allow stakeholders to take a holistic approach to care that, just decades ago, might have seemed unwieldy. When RHTF grants are awarded early next year, states should prioritize building data-driven systems that support this type of comprehensive approach. Rural communities may have specific needs, but they are solvable with technology that has already improved the health of communities across the country.

Taylor Justice, an Army veteran, cofounded Unite Us in 2013 while enrolled at Columbia Business School, where he earned his MBA in 2014, and is now leading Unite Us on its mission to launch data-driven coordinated care networks nationwide. In 2020, Taylor was named to Crain's New York Business' "40 Under 40" list.

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Rethinking rural health care in America's remote frontiers

By U.S. Rep. Nick Begich, R-Alaska

Rural America represents 20% of our nation's population but covers nearly 97% of our land. These are the communities and people that sustain our farms, our fisheries, and our frontiers. But when it comes to healthcare opportunities for rural America, there are often many challenges that limit access to quality healthcare in rural parts of the United States.

In Alaska, 86% of our communities can't be reached by road. For many, the nearest hospital is hundreds of miles away, reachable only by plane or boat. For families in rural Alaska, access to healthcare becomes a matter of weather, distance, time, and cost.

Rural communities in the Last Frontier also face a shortage of clinics combined with staffing challenges. According to a 2023 report from the Alaska Hospital and Health Care Association, Alaska needs more than 9,000 healthcare workers every year just to meet basic staffing requirements. That gap is staggering, and it's growing.

Recruiting and retaining healthcare professionals is uniquely challenging. In some communities, there are no full-time physicians, leaving entire regions reliant on a patchwork system of itinerant providers. That instability has real consequences. Expecting mothers often relocate weeks before giving birth to ensure they're near a hospital. And in emergencies, families depend on medevac flights to transport them to the closest hospital.

Alaska's geography demands innovation. And while distance will always be a reality of life in the Last Frontier, we can close the gap in care by investing in solutions designed for rural life.

To meet the needs of communities disconnected from the road system, we must continue expanding modern digital and telehealth infrastructure. Strengthening broadband and secure telemedicine tools will allow every village clinic to connect with specialists in Anchorage, Fairbanks, or anywhere in the country. That kind of access is transformative. It means fewer costly medevacs, faster diagnoses, and care that reaches people where they are.

But technology alone isn't enough. We also need sustained investment in workforce development to train and support health aides, behavioral health practitioners, and other local providers who understand the communities they serve. These professionals are often the first and sometimes the only point of care in rural Alaska. Expanding this workforce is essential to improving continuity of care and easing the strain on overburdened clinics.

Alaska's geography demands innovation. And while distance will always be a reality of life in the Last Frontier, we can close the gap in care by investing in solutions designed for rural life.

Thankfully, progress is being made.

Earlier this year, Congress secured funding in the Working Families Tax Cuts for the Rural Health Transformation Program - one of the most promising opportunities in decades for rural health. This $50 billion investment was specifically designed to address the challenges rural communities face, helping states attract and retain healthcare providers, expand telehealth infrastructure, modernize outdated clinics, and support innovative care models tailored to local needs. For Alaska, it offers the chance to build a healthcare system that finally reflects our geography and delivers sustainable access to care.

Access to healthcare for veterans in rural communities is one of the clearest examples of both the challenge and the opportunity before us. Alaska is home to over 59,000 veterans – 8% of our population. That is the highest percentage of veterans in the United States. Many live in communities accessible only by air, which means delays in care or canceled appointments can have life-altering consequences.

The Veterans' ACCESS Act of 2025 — legislation currently before Congress — would expand the Veterans Community Care Program and ensure veterans can receive high-quality care from local providers without months of red tape. It would improve scheduling, grow provider networks, and ensure the VA serves veterans.

For Alaska's veterans, this means fewer canceled flights, quicker referrals, and care that reflects the realities of rural life. This legislation is common sense: if a veteran can be treated in their own community, they should not have to travel hundreds of miles for that care.

When we build a healthcare system that works for every part of Alaska, we strengthen the entire state. Importantly, Alaska's challenges are America's rural challenges — just multiplied by distance, weather, and geography. What we build here, from telehealth systems to community-driven care and innovative workforce models, can guide a national approach for improving rural healthcare in all corners of America.

Rep. Nick Begich was sworn into Congress on Jan. 3, 2025. Nick's goal in Congress is to make sure Alaskans succeed. He is a member of the House Committee on Natural Resources, where he serves as vice chair of the Energy & Mineral Resources Subcommittee.

Congress is prioritizing rural health care for Hoosiers

By U.S. Rep. Jim Baird, R-Ind.

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Hoosiers deserve access to quality medical care. Indiana boasts a rich agricultural history, strong universities, and growing energy and advanced manufacturing industries. Yet, despite strong projected job growth in the health care industry, Hoosiers in rural areas face significant challenges with affordability and access to care. Nearly one million Hoosiers live in rural communities, many of them seniors, veterans who have honorably served our country, and farmers and producers responsible for feeding, clothing, and fueling our nation. These Americans play an essential role in sustaining our nation, but far too many struggle to access health care services.

According to the Cicero Institute, 71 out of Indiana's 92 counties are designated as Health Professional Shortage Areas (HPSAs), leaving over two million Hoosiers living without adequate access to a health care provider. This also means there are 3,500 or more patients for every one provider in many communities, with low-income Hoosiers disproportionately affected by the shortage. As a result, people living in rural communities often struggle to seek or delay primary or preventative care. By the time they finally see a doctor, their conditions have often worsened, leading to poorer health outcomes and higher overall costs.

This crisis is compounded by limited emergency services. A 2023 study found half of Indiana's counties qualify as ambulance deserts. Hoosiers in rural counties face an average ambulance response time of 17 to 30 minutes. By contrast, urban and suburban Hoosiers' ambulance wait times are three to five minutes. In emergencies, those precious minutes can be the difference between life and death. this reality creates an urgent crisis if we are to improve health outcomes and quality of life across our state and our country. My colleagues in Congress and I are working to deliver long-overdue solutions that prioritize rural health care for Americans who need it most.

In July, President Donald Trump signed the Working Families Tax Cuts Act into law, a key victory for improving health care access for Rural Americans. This historic legislation allocates $50 billion to create the Rural Health Transformation Program, a fund aimed at assisting states with improving access to hospitals and increasing rural hospitals' stability. The Rural Health Transformation Program is also immediately focused on recruiting health care providers in rural communities to fix the provider shortages, retaining a highly skilled health care workforce, and addressing the root causes of the shortages to create long-term stability. The funds from this program are vital to addressing the hurdles rural health care providers face so they can provide quality care to the communities they serve.

The Rural Health Transformation Program is immediately focused on recruiting health care providers in rural communities to fix the provider shortages, retaining a highly skilled health care workforce, and addressing the root causes of the shortages to create long-term stability. The funds from this program are vital to addressing the hurdles rural health care providers face so they can provide quality care to the communities they serve.

Another critical provision of the Working Families Tax Cuts Act removes over one million illegal immigrants from Medicaid and caps federal payments to state Medicaid programs for emergency services provided to non-citizens. With many rural Americans, including children, relying on Medicaid, this was an important provision to make sure that Medicaid funds go to the program's intended recipients: low-income families, pregnant women, children, seniors, and disabled Americans.

I also helped introduce the Rural Health Clinic Location Modernization Act, bipartisan legislation to update the criteria for Rural Health Clinic (RHC) certification to include areas with fewer than 50,000 people. Health care facilities were previously required in communities with fewer than 50,000 to qualify. However, the 2020 Census limited classification to urban with over 50,000 people or rural with under 5,000 people, creating a large gray area that left many communities uncertain about future RHC eligibility.

Rural health care providers do the best they can with limited resources, but Congress must close policy loopholes and ensure adequate funding to help them meet the needs of their communities. The historic investment through the Rural Health Transformation Program will allow hospitals to keep their doors open and improve health outcomes across Rural America. I will continue to work to address the unique challenges facing Hoosiers in the rural communities in my district and the millions of rural Americans across the country, and ensure every American, regardless of where they live, has access to the medical care they need.

Rep. Jim Baird represents Indiana's Fourth Congressional District.

Keeping my commitment to Arizona's rural veterans

By U.S. Rep. Juan Ciscomani, R-Ariz.

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Arizona's 6th Congressional District is home to a multitude of rural communities, with veterans in every county. From Sierra Vista to Safford and Casa Grande, our rural veterans deserve to have the care and resources they need, regardless of their location.

We know that individuals living farther away from medical services bear a greater burden of health care needs and often have worse health outcomes, meaning accessing their earned benefits become all the more important. That is why earlier this year, I was proud to push through my legislation, H.R. 3951, the Rural Veterans' Improved Access to Benefits Act of 2025, which passed the House with overwhelming bipartisan support – a key step forward in providing necessary care and benefits for our veterans, which should never be a partisan issue.

Our veterans made a sacrifice, many times uprooting their lives, to serve our country and protect our freedoms. As a member of Congress, it is my priority to ensure our past service members have the utmost access to high-quality care and the well-deserved benefits they have earned.

H.R. 3951 aims to ensure rural veterans have access to quality and timely physician examinations by permanently allowing Department of Veterans Affairs (VA) providers to perform cross-state disability exams and expanding the pool of providers who can perform medical disability examinations for the VA to include all licensed health care professionals. Currently, VA providers authorized to perform cross-state exams are limited to physician assistants, nurse practitioners, audiologists, and psychologists.

This bill additionally requires the VA to modernize its benefits exam process by establishing a mechanism for providers to submit evidence that a veteran brings with them to the examination to the VA, a process which is currently not in place and can significantly delay their benefits approval. These changes will help to address the shortage of qualified examiners in rural areas, thereby reducing wait times and increasing the timely release of benefits to our veterans.

Since I was sworn in to Congress in 2022, I have served on the House Veterans' Affairs

Committee and have championed the nearly 80,000 veterans who call my district home. There should be no red tape in the disability claims process and all veterans, particularly rural veterans, should be able to see the closest provider for their disability claims exams, whether that's across the county, across the state, or across the street.

Our veterans made a sacrifice, many times uprooting their lives, to serve our country and protect our freedoms. As a member of Congress, it is my priority to ensure our past service members have the utmost access to high-quality care and the well-deserved benefits they have earned.

I have witnessed firsthand the challenges rural veterans in Arizona's 6th Congressional District face in getting their medical exams completed in a timely manner. This bill takes an essential first step toward eliminating these regional healthcare disparities and ensuring that all veterans receive quality and timely care.

As a nation, we owe these brave men and women a tremendous debt of gratitude for their sacrifice and service. Caring for our veterans is not a responsibility I take lightly, and as a voice in Congress, I will never stop working to ensure those who wore and continue to wear the uniform receive the benefits and support they rightfully earned.

Whether it's advocating for comprehensive healthcare, access to mental health support, additional job opportunities, or housing, know that in me, you have a steadfast champion.

Rep. Juan Ciscomani represents Arizona's 6th Congressional District. He serves on the House Appropriations and Veterans Affairs Committees.

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For emergency rural health care, look to the sky

By U.S. Rep. Ron Estes, R-Kansas

Living in rural America comes with great benefits – a simpler way of life in picturesque countrysides where neighbors can be miles away physically but deeply close personally.

It also means more miles between conveniences.

Growing up on my family farm in rural Kansas where my mom still lives today, we were just a few miles outside our town of 2,500, but we were 40 miles from the big city of Topeka, which back then had a population just shy of 80,000.

Going to town for necessities was relatively quick, but going out to the city was a bigger deal, and it's where we did our major shopping as a family.

It was also the hub of health care in our part of the state, and the home of the hospital where I was born.

For the Americans who choose to live a rural lifestyle, there's a tradeoff: The benefits of living in the country or small-town America versus the challenge of being further away from major medical services.

But when seconds matter, air transportation has helped bridge the gap between the homestead and the hospital.

When seconds matter, air transportation has helped bridge the gap between the homestead and the hospital.

Air ambulances have been providing lifesaving services for decades. I've visited with the pilots and EMTs; they are dedicated professionals who fly into sometimes dangerous situations to give emergency treatment and transport our friends and neighbors to doctors and nurses tens or hundreds of miles away.

And it's not just for folks living in rural parts of the country, but those traveling through those regions as well. One pilot shared with me a story involving a bad accident in rural Kansas. It was dark, and the air ambulance had to land near power lines. The pilot and flight medics took a risk to save the life of someone badly injured driving through our state, and those selfless men and women are ready to do it again today.

Ensuring that this critical service is available to all Americans is why I reintroduced bipartisan, bicameral legislation – the Protecting Air Ambulance Services for Americans Act.

While the medical tools and aircraft have all advanced over the years, the Medicare reimbursement rate has not changed since the fee schedule was established in 2002, leaving some air ambulances running in the red. And with nearly 40% of all air medical transports being Medicare patients, it's easy to see why the reimbursement must reflect today's realities. Sadly, this and other factors have forced closures across the country.

Fewer air ambulance bases spread farther apart means that, even with the advantage of flight, some Americans are at greater risk of missing out on lifesaving care.

The Protecting Air Ambulance Services for Americans Act will instruct Health and Human Services to update Medicare reimbursement rates for emergency air services by using data collected under the No Surprises Act, which was passed in 2020.

It's a pretty straightforward piece of legislation: Update the Medicare reimbursement rate with data we already have and ensure that more Americans have access to the care they need, regardless of where they live.

It's not surprising that the legislation has received praise from others in the industry.

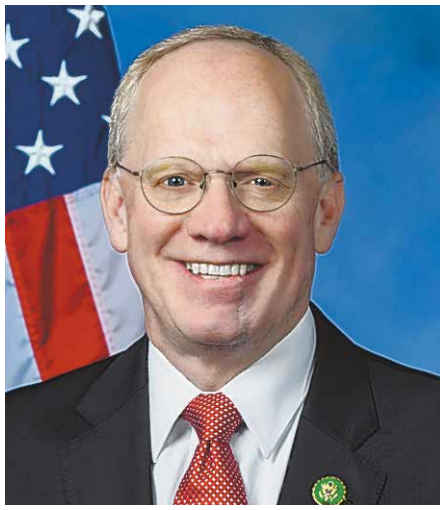
Jana Williams, President and CEO of the Association of Air Medical Services, has said, "Air medical programs are increasingly essential mobile extensions of our national emergency care infrastructure. This bill takes a pragmatic step forward to ensure these high-acuity services remain available when and where they're needed most."

Urban dwellers should note that this isn't just impacting their friends in the country. Patients are transported between hospitals and specialists each day throughout the country.

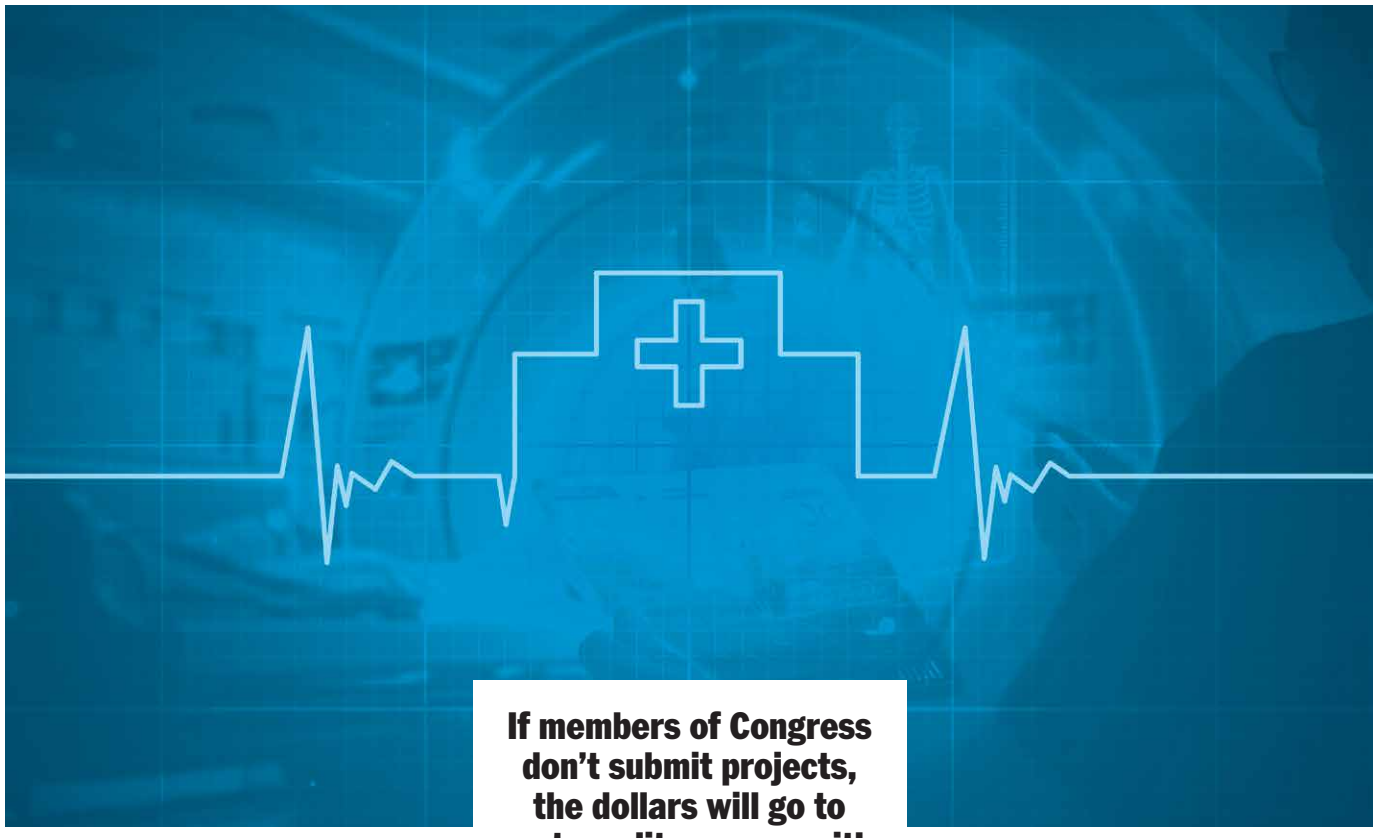
Air ambulances save lives, but outdated reimbursement rates are strangling this industry. Congress should use the tools and data we have to promote and support access to this critical medical transportation tool, and to support the pilots and medical professionals who fly into rural America to bring lifesaving care to anyone in need.

Ron Estes, one of only a handful of engineers in Congress, worked to improve systems and operations in the aerospace, energy and manufacturing sectors before representing Kansas' 4th Congressional District beginning in 2017. He is a fifth-generation Kansan, former state treasurer, and serves on the House Committee on Ways and Means, Budget Committee and Joint Economic Committee. He is the chair of the Social Security Subcommittee and co-chair of the House Aerospace Caucus.

Three words that improve rural health: Community project funding



By U.S. Rep. John Rose, R-Tenn.



If members of Congress don't submit projects, the dollars will go to metropolitan areas with more grant-writing staff, more lobbyists, and more political clout. Meanwhile, rural communities get told — yet again — to do more with less. That isn't fiscal responsibility. That's surrender.

Few issues divide members of Congress along party lines like health care. While one side continues making the case for more government and less choice, my side is focusing on making health insurance premiums more affordable. We're reducing waste, fraud, and abuse to protect the programs on which many vulnerable Americans rely.

What often gets lost in the debate is that health coverage doesn't mean you see a doctor. More than 20 Tennessee counties don't have a hospital. That means no emergency room. It means families are driving long distances for urgent care. And it likely means loss of life because no one in the life-saving business was nearby.

How members of Congress can help right now

Members of Congress have a tool to help the rural communities we represent through Congressional Community Project Funding (CPF). Since coming to Congress in 2019, I am proud to have secured more than $7.4 million for rural health projects across my district. Awards included $2 million to help construct a free-standing emergency department and primary care clinic in Jamestown, a town that went without a hospital for years, and $3.75 million to build a diagnostic imaging center in Oneida, which will result in early detection and more optimistic prognoses. Most recently, I secured $490,798 in funding for equipment upgrades at Macon Community Hospital, including the replacement of telemetry systems in their medical-surgical and emergency departments. That is a big deal for a small community hospital.

Many on my side of the aisle will dismiss CPF as more wasteful spending. But refusing to engage in the process doesn't reduce spending. It shifts power from elected representatives to unelected bureaucrats.

When conservatives abstain, Washington decides for us

Look, one of the reasons I ran for Congress was to help restore fiscal sanity. I strongly support reducing federal spending levels. However, CPF requests don't add to spending levels. They meet specific needs in our districts with funds already allocated funds. The question isn't whether Washington will spend the money, it's who should have a seat at the table?

If members of Congress don't submit projects, the dollars will go to metropolitan areas with more grant-writing staff, more lobbyists, and more political clout. Meanwhile, rural communities get told — yet again — to do more with less. That isn't fiscal responsibility. That's surrender.

Community Project Funding can save rural hospitals

Tennessee ranks 2nd among states with the most rural hospital closures. Many are hanging on by a thread, not because doctors and nurses aren't doing their best, but because the math simply doesn't work when you're serving a sparse population with high fixed costs. Community Project Funding can help fill those gaps:

- **Expanding telehealth infrastructure** so patients can access specialists without a hundred-mile drive.
- **Upgrading aging hospital facilities** that can't keep up with modern standards.
- **Improving emergency response networks**, which can mean the difference between life and death when the nearest trauma center is far off.
- **Supporting workforce pipelines** so we can attract and retain nurses, primary-care physicians, and mental health professionals.

Conservatives should champion responsible investment, not abandon it

By forgoing the CPF process, you hand over control of federal dollars to faceless agencies instead of directing them to projects your constituents actually need. I certainly believe I know the needs of my constituents better than bureaucrats in Washington.

When Community Project Funding is done right — transparently, with clear requirements, public disclosure, and no private entities eligible — it represents the best of representative government. It ensures our tax dollars are used where they make the greatest impact, and it keeps decision-making closer to the people. That is not big government. That is accountable government.

A lifeline for communities underserved for too long

Improving healthcare access is not only compassionate; it's economically conservative. It decreases long-term healthcare expenditures, reduces Medicaid costs, and strengthens the local workforce. People want to live, work, and raise a family in areas where they don't have to drive more than an hour to see a doctor.

Engaging in Community Project Funding doesn't betray our values. It honors them. It's how we keep rural America healthy and competitive. We can either let Washington decide where rural Americans fit in the national budget, or we can fight for them ourselves. I know which choice I'm making.

Rep. John Rose is serving his fourth term in Congress, representing Tennessee's Sixth Congressional District on the House Agriculture Committee and House Financial Services Committee.

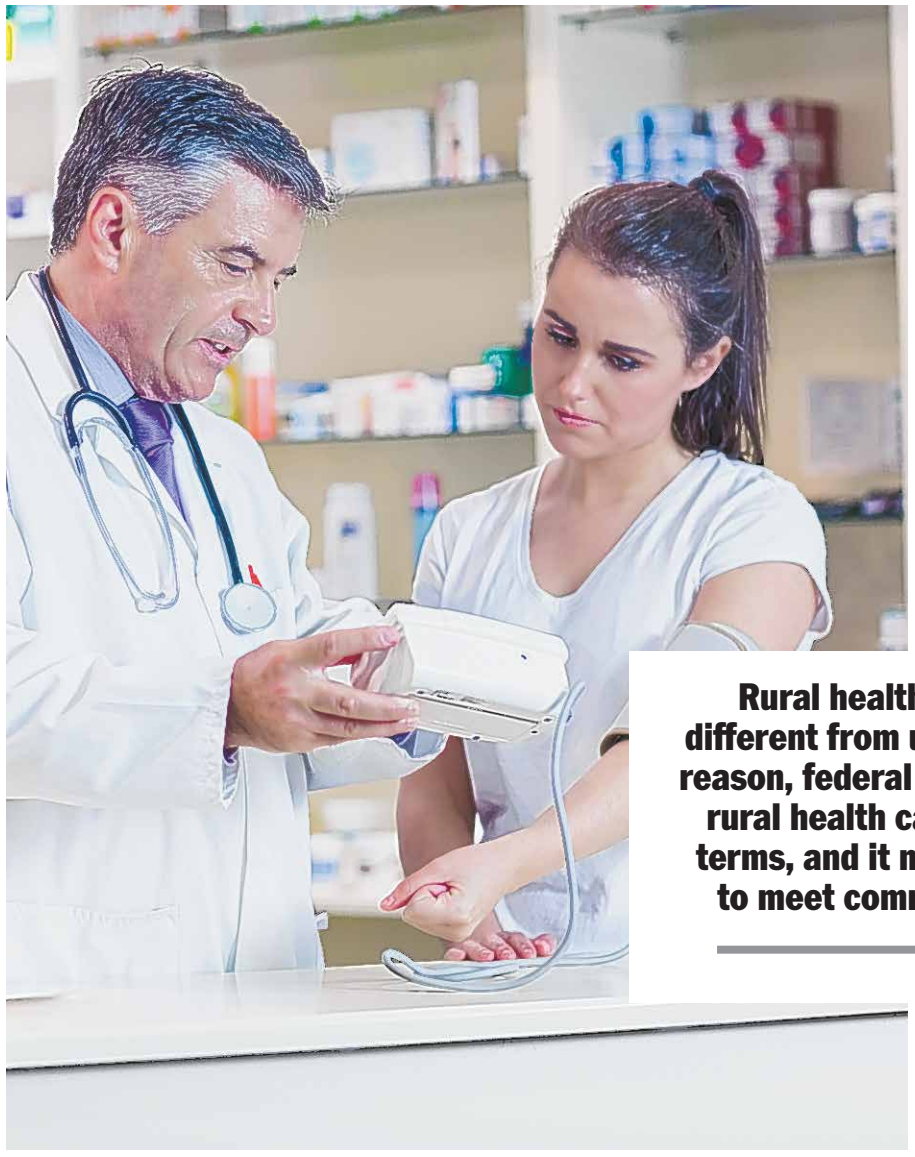
Rural health care deserves flexible, local solutions

By U.S. Rep. Ben Cline, R-Va.

More than 60 million Americans live in rural communities like ours; yet accessing high-quality health care remains a persistent challenge. Patients must sometimes travel long distances to see specialists. Local providers manage heavy caseloads with limited resources. Administrative hurdles, aging infrastructure, and workforce shortages make delivering care even harder. Across Virginia's Sixth District and much of rural America, hospitals and clinics are fighting to continue serving their neighbors with dedication and compassion.

Rural health care is fundamentally different from urban health care. Policies designed for large, urban hospitals often fail when applied in rural settings, where facilities cover vast geographic regions and providers take on multiple roles, from family doctor to emergency responder. A rural hospital might be the only source of care within 50 miles. A single nurse practitioner may serve hundreds of patients who have no other options. For that reason, federal policy must recognize that rural health care operates on different terms, and it must provide the flexibility to meet communities where they are.

A major step forward came earlier this year with the allocation of $50 billion for the Rural Health Transformation Program. This historic investment will help rural hospitals and clinics modernize facilities, recruit and train staff, expand access to specialized services, and adopt new technologies. These resources are designed to let communities shape solutions that reflect local realities. What works in Roanoke may look very different from what works in Page County, and that's the point. By giving local providers room to innovate, rural communities can design systems that deliver care efficiently and effectively.



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Expanding access to pharmacy-based care is another critical component of rural health. Pharmacies are often the most accessible health care providers in small towns, yet reimbursement rules and federal red tape limit their ability to serve patients fully. The bipartisan Ensuring Community Access to Pharmacist Services Act, which I have cosponsored along with Rep. Adrian Smith, R-Neb., would fix that by allowing pharmacists to provide essential clinical services to seniors and those in underserved areas. During the COVID-19 pandemic, pharmacists prevented an estimated one million deaths and eight million hospitalizations, saving more than $450 billion in health care costs. In many rural communities, they are the trusted professionals who know their patients by name. I am proud to support this important bill, which will preserve access to those services that are vital to the health and stability of small towns across America.

Telehealth has also become a lifeline for rural residents. During the pandemic, it allowed patients to meet with specialists virtually, without driving hours for a single appointment, and it has since proven indispensable for managing chronic conditions, scheduling routine check-ups, and accessing mental health services. For seniors, veterans, and working families, telehealth provides continuity of care that would otherwise be out of reach. Congress should make pandemic-era telehealth flexibilities permanent to ensure that rural Americans continue to benefit from this transformative technology.

But even with expanded access and new tools, no health system can thrive without people. Across the Sixth District and beyond, hospitals and clinics struggle to recruit and retain doctors, nurses, and allied health professionals. The issue extends beyond pay; it's also about professional support, training pipelines, and quality of life. Ideas such as rural residency tracks or partnerships with local colleges and universities can make practicing in these areas more feasible and fulfilling. Building a strong rural health workforce is not just about filling jobs; it's about securing the long-term stability of care for future generations.

Flexibility and innovation remain at the heart of sustainable rural health care. Solutions like the Rural Health Transformation Program succeed precisely because they empower local problem-solving. A community in the Shenandoah Valley might use funding to upgrade diagnostic equipment, while another in the Alleghany Highlands might focus on mobile health units or mental health integration. When local leaders and providers can design systems around community needs, outcomes improve, costs drop, and patients gain confidence in the care they receive.

Rural health care is fundamentally different from urban health care. For that reason, federal policy must recognize that rural health care operates on different terms, and it must provide the flexibility to meet communities where they are.

At its core, rural health care is about access. Every American, no matter their zip code, deserves the peace of mind that health care will be available when it's needed. That means cutting unnecessary red tape, supporting the workforce, investing in telehealth and technology, and allowing communities to build on their strengths rather than conform to urban models that don't fit their realities.

Rural Americans should never have to settle for second-class care because of where they live. With thoughtful policy, smart investment, and bipartisan cooperation, we can ensure that every community, large or small, has the resources it needs to thrive. Strengthening rural health care isn't just about fixing what's broken today. It's about laying the foundation for healthier, more resilient communities tomorrow.

Rural health care is, at its heart, an investment in the future of rural America.

Rep. Ben Cline represents the Sixth Congressional District of Virginia. He previously was an attorney in private practice and served both as an assistant prosecutor and a Member of the Virginia House of Delegates. Cline and his wife, Elizabeth, live in Botetourt County with their two children.

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Ensuring health care access for rural areas

By U.S. Rep. Carol Miller, R-W.V.

A single visit to West Virginia is all one needs to understand why our state's slogan is "Almost Heaven." As the only state located wholly within the Appalachian Mountains, West Virginia is bursting with towering ridges, rivers, forests, and rolling hills so beautiful that only the divine could compare. However, traversing mountains and winding through country roads creates unique challenges for our health care sector and leads to lengthy commutes for rural patients seeking care. For some living here, it is not uncommon for the nearest hospital to be multiple hours away. Hospitals operating in these sparsely populated areas must be able to meet the needs of their patients with increasingly limited resources and find solutions to problems unique to rural communities.

To better support these hospitals, the Centers for Medicare and Medicaid Services (CMS) has created the Critical Access Hospital (CAH) designation for facilities at least 35 miles from a health care provider that have 25 beds or less. To further address ultra rural communities like the ones dotted throughout West Virginia, CMS has gone one step further by creating the "mountainous terrain exception," allowing hospitals to qualify as a CAH with only a 15-mile radius from another provider. These designations ensure that the terrain is taken into account when allocating the necessary resources to our hospitals so they can continue providing care by equitably reimbursing them for their costs through Medicare.

However, this exception does not apply to ambulance services, meaning they are still held to the 35-mile radius requirement despite the mountainous terrain. The lack of accommodation for the landscape, drive times, and fuel needed to transport patients to the nearest hospital places undue financial burdens on our already strained healthcare network.

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Across the country, ambulance services are operating on thin margins. With the added expense of operating in rural communities, services lose money and risk having to reduce operating hours or cease operations altogether, cutting off a critical lifeline for our rural patients.

This Congress, I introduced a bill that corrects this issue by allowing CAHs in mountainous areas to receive fair compensation for their ambulance services. The Preserving Emergency Access in Key Sites (PEAKS) Act is lifesaving legislation that will ensure our mountainous hospitals are compensated fairly for the ambulance services they provide to patients by modifying the distance requirement. It's imperative that all patients, especially those of us who live in unforgiving terrain, can access emergency medical care.

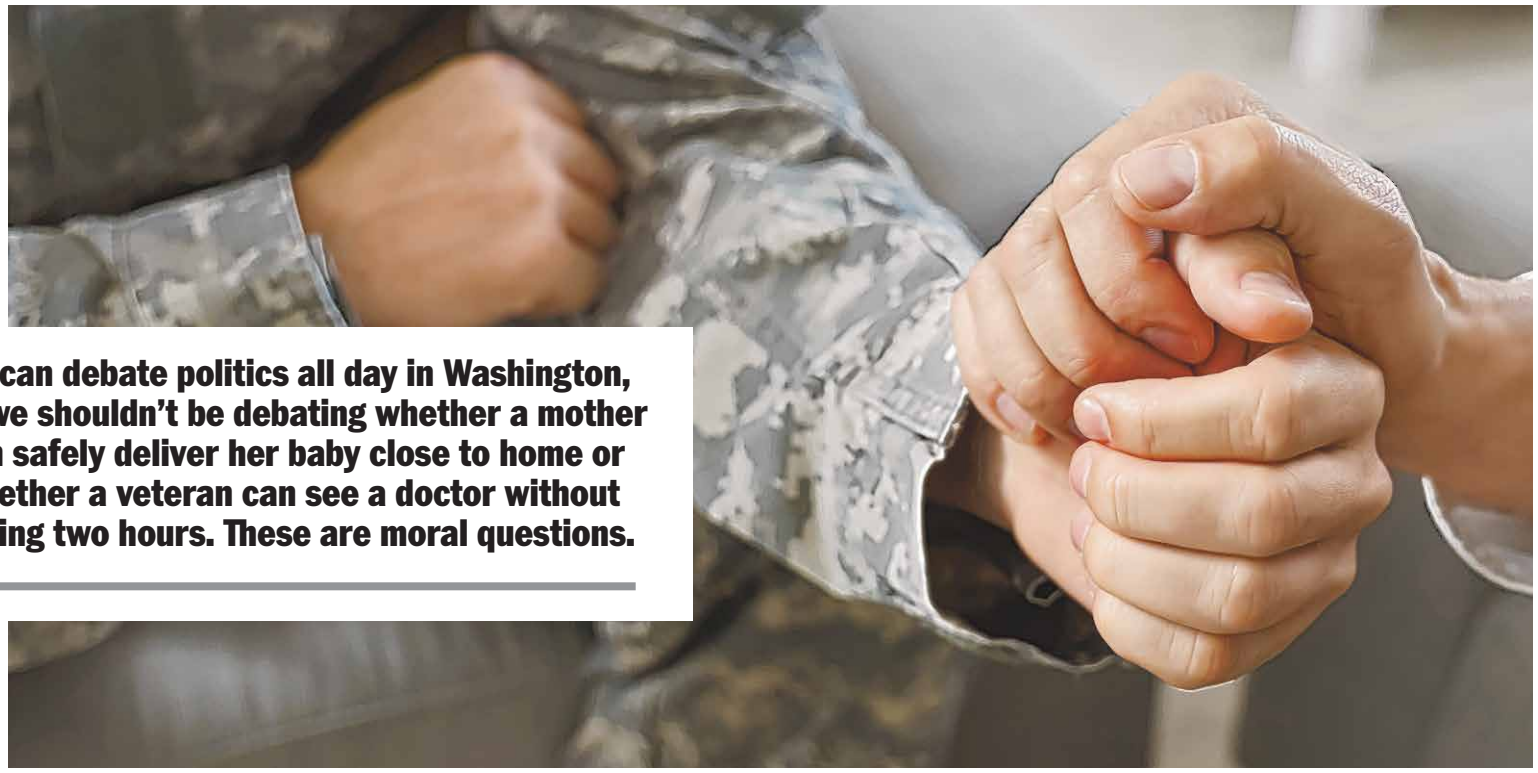
It's equally important to consider the population these hospitals are serving. Here in West Virginia, a large percentage of our population are elderly and nearly one-fifth of our residents receive Medicare. For our rural hospitals already serving a smaller number of patients, this means their income is very dependent on Medicare reimbursements. This allows them to qualify for the Medicare-dependent hospital program and receive enhanced low-volume Medicare payments through CMS. By reimbursing these hospitals at a higher rate, they can remain financially viable and receive the additional support needed to combat the unique challenges hospitals in rural communities are facing.

Hospitals operating in these sparsely populated areas must be able to meet the needs of their patients with increasingly limited resources and find solutions to problems unique to rural communities.

With this program and expanded payments set to soon expire, I introduced the Assistance for Rural Community Hospitals (ARCH) Act to extend this funding through 2031. Our rural hospitals are committed to providing the best care they can to the patients they serve, but this is only possible if they have adequate resources and certainty when planning for the future. This legislation will equip these hospitals with the financial support and resources needed to keep their doors open to the communities they serve.

The PEAKS Act and ARCH Act provide crucial support to rural hospitals and will ensure better access to patients seeking quality care. By addressing existing disparities between our Critical Access Hospitals and their ambulance services as well as providing funding certainty and extra support to our Medicare-dependent facilities, we can strengthen our rural health network and foster healthier communities. Every American, regardless of where they live in our country, deserves access to quality, lifesaving medical care. For those of us living in West Virginia, this legislation will improve that access and provide better peace of mind for all here in our "home among the hills."

Rep. Carol Miller represents West Virginia's First Congressional District. Miller serves on the Committee on Ways and Means. Miller's focus in Congress is creating jobs, diversifying the economy, investing in trade relations, protecting America's borders, and supporting West Virginia's energy industries like coal, oil, and gas.



We can debate politics all day in Washington, but we shouldn't be debating whether a mother can safely deliver her baby close to home or whether a veteran can see a doctor without driving two hours. These are moral questions.

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When rural America calls for help, Washington needs to answer

By U.S. Rep. Mike Rulli, R-Ohio

I think everyone can agree that rural America doesn't get much attention until something goes wrong. When hospitals close, factories shut down, or young families pack up and move away, Washington always seems to notice a few years too late.

Drive across my district in eastern and southeastern Ohio and you'll see this story play out in real time. You'll find tight-knit communities filled with hard-working people: farmers, small business owners, nurses, and teachers who love their towns and want to stay. But when someone gets sick or injured, it's not a quick trip across town to the hospital. It's often a 60-mile drive, each way.

That's why I joined Rep. Buddy Carter, R-Ga., in introducing the Improving Care in Rural America Reauthorization Act of 2025. Because this isn't just a health care issue for rural Americans, it's a survival issue.

This bill makes sure that the small hospitals and clinics holding rural communities together don't fall through the cracks of Washington's one-size-fits-all policies. It gives them the flexibility, funding, and tools they need to modernize and recruit doctors, nurses, and specialists to serve where they're needed most, and keeps the lights on in struggling emergency rooms.

Fixing a System that Forgot Rural America

For too long, rural hospitals have been treated as an afterthought, forced to compete with massive urban systems while operating on razor-thin budgets. More than 140 rural hospitals have closed in the past decade and, as a result of the Biden administration's skyrocketing costs and regulatory overload, that number is still climbing.

It's not because rural doctors stopped caring or rural families stopped trying; it's because Washington forgot what it's like to live outside of a major city.

The Improving Care in Rural America Reauthorization Act fights back by giving rural hospitals stable funding and improving quality of care in the communities they serve. It also expands telehealth services for seniors and veterans who can't always travel, increases the availability of preventive services for rural Americans, and provides rural clinics the support they need to continue caring for their patients.

We worked directly with local providers to get this right. I sat down with hospital administrators, nurses, and paramedics who told me what they needed: less bureaucracy, more flexibility, and a system that treats them like partners instead of statistics.

Protecting Patients and Taxpayers

As a conservative, I believe every dollar taken from the American taxpayer should have a purpose. This bill doesn't grow bureaucracy, it grows results. It sends money straight to hospitals and health centers, not into new offices or federal programs. It includes strict oversight to ensure transparency and accountability, because the American people deserve to know where their money goes.

And it does all of this without raising taxes.

When I talk to people back home in Columbiana County or Noble County, they're not asking for handouts. They're asking for fairness from a government that meets them halfway. Rural Americans do their part every day. They deserve a health care system that does the same.

A Bipartisan Mission with a Moral Purpose

This bill has support on both sides of the aisle because it's built on something we should all agree on. Every American deserves access to quality care, no matter their zip code. That should not be controversial.

We can debate politics all day in Washington, but we shouldn't be debating whether a mother can safely deliver her baby close to home or whether a veteran can see a doctor without driving two hours. These are moral questions.

When rural hospitals close, it's not just health care that suffers, but also the heart of the community. The school loses its nurse. The local businesses lose workers. The town loses part of its soul.

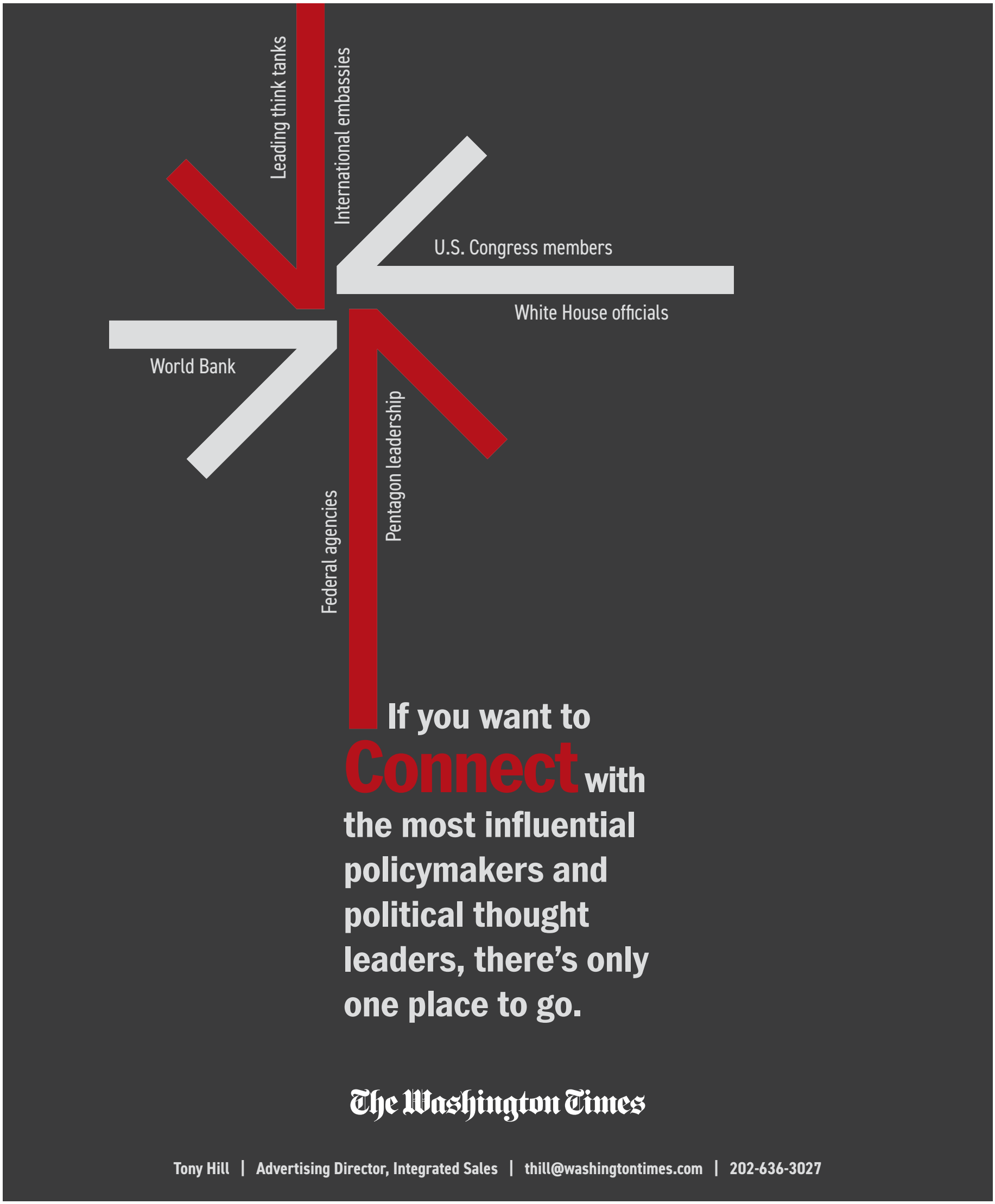
That's why this fight matters.

Moving Forward

The Improving Care in Rural America Reauthorization Act of 2025 is about restoring something simple: trust between Washington and the people it serves. It's about reminding our leaders that rural America matters and the people who grow our food, fuel our economy, and defend our country deserve the same respect and access to care as anyone else.

I'll keep fighting until they get it. Because when rural America calls for help, Washington should answer.

Rep. Mike Rulli has represented Ohio's 6th Congressional District since 2024. A dedicated husband and father, Mike lives in Salem with his wife, Kelly, and their two children. His mission remains clear: to fight for policies that strengthen families, support small businesses, and revitalize the Ohio River Valley.



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