

An aerial photograph of a small town nestled in a valley. The town features a prominent white church with a tall steeple, several colorful houses, and a main street with cars. The surrounding area is densely forested with trees in various shades of green, yellow, and orange, suggesting an autumn setting. In the background, rolling hills or mountains are visible under a cloudy sky.

# Strengthening *the* Heartland:

INVESTING IN RURAL AMERICA

# Strengthening the Heartland Investing in Rural America

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Lakes Regional Healthcare in Spirit Lake, Iowa, provides critical healthcare services to rural residents and visitors.

# Rural communities are counting on us

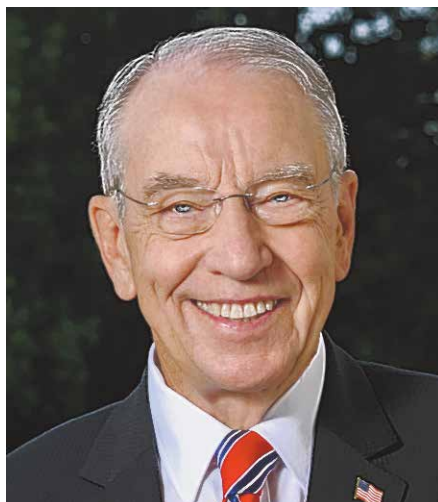
**By U.S. Sen. Chuck Grassley, R-Iowa, and U.S. Rep. Randy Feenstra, R-Iowa**

**R**ural healthcare is top-of-mind for many Iowans. Across our state, Iowans rely on rural hospitals for compassionate, personalized care close to home. Rural hospitals are also economic anchors that support local businesses, create jobs and help small towns thrive. That's why we're advancing policies that support rural healthcare and rural hospitals.

Republicans' Working Families Tax Cuts Act created a \$50 billion Rural Health Transformation Fund, the largest investment in rural healthcare in history. Under the law, Iowa will receive a minimum of \$100 million annually from the fund over the next five years. In fact, our state already received \$209 million this year, over twice that amount. But our work doesn't stop there.

Together, we're working to advance legislation to support hospitals across the United States, including several here in Iowa. It's called the Rural Community Hospital Demonstration (RCHD) Program, and it's offered a lifeline to rural hospitals for more than 20 years.

The program is designed to support what we often called "tweener" hospitals. Tweener hospitals are too big to serve as critical access hospitals, but too small to benefit from Medicare's hospital payment system



**These rural hospitals serve more than their rural communities. In Iowa, these communities are summer vacation destinations, home to county fairs and a NASCAR race, and the site of a nationally recognized college.**

that's designed for higher volume urban hospitals.

The RCHD program provides a lifeline by allowing rural tweener hospitals to test innovative hospital payment models under Medicare that boost financial sustainability, maintaining and improving care. Data from the Centers for Medicare and Medicaid Services (CMS) shows hospitals in this program improved margins, made more capital investments, retained more staff and expanded patient services.

Over 50 hospitals across 17 states have participated in this program over the past 20 years. Here in Iowa, we're fortunate to have four hospitals currently in the program, located in Spirit Lake, Fort Dodge, Grinnell and Newton.

These rural hospitals serve more than their rural communities. In Iowa, these communities are summer vacation destinations, home to county fairs and a NASCAR race, and the site of a nationally recognized college.

Unfortunately, the program has

expired, and Congress needs to act to extend this important program. Without RCHD, rural communities could lose access to essential services families rely on every day. Without extending this program, Iowans would face longer drives, delayed care and fewer options closer to home.

We've introduced legislation to stop this cliff, extend the program and ensure Iowans maintain access to care close to home. Our bipartisan Rural Community Hospital Demonstration Program Reauthorization Act would extend the program for another five years, and it's co-led by Sen. Michael Bennet, D-Colo., in the Senate.

We're glad to report the bill has already passed the U.S. Senate with unanimous support. This is the clearest sign yet of the importance of the program and the bipartisan commitment to extending it. Next, the bill needs to be passed in the U.S. House of Representatives, and we're working hard to get it over the finish line.

As representatives for the people of Iowa in Congress, we're committed to fighting for care in our rural communities, and that includes getting the Rural Community Hospital Demonstration Program Reauthorization Act signed into law. Rural hospitals across America are counting on us, and we're working to get the job done.

.....  
*Sen. Chuck Grassley represents Iowa in the U.S. Senate.*

*Rep. Randy Feenstra represents Iowa's 4th Congressional District.*



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# The forgotten smoker lives in rural America



By Dr. Matt Holman

For years, the United States' relationship with smoking has been framed as a story of decline. Fewer people smoke than they once did. Rates have fallen significantly over the past two decades. According to the National Health Interview Survey, in 2024, the U.S. adult smoking rate was 9.9%, the first time the adult smoking rate in the United States was ever below 10%. Public

attitudes have shifted. In many places, cigarettes now feel like a fading part of American life.

But that is not the whole story. In rural America, smoking remains a daily reality and a disproportionate health burden. The forgotten smoker is not

a burden that remains concentrated in rural communities too often treated as an afterthought.

There are many reasons that burden persists. Rural communities often face greater barriers to healthcare, fewer local resources and longer distances

celebration and judgment. We celebrate how far the country has come in reducing smoking rates to historic lows, and judge those who continue to smoke. But neither response is enough for the rural communities still carrying an outsized share of the burdens that can be caused by smoking. If anything, they call for more humility, more empathy and more attention.

The forgotten smoker lives in rural America not because rural communities matter less, but because the national conversation has too often deprioritized them. That must change. This is a population that smokes more, receives less support and often pays a heavier price in health outcomes, including with generally higher rates of heart disease, cancer, stroke, and chronic lower respiratory disease. If we want a fuller and more honest conversation about ending smoking in America, we should start by looking again at the places and people we have been too quick to leave behind.

.....  
*Matt Holman, Ph.D., is Vice President, U.S. Scientific Engagement & Regulatory Strategy, PMI U.S. and former Chief Scientist at the Center for Tobacco Products at the FDA.*

## The forgotten smoker is not hard to find ... What has faded is not the problem itself, but the attention paid to the people still living with it.

hard to find. In many communities, that person is a neighbor, a family member, a patient or a coworker. What has faded is not the problem itself, but the attention paid to the people still living with it.

The numbers tell part of the story. According to data from the U.S. Centers for Disease Control and Prevention (CDC), in 2024, adults in nonmetropolitan counties smoked cigarettes at nearly double the rate of adults in large metropolitan counties. People living in rural areas also face lung cancer death rates that are 18 to 20% higher than those in urban areas. These are not small differences to be ignored. They are signs of

to care. Reports suggest that in some places smoking remains tied to economic hardship, higher disability rates, social stress and a healthcare system that feels far removed. Access to less harmful, smoke-free alternatives is also more limited in many rural areas, removing one of the practical off-ramps that can help adults who smoke move away from cigarettes. None of that lessens the damage that smoking can cause, but it should shape how we talk about the people still affected and whether we are willing to meet them where they are.

Too often, today's public discourse about smoking swings between

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of Philip Morris International

# The Rural Smoking Crisis Demands Action

Closing the health gap between rural and urban America starts with providing better options.

The data shows a clear and urgent need for the prioritization of rural communities:

#### The Divide:

Smoking rates are significantly higher in rural areas (15.4%) than in cities (9%).

#### The Toll:

Rural residents face death rates nearly 20% higher and double the rate of COPD compared to metropolitan areas.

#### The Solution:

Tobacco harm reduction offers a pragmatic path for those looking to leave cigarettes behind, using smoke-free products authorized by the FDA providing significantly less harmful alternatives to cigarettes.



LEARN MORE

[forgottensmoker.com](http://forgottensmoker.com)



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# A way out of the rural healthcare crisis



**By U.S. Sen. Marsha Blackburn, R-Tenn.**

**A**cross America, rural healthcare is in crisis. Since 2010, 206 rural hospitals have ended inpatient care or shuttered altogether, while another 417 are at risk of doing the same. Among the hospitals that remain open, tight margins have forced many to slash services, especially for specialty care. Over the same time, more than 300 have ended general surgery programs, while more than 450 have terminated chemotherapy treatment.

In Tennessee — where 78 of our 95 counties are considered rural — these trends have hit our communities especially hard. Per capita, Tennessee leads the nation in rural hospital closures, and 21 of our counties have no hospitals at

all. For residents of these communities, routine check-ups become hours-long commutes. Preventive care becomes a luxury. And otherwise treatable medical emergencies become life-threatening.

Medical data document the tragic consequences. Compared with urban counties, rural ones face far higher rates of early death from cancer, heart

\$207 million to Tennessee — to increase workforce capacity, eliminate maternity-care deserts, expand access to telehealth services and improve preventive care.

While this program is a huge win for the American people, there is much more Congress can do. As co-chair of the Senate Rural Health Caucus, I recently reintroduced my bipartisan

**No American's ZIP code should be the deciding factor in whether they lead long, healthy and rewarding lives.**

disease, stroke, chronic lower respiratory disease and unintentional injury. Instead of shrinking, these disparities are widening over time. Among Americans between the ages of 25 and 54, the gap in mortality rate between rural and urban areas grew from 6 percent in 1999 to 43 percent in 2019.

No American's ZIP code should be the deciding factor in whether they lead long, healthy and rewarding lives. The tens of millions of Americans who reside in rural areas are no exception. Thankfully, Congress is taking major strides to ensure that every American has access to quality healthcare.

As part of the Working Families Tax Cuts, or One Big Beautiful Bill, I successfully fought for the creation of the Rural Health Transformation Program, which will provide \$50 billion to strengthen rural healthcare across our country. In December, the program disbursed its first grants — including

Rural Health Agenda to address the core challenges facing rural healthcare: workforce shortages, underinvestment in facilities, and flawed Medicare reimbursement.

Start with workforce shortages. With higher patient volumes, urban hospitals often offer higher compensation than rural ones, which struggle to attract physicians. Even when accounting for population size, rural communities have approximately half the number of providers as urban areas, and close to 9-in-10 rural census tracts are considered Health Professional Shortage Areas. To encourage healthcare professionals to plant roots in rural communities, my Rural America Health Corps Act would offer them up to \$200,000 in student loan repayments if they agree to work full-time for five years in rural areas facing workforce shortages.

Next, underinvestment in facilities. For years, constrained budgets

have forced many rural hospitals to forgo routine upgrades, leaving them in desperate need for improvements. While national data on the age of rural health facilities are scarce, many were built with funds provided by the 1946 Hill-Burton Act and have gone decades without meaningful renovations. To ensure these facilities have the resources they need to provide quality care, my Rural Health Innovation Act would provide grants to Rural Health Clinics and Federally Qualified Health Centers to strengthen their ability to provide walk-in urgent care, triage, and emergency stabilization services.

Finally, Medicare reimbursement. For years, the flawed Medicare Area Wage Index has forced rural hospitals to accept lower payment rates than high-wage urban markets. Across the board, rural facilities receive reimbursements that are 20 percentage points lower than urban ones for the exact same services. For the most rural areas, that gap is over 30 percentage points. My Save Struggling Hospitals Act would correct this by ensuring that all hospitals receive fair Medicare reimbursement for the essential services they provide.

Americans living in rural areas deserve every opportunity to thrive. The Rural Health Agenda would help make that aspiration a reality, ensuring that every American has access to quality healthcare — no matter where they call home.

*Sen. Marsha Blackburn is the senior senator for Tennessee and serves on the Finance Committee.*

# Holding broadband providers accountable in rural America



By U.S. Sen. Shelley Moore Capito, R-W.V.

**R**ural America is a special and unique place, filled by a collection of small towns united by their desire for freedom and determination to take care of one another. No state in our union displays this better than my state of West Virginia, which I am honored to serve and fight for in the U.S. Senate.

West Virginia is the only state in America entirely encompassed by Appalachia and is recognized around the world for the kindness of our people, the strength of our communities, the trust we place in one another, and the beauty of our mountains. Our natural landscape and features have even inspired a song you might know, and we proudly wear the moniker of, “Almost Heaven.”

That is what rural America is all about, but it is not without challenges specific to our region.

Our mountains create a difficult set of challenges when it comes to deploying the infrastructure needed to connect every small town and community across our state to fast and reliable broadband internet. Reliable broadband is something that impacts nearly all aspects of our daily lives, but connectivity in rural America has lagged behind that of more densely populated, urban areas. This makes it more difficult for West Virginians to communicate with our family and friends, to access emergency services, to educate our children, and to help small businesses succeed.

Since coming to the Senate in 2015, I have made it a priority to improve connectivity in West Virginia, which led to the creation of my Capito Connect initiative. Since launching Capito Connect, incredible progress has been made when it comes to connectivity in our state.



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Aerial image of a cellular communications tower in a wooded rural region of West Virginia.

Through the program, I’ve been able to work with partners across private and public sectors to secure billions in federal resources and create a platform for conversations about connectivity issues and the urgent need for reliable broadband access.

Alongside the people of my state, I have been honest and transparent about these challenges and what it will take to fix them. Now, our internet providers need to keep up their end of the bargain.

To increase accountability, I introduced the Rural Broadband Protection Act (RBPA) in 2022, helped move it through passage at the federal level, and I was proud to see President Donald Trump sign this legislation into law last month.

RBPA will require a more thorough vetting and verification process for internet service providers seeking to participate in the Federal Communications Commission’s (FCC) high-cost programs. This law will provide essential safeguards to the Universal Service Fund’s High-Cost program by ensuring funding goes to companies with both a

**Alongside the people of my state, I have been honest and transparent about these challenges and what it will take to fix them. Now, our internet providers need to keep up their end of the bargain.**

proven track record of success and those that have demonstrated sound judgment in deploying to hard-to-serve areas.

Time and time again, internet service providers have come to West Virginia and promised a fix to our connectivity issues using federal resources we’ve fought to secure. Too often, these assurances have failed to materialize, leaving us in the same position we started in while wasting taxpayer dollars and time.

RBPA aims to fix this by expanding on my previous broadband efforts and is a product of many discussions I’ve had with small rural service providers

and West Virginians on the ground. These discussions made it increasingly clear that the FCC needs direction from Congress to ensure taxpayer dollars are being used properly and efficiently to fund broadband deployment in rural areas that need this service the most.

By verifying that providers can actually deliver on the commitments made to bring high-speed internet to rural areas, we can maximize the influx of broadband dollars coming to West Virginia and move toward our goal of closing the digital divide in communities of all sizes across our state.

West Virginians keep their word, and it’s time internet service providers do the same.

.....  
*U.S. Sen. Shelley Moore Capito, R-W.V., is a member of the U.S. Senate Committee on Commerce, Science, & Transportation, and also serves on the Appropriations, Environment & Public Works (EPW) as chairman, and Rules Committees. Capito also serves as the chairman of the Senate Republican Policy Committee (RPC), the fourth ranking Republican in the U.S. Senate.*

# America's rural communities deserve supply chains powered by recycling



By Robin Wiener

**A**s America celebrates 250 years as a nation, it's worth recognizing what makes this country, in its relatively short existence, so great.

It starts with independence: the freedom to build, innovate and prosper without relying on others for the resources and materials that keep our economy moving. That freedom has allowed Americans to dream big and achieve what others thought impossible.

America has historically recycled as a form of patriotism. Paul Revere was a recycler. Because Britain restricted new metal production in the colonies, Revere melted down copper, iron and discarded goods to create hardware, horseshoes and armaments for the Revolutionary War. During World War II, Americans mobilized nationwide drives, collecting metal, rubber and paper to support the war effort and strengthen the nation's industrial capacity.

Today, the Recycled Materials Association's (ReMA's) 1,700 member companies operate in communities of every size across the United States, supporting more than 600,000 jobs with average compensation exceeding \$100,000 annually. These are jobs that provide stable employment, support the local tax base and help supply manufacturers with the raw materials they need to produce essential goods.

Nearly every smartphone, laptop, automobile, medical device and piece of hospital equipment contains critical materials such as gold, silver, palladium, copper and — increasingly — the rare-earth elements that modern manufacturing cannot do without.

When those products reach the end of their useful lives, the valuable materials they contain do not vanish. Through recycling, those materials can



**As demand grows for higher-quality materials and greater volumes of recycled content, our industry is stepping up alongside it.**

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be recovered, processed and returned to the manufacturing supply chain, creating a reliable domestic source of feedstock. Securing that supply does not require some distant breakthrough. It requires something more strategic and far more attainable: scaling the recycling infrastructure that already operates across this country.

The benefits are substantial. The recycled materials industry generated \$183.6 billion in economic impact last year. Manufacturing with recycled materials reduces energy use, cuts costs, and preserves our air, land, and water. In fact, it can lower energy consumption by as much as 90% — savings that move straight to the bottom line and allow companies to invest.

Next week, I will join recycling industry leaders and executives from major automakers in Detroit to discuss how to strengthen collaboration between recyclers and manufacturers.

The automotive sector provides one of the clearest examples of recycling's value to domestic manufacturing. More than two-thirds of our cars are made from high-quality recycled materials, and automobiles remain America's most recycled consumer product, with up to 95% of retired vehicles recycled annually. In addition to metals — including steel, copper and aluminum — carmakers use

recycled plastics, rubber, and textiles in new models. Increasingly, recyclers are also recovering battery materials that can be used in future electric vehicle and energy storage applications.

Recyclers already play a critical role in supplying materials back into the economy and are meeting the needs of U.S. manufacturers. As demand grows for higher-quality materials and greater volumes of recycled content, our industry is stepping up alongside it — investing in advanced sorting technologies, expanded processing capacity and innovative recovery systems that can deliver the materials manufacturers rely on. From aluminum cans and critical minerals to battery materials, paper, and plastics, recyclers are developing the infrastructure and technologies necessary to strengthen domestic supply chains, support American manufacturing and keep valuable resources in productive use.

The good news is that the foundation already exists. The recycled materials industry supplies 77% of recycled materials processed in the U.S. for domestic manufacturing. About 70% of all U.S.-produced steel is made from recycled steel, and that number could rise to 90% by 2040. Additionally, more than 90% of materials like cobalt, nickel, copper and aluminum from lithium-ion batteries can

be recovered and reused to make new batteries and products.

American manufacturers have growing access to domestic, high-quality recovered materials. The innovation spurred by and within the recycled materials industry represents the fastest route to a secure and independent mineral supply.

Supply chains built on diverse, reliable domestic sources are more resilient, more competitive and better positioned to withstand global disruptions. They reduce reliance on single suppliers, sidestep shipping delays and keep production moving when the rest of the world stalls.

For rural communities, the benefits are tangible. Recycling operations create good-paying jobs, support local tax bases, provide essential services to manufacturers and help ensure that valuable materials remain part of America's economy.

As the United States enters its next 250 years, strengthening domestic manufacturing and securing critical material supply chains should remain national priorities. Recycling already plays an essential role in achieving those goals. With continued investment, the recycled materials industry can create jobs, support rural communities and provide the raw materials needed to power American manufacturing for generations to come.

*Robin Wiener is President of the Recycled Materials Association (ReMA), representing more than 1,700 companies in over 40 countries that transform end-of-life products into essential, high-quality raw materials the world relies on every day. Across metals, paper, plastics, glass, textiles, rubber, and electronics, ReMA members safely and efficiently transform end-of-life products into the building blocks that power manufacturing, strengthen and secure global supply chains, and protect natural resources. In the U.S. alone, ReMA members deliver \$183 billion in economic activity each year and contribute 603,000 jobs in communities nationwide. Robin holds a JD from Georgetown University Law Center and a B.S.E. in Chemical Engineering from the University of Pennsylvania School of Engineering and Applied Science.*

# GOOD JOBS. Strong Communities. Essential Materials.



Across the country, the recycled materials industry supports more than 600,000 jobs and supplies manufacturers with the materials they rely on to make essential products.

**1,700**  
COMPANIES

**600,000**  
JOBS

**\$183.6 Billion**  
IN ECONOMIC IMPACT

## RECYCLED MATERIALS ASSOCIATION

*Supporting Jobs. Strengthening Communities.*



Recycled Materials  
Association  
*Sustainable. Resilient. Essential.*

[recycledmaterials.org](http://recycledmaterials.org)



# America's specialty crop farmers face major challenges. We can help



By U.S. Rep. Chellie Pingree,  
D-Maine

**W**hen people think of Maine, one of the first things that probably springs to mind is lobster. And rightly so. We have the bar-none best in the world, after all!

But if there's any food that might rival our beloved crustaceans, in terms of both economic importance and global reach, it's wild blueberries.

Maine produces nearly 100% of all wild blueberries grown in the U.S. In a typical year, Maine growers harvest 80-100 million pounds of these small-but-mighty fruits, generating more than \$350 million for Maine's economy.

Growers, processors, truckers, seasonal workers, small-town businesses and communities throughout Down East and Central Maine all rely on healthy, sustainable blueberry yields.

Sadly, between climate change, market disruptions and rising costs in production and harvesting, Maine's wild blueberry industry — like so many specialty crops across the country — faces some significant long-term challenges.

That's why I introduced the Agricultural Management Assistance Act (AMAA), which would reauthorize and strengthen the U.S. Department of Agriculture's (USDA's) Agricultural Management Assistance Program (AMA).

For decades, federal crop insurance has been geared heavily towards large commodity crops like corn and soybeans. Created in the 2000 Farm Bill (under the Agricultural Risk Protection Act), the AMA aimed to level the playing field by giving effective risk-management tools to farmers in states that have low rates of crop-insurance participation, many of which have higher rates of specialty crop production.

Today, the AMA program supports



Ripe Maine lowbush wild blueberries ready for harvest, a key specialty crop supporting rural communities and seasonal agricultural jobs.

**For generations, American farmers have faced serious challenges, from economic turmoil and ever-shifting global markets to harsh and unpredictable weather. As a longtime organic farmer myself, I know that success depends on resilience, adaptability and a willingness to plan for the unexpected.**

It's not just about strengthening today's farm operations. It's also about ensuring the next generation of farmers have the tools they need to succeed, so they can keep their farms in the family.

For generations, American farmers have faced serious challenges, from economic turmoil and ever-shifting global markets to harsh and unpredictable weather. As a longtime organic farmer myself, I know that success depends on resilience, adaptability and a willingness to plan for the unexpected.

Which is why it's imperative that Congress work together to give America's farmers of all sizes and production types the support and resources they need, not only to survive, but thrive.

The AMAA would go a long way in helping specialty crop and other eligible farmers better prepare for an increasingly volatile and unpredictable future.

Republicans and Democrats might not agree on much these days. But if there's one area where we should be able to find common ground (and common-sense legislation), it's the stability and resilience of our food systems.

Because when our farms are strong, America is strong — and that starts with making sure they have the tools to endure whatever comes next.

*Rep. Chellie Pingree represents Maine's 1st District in the U.S. Congress and is a national leader in climate policy. In Congress, Chellie relies on her experience as a certified organic farmer to support the diverse range of American agriculture, including sustainable, organic, and locally focused farming. As a member of the House Agriculture Committee and the House Appropriations Subcommittee on Agriculture, she has been a vocal advocate for food policy reform. Pingree has pioneered legislation to reduce food waste across the American food system and is the founder and chair of the Food Recovery Caucus. She is the author of the Agriculture Resilience Act, a comprehensive bill that recognizes farmers as an integral part of the climate solution.*

farmers in 16 states: Connecticut, Delaware, Hawaii, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Utah, Vermont, West Virginia and Wyoming.

My bill would modernize and strengthen the AMA by expanding access to conservation and risk-management tools for eligible producers — from strategies to improve soil health to encouraging value-added processing and sustainable water-management practices.

In other words, it's designed to help farmers make the right investments (up to \$200,000 over five years) before

disaster strikes, rather than relying solely on federal aid after the fact.

Those risk factors are only growing. Across the U.S., heat waves, heavy rainfall, drought and extreme weather events are all on the rise, making life increasingly difficult for farmers. These aren't minor inconveniences. For many farmers, they're existential threats.

The AMAA would provide investments that are especially valuable in light of skyrocketing costs for things like fuel, fertilizer and equipment, all of which have been made harder to manage by the policies of this administration, particularly unpredictable tariffs and the war in Iran.

# A handshake, hard work, and healthcare access



By U.S. Rep. Adrian Smith, R-Neb.

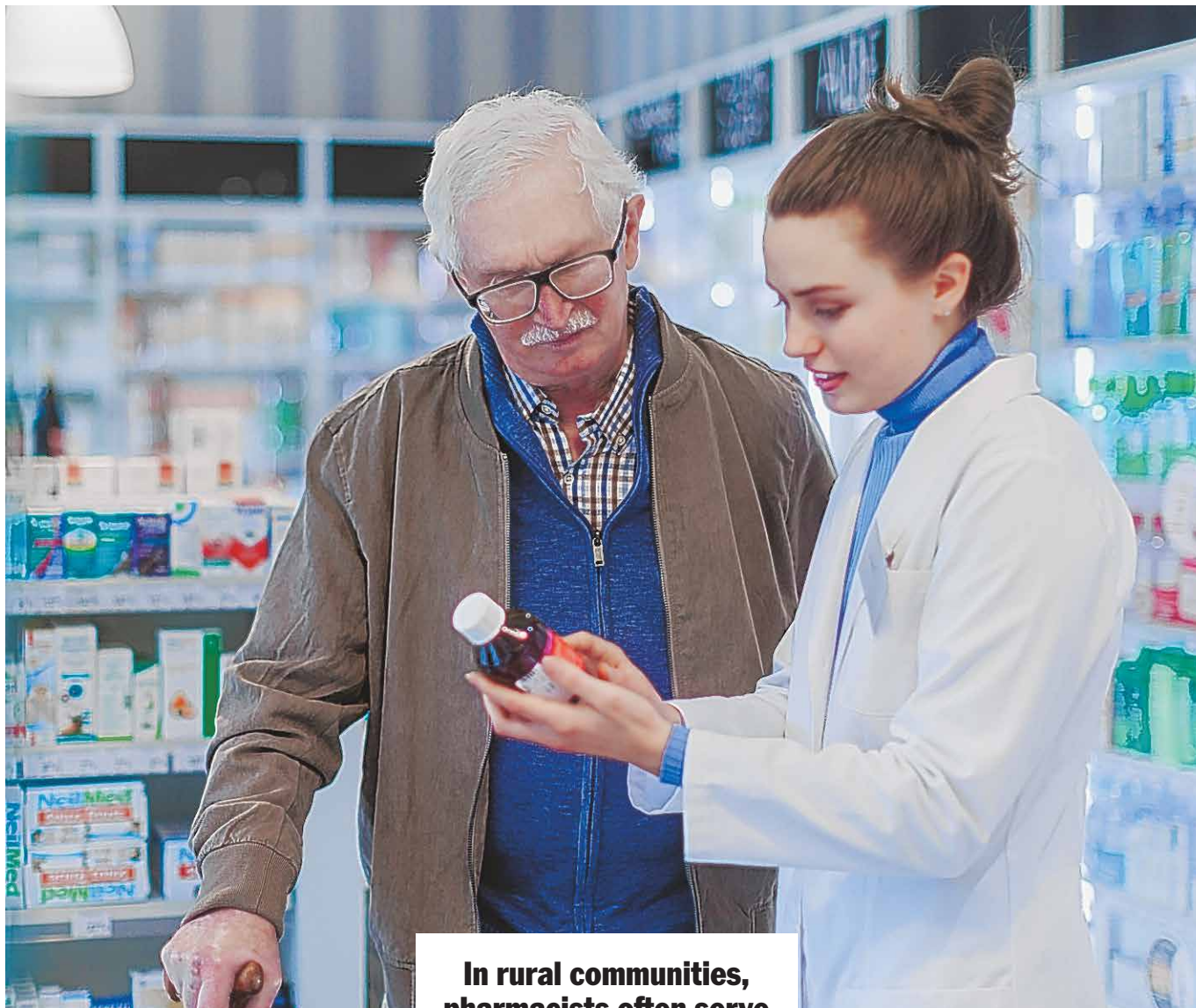
**T**here is a quiet rhythm in rural America you will not find anywhere else. It is the sound of gravel under your boots instead of the constant hum of a concrete jungle. It is the fresh, earthy smell that rises after a summer storm, not the musty haze of city streets. Out here, the horizon is wide, the air is clear and our values run deep. Hard work is not a slogan, but a way of life, a handshake and a person's word are still as binding as any contract.

This is the America I know. This is the America that has shaped me.

Representing Nebraska's Third District — 80 of Nebraska's 93 counties and nearly 70,000 square miles — means representing the middle of America's heartland. It means fighting for the people who feed and fuel our nation, who show up early, stay late and take care of their neighbors without being asked. It is an honor I never imagined, growing up nearly 1,600 miles from the halls of Congress, but it is one I carry with deep gratitude.

And because I represent a vast, rural district, I see clearly what challenges threaten the next generation's ability to live, work and raise a family. One of the greatest of these being access to healthcare.

In rural communities, distance is more than an inconvenience; it can be dangerous. When there is no Walmart for hundreds of miles, resourcefulness becomes a necessity. But when the nearest clinic or hospital is that far, resourcefulness alone is not enough. For many seniors, the barriers for accessing healthcare can be overwhelming. Long drives for a simple flu test can mean delaying care or hoping it just goes away. And when it comes to respiratory illnesses, a delay in testing often means a delay in treatment — and worse outcomes.



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**In rural communities, pharmacists often serve as the first point of care. They fill gaps in our healthcare system every day, offering trusted advice, quick testing and timely treatment.**

Pharmacists are the most accessible healthcare professionals in America. Nearly nine in ten Americans live within five miles of a pharmacy. In rural communities, pharmacists often serve as the first point of care. They fill gaps in our healthcare system every day, offering trusted advice, quick testing and timely treatment.

But here is the problem: A person might get tested and treated for several common respiratory illnesses by their community pharmacist their entire life. But the day that person turns 65 and enrolls in Medicare, they can no longer go to the pharmacist for those services — Medicare doesn't cover those services when provided by a pharmacist. Private insurance covers it. Medicaid covers it. Medicare does not. Sadly, many seniors find out about this lack of coverage when they are sick at the pharmacist's counter, forced to go somewhere else to receive care.

This is not just illogical. It also leaves seniors in rural America with fewer options and longer drives for basic

care. Fortunately, I introduced the Main Street Pharmacy Access Act to solve this discrepancy.

My bill takes a practical, targeted approach to fixing a real problem. It allows Medicare to reimburse pharmacists for testing and treating common respiratory illnesses — just as private insurance and Medicaid already do. Importantly, it does not change scope of practice. States remain fully in control of what pharmacists are allowed to do. My bill just says this: If a state allows pharmacists to provide these services, Medicare should cover them.

This is about access. This is about fairness. This is about making life easier

for seniors who have spent their lives contributing to our communities.

I am grateful my Main Street Pharmacy Access Act passed out of the Ways and Means Committee by voice vote. This bipartisan support reflects what I hear across my district: people want solutions that work. I look forward to working with my colleagues to get this bill passed and signed into law.

I will continue fighting for rural America because it is where I grew up, it is where I have chosen to raise my family, and it remains one of the greatest strengths of our nation. Strengthening rural communities strengthens America itself, and I am committed to ensuring that the next generation can thrive in the same wide-open, values-driven places that have shaped our nation.

*Rep. Adrian Smith represents Nebraska's 3rd Congressional District. He serves as chairman of the Trade Subcommittee on the House Ways & Means Committee, and is also a member of the subcommittee on Health.*

# The Alzheimer's crisis hits rural America hardest



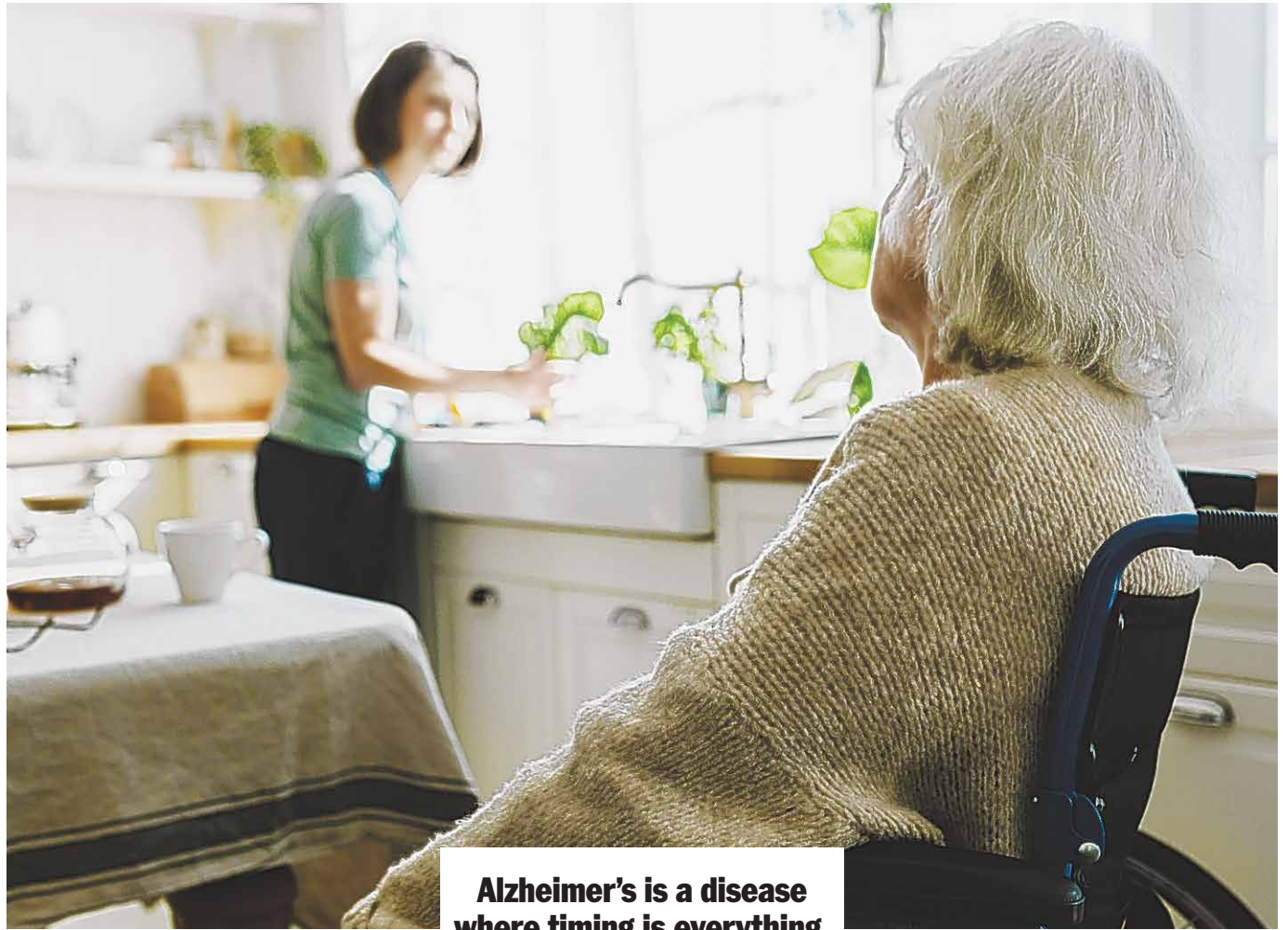
By Christine E. Hamp

**J**une is Alzheimer's and Brain Awareness Month — a time dedicated to raising awareness of this disease and building support for the research, care and policy progress that can make a real difference. For families in America's rural communities, that mission carries a particular urgency. In small towns and farm country — where the nearest specialist may be hours away, where the local clinic operates with a skeleton crew and where family caregivers absorb what the healthcare system cannot — this cruel, unfair disease is even crueler and less fair.

That reality is becoming harder to ignore. A new report supported by the National Grange lays out in stark detail what rural families already know: they are being left behind as Alzheimer's care advances. And with the oldest, most medically vulnerable population in the country concentrated outside of major metro areas, the stakes could not be higher.

Overall, rural America is aging faster than the rest of the country. That demographic reality intersects with a healthcare system that was already stretched thin. According to the report, nearly three in four rural physicians report they do not have enough dementia experts to meet the growing demand in their communities. That shortage has direct consequences for the estimated millions of rural Americans living with Alzheimer's or at risk of developing it.

Without nearby specialists, without access to brain imaging facilities or the types of major medical centers that anchor urban healthcare networks, rural patients are frequently diagnosed late — sometimes far too late. Alzheimer's is a disease where timing is everything. Early diagnosis opens the door to all sorts of opportunities that can make a



**Alzheimer's is a disease where timing is everything. Early diagnosis opens the door to all sorts of opportunities that can make a real difference in how the disease progresses.**

real difference in how the disease progresses. Examples range from arranging care and making financial plans to enrolling in clinical trials and exploring treatment options. For too many rural Americans, once they receive an Alzheimer's diagnosis, that window has already closed.

The burden doesn't fall on patients alone. Rural caregivers — often the spouses, children and neighbors who fill the gap when the healthcare system can't — bear it too. Studies show rural caregivers are substantially more likely to face significant financial strain compared to their urban counterparts. These are often family members who have stepped back from work, drawn down savings, and reorganized their lives around a fatal and devastating disease.

All these realities make recent developments in Alzheimer's diagnostics both exciting and urgent. Last year, the FDA cleared two blood-based diagnostic tests for Alzheimer's disease — a significant leap forward from the previous options, which required either expensive PET scans or an invasive spinal tap administered by a specialist. A blood test, by contrast, can be administered at a rural clinic or a primary care physician's office.

Ongoing research is exploring whether blood tests can detect Alzheimer's in individuals before symptoms even appear, potentially allowing them to understand their risk, adjust their lifestyle and make informed decisions years in advance. These tools could fundamentally change what early detection looks like for rural America. But access to them is not automatic. Policymakers in Washington need to step up and remove the barriers that keep patients from being able to benefit from them.

Presently, a technical distinction limits Medicare coverage for Alzheimer's blood tests when used for screening purposes. That may sound like regulatory fine print, but the consequences are in big bold letters: without a clear coverage pathway, the communities that stand to benefit most from this

technology may never get meaningful access to it.

The solution is fortunately straightforward. Leaders in Congress have already introduced the Alzheimer's Screening and Prevention (ASAP) Act, which would allow Medicare coverage for FDA-cleared blood tests used in routine Alzheimer's screening.

The National Grange, which has represented America's rural communities since 1867, is advocating for swift passage of the ASAP Act, alongside broader recommendations to expand the rural health workforce, invest in hospital infrastructure, and increase support for family caregivers.

Rural America deserves a fighting chance against Alzheimer's. The families in our small towns and farm communities face the same disease, the same heartbreak, and the same desperate need for early answers as anyone else in this country. The ASAP Act gives Washington a clear, concrete way to close that gap. The science has delivered. The breakthroughs are real. Congress should pass this bill without delay.

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*Christine E. Hamp is president of the National Grange.*

# RURAL AMERICA DESERVES A **FIGHTING CHANCE** **AGAINST** **ALZHEIMER'S**

In rural America, an Alzheimer's diagnosis hits differently — fewer specialists, fewer resources, and fewer opportunities to detect the disease early.

But science is changing the equation. New blood tests are making early detection possible, while new FDA-approved treatments are giving patients more time with loved ones.

**THE SCIENCE IS READY.  
THE TOOLS ARE HERE.  
WASHINGTON NEEDS TO ACT.**

To learn more visit [nationalgrange.org/alzheimers-crisis](https://nationalgrange.org/alzheimers-crisis)



# How the farm bill moves rural America forward



**By U.S. Rep. Glenn "G.T." Thompson, R-Penn.**

**N**o single piece of legislation has a greater impact on rural America than a farm bill. And that, of course, is because a farm bill is not really a single piece of legislation at all.

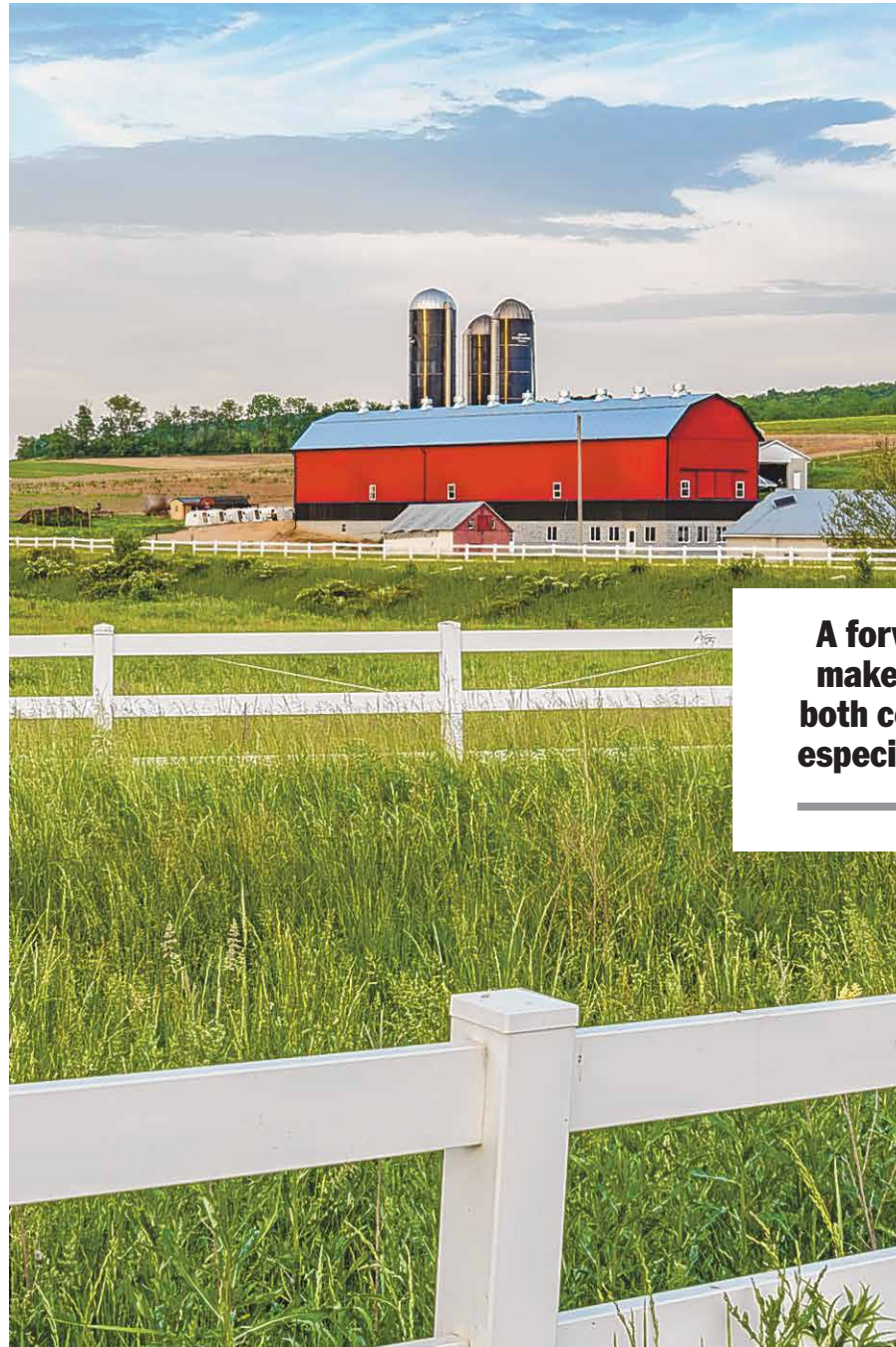
The 2026 farm bill — officially called the Farm, Food, and National Security Act of 2026 — contains policy inspired by more than 200 bills. Its policies span crop insurance, conservation, trade, livestock, farm loans, forest management and everything in between.

The farm bill is often framed as something that matters a whole lot to farmers and ranchers, but less so to the other 98% of our country. While it's true that our producers care deeply about this legislation, it affects our entire nation. A forward-looking farm bill can make life better back home for both consumers and producers — especially those in rural America.

In fact, an entire section of the farm bill is dedicated to uplifting rural communities. The rural development title contains over 70 programs that invest in rural America. These programs strengthen broadband connectivity, protect access to health care, enhance childcare availability, provide workforce training, incentivize lending institutions to broaden access to capital for rural businesses and much more.

In addition to the rural development title, the new farm bill focuses on practical policy improvements — things like expanding farmers' access to credit. Access to affordable, reliable credit is what keeps family farms in business and main streets in our rural communities alive. The new farm bill expedites approval times for loans, bolsters access to current loan programs and increases USDA loan limits for both upfront land purchases and yearly purchases of critical crop inputs.

The Farm, Food, and National Security



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Farmland in rural Pennsylvania reflects the agricultural backbone of the state, where farm policy supports producers and strengthens rural communities.

Act of 2026 also works to bring specialty crop producers into the crop insurance fold. Specialty crops — fruits, vegetables, tree nuts, and florals — play an important role in the agricultural economy, and it is high time they're given a seat at the same table as traditional row crops like corn and soybeans. The 2026 farm bill makes sure that producers across the nation are supported, regardless of whether they grow cotton or celery and no matter the size of their operation.

Preventing wildfires and protecting rural communities is an additional priority of the 2026 farm bill, and the forestry title prioritizes active land management in our national forests by strengthening the U.S. Forest Service's toolbox for

active management authorities. Active management of our federal forests is the ultimate form of protection for public lands, and it also protects the private forest landowners and communities living and working in adjacent areas. Additionally, policy changes in the farm bill allow for the responsible harvest of timber, thus providing opportunities for steady employment and sustainable economic growth in rural communities.

Another concern of the farm bill is making sure farmers maintain enough freedom to run their businesses and do the important work of feeding the world. In recent years, a patchwork of state regulations has sprung up in both the livestock and crop space, bringing

uncertainty and higher costs for producers. The 2026 farm bill corrects this regulatory overreach and prioritizes science-driven policy.

It's clear that the Farm, Food, and National Security Act of 2026 is a significant part of any strategy to improve life in rural communities. However, it's certainly not the only thing Congress has been working on recently in this space.

Last summer, the Working Families Tax Cuts contained the largest investment in agriculture in a generation, making key enhancements to commodity and crop insurance programs that help keep families on the farm. It also locked in huge tax savings, so rural Americans keep more dollars in their pockets to invest in their local communities.

**A forward-looking farm bill can make life better back home for both consumers and producers — especially those in rural America.**

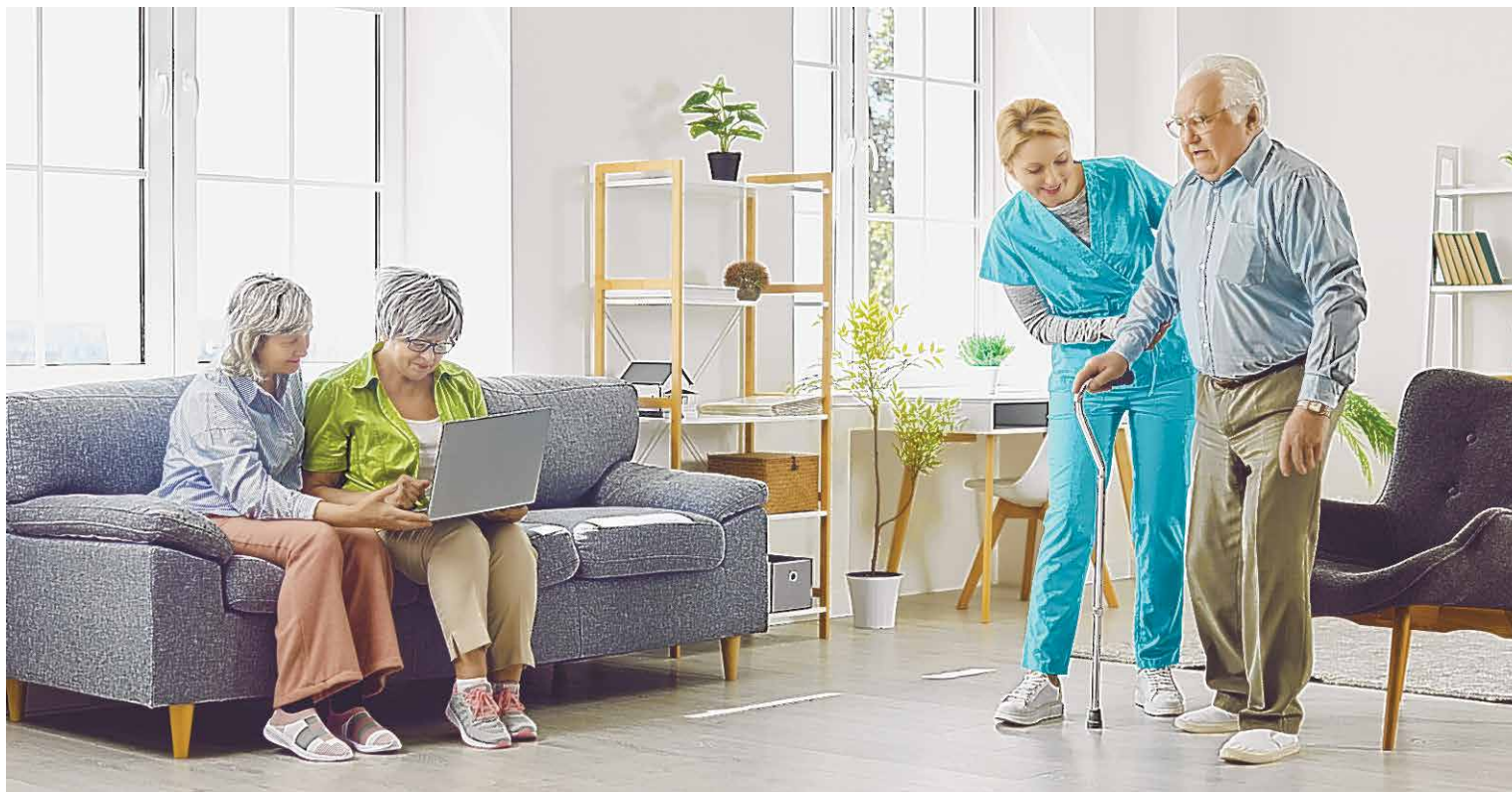
Also signed into law was the Secure Rural Schools Act, which provides critical funding for counties with significant amounts of tax-exempt federal lands, such as national forests. This funding goes toward schools, roads and essential public services, making sure that American children don't go without a quality education just because of where they live.

Whether it's the farm bill, the Working Families Tax Cuts, or other standalone legislation, the end goal remains the same: Keep rural America moving forward.

That's why it was so important that the House of Representatives passed the Farm, Food, and National Security Act of 2026 in April, and why it remains critical that this legislation gets taken up soon in the Senate. The eyes of rural America are on Congress. Now is not the time to walk away with unfinished business.

*Rep. Glenn Thompson is the descendant of a long line of dairy farmers and a lifelong resident of Howard Township, Centre County, Pennsylvania. Elected to the House in 2008, Thompson represents Pennsylvania's Fifteenth District.*

*As a proud and active Member of the House Committee on Agriculture for more than a decade, Thompson formerly served as Ranking Member of the full committee during the 117th Congress and as Vice Chairman during the 116th Congress. He's also served as Chairman of the Subcommittees on Conservation and Forestry and Nutrition, and Ranking Member of the Subcommittee on General Farm Commodities and Risk Management.*



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# Strengthening rural healthcare with the 2026 Farm Bill



**By U.S. Rep. Brad Finstad, R-Minn.**

Earlier this year, the House of Representatives passed H.R. 7567, the Farm, Food, and National Security Act, also known as the 2026 Farm Bill, delivering much-needed certainty for farmers and rural communities across southern Minnesota and the country. I was especially proud to author 17 provisions included in this legislation, many of which will help deliver significant investments for the rural communities that millions of Americans call home.

For the past decade, the population of our rural communities across the country has been declining year after

year. As a father who's raising the fifth generation in farm country, I know we must do more to stop this trend. Our rural areas are in desperate need of resources to help them keep jobs and maintain opportunities, especially for our young people.

those providing healthcare, childcare and emergency services.

Throughout my time in Congress, I've visited numerous rural healthcare facilities around southern Minnesota. One of them, a state-of-the-art senior living facility in a town with a popula-

economy, yet many of the rural areas that I represent and throughout the country don't have reliable access to wireless internet connectivity.

Included in the House-passed Farm Bill were provisions I was proud to support to help close this connectivity gap and better connect rural Americans to healthcare services, such as codifying and funding the ReConnect Rural Broadband Program, upgrading minimum eligibility speeds through Community Connect Grants, and increasing funding for rural broadband loans and Distance Learning and Telemedicine (DLT).

My colleagues on the House Agriculture Committee and I have worked tirelessly to ensure the 2026 Farm Bill fulfills our commitment to the future of rural America. By eliminating regulatory barriers, fostering public-private partnerships, and investing in connectivity, Congress is helping ensure that rural healthcare systems remain strong and accessible for families across America. With continued bipartisan support and targeted investments, we can build healthier, more resilient rural communities where quality healthcare is available to all, now and for generations to come.

.....  
*U.S. Rep. Brad Finstad is a fourth-generation farmer serving the First Congressional District of Minnesota. He is a member of the House Agriculture Committee, and Chairman of the Subcommittee on Nutrition and Foreign Agriculture.*

**While the Farm Bill serves as the primary tool for our nation's agricultural policy, it also serves as a crucial piece of legislation for improving rural health access, strengthening food security and supporting infrastructure development in rural areas.**

One way Congress can help support our rural areas is by eliminating unnecessary regulatory barriers to capital investment for critical care facilities. With the help of Farm Credit institutions, rural areas can access critical resources that help their communities invest in the services and facilities that matter most to families.

I helped introduce the Investing in Rural America Act, included in the House-passed Farm Bill, legislation which will help bring investment opportunities to rural communities and connect them with the resources they need in order to thrive by providing Farm Credit institutions with the opportunity to partner with local lenders, including community banks, in financing essential community facilities such as

tion of nearly 11,000, was recently made possible with financing from Farm Credit institutions. By strengthening these partnerships, we can bring increased investments to the healthcare facilities that bring jobs, critical care and investment opportunities for our rural areas. I'm grateful for the support of my colleagues in Congress who saw the need for this important legislation and passed it in the 2026 Farm Bill.

While the Farm Bill serves as the primary tool for our nation's agricultural policy, it also serves as a crucial piece of legislation for improving rural health access, strengthening food security and supporting infrastructure development in rural areas. Access to broadband, for example, is an incredibly important component of our rural

# Healthy rural hospitals are the key to rural health



By Bobby Hunter

**D**ecaturville, Tenn., about halfway between Memphis and Nashville, sits 20 miles south of the interstate that connects the state's two largest cities. The nearest hospital is no closer. That's because there are no hospitals within the 345 square miles that make up surrounding Decatur County.

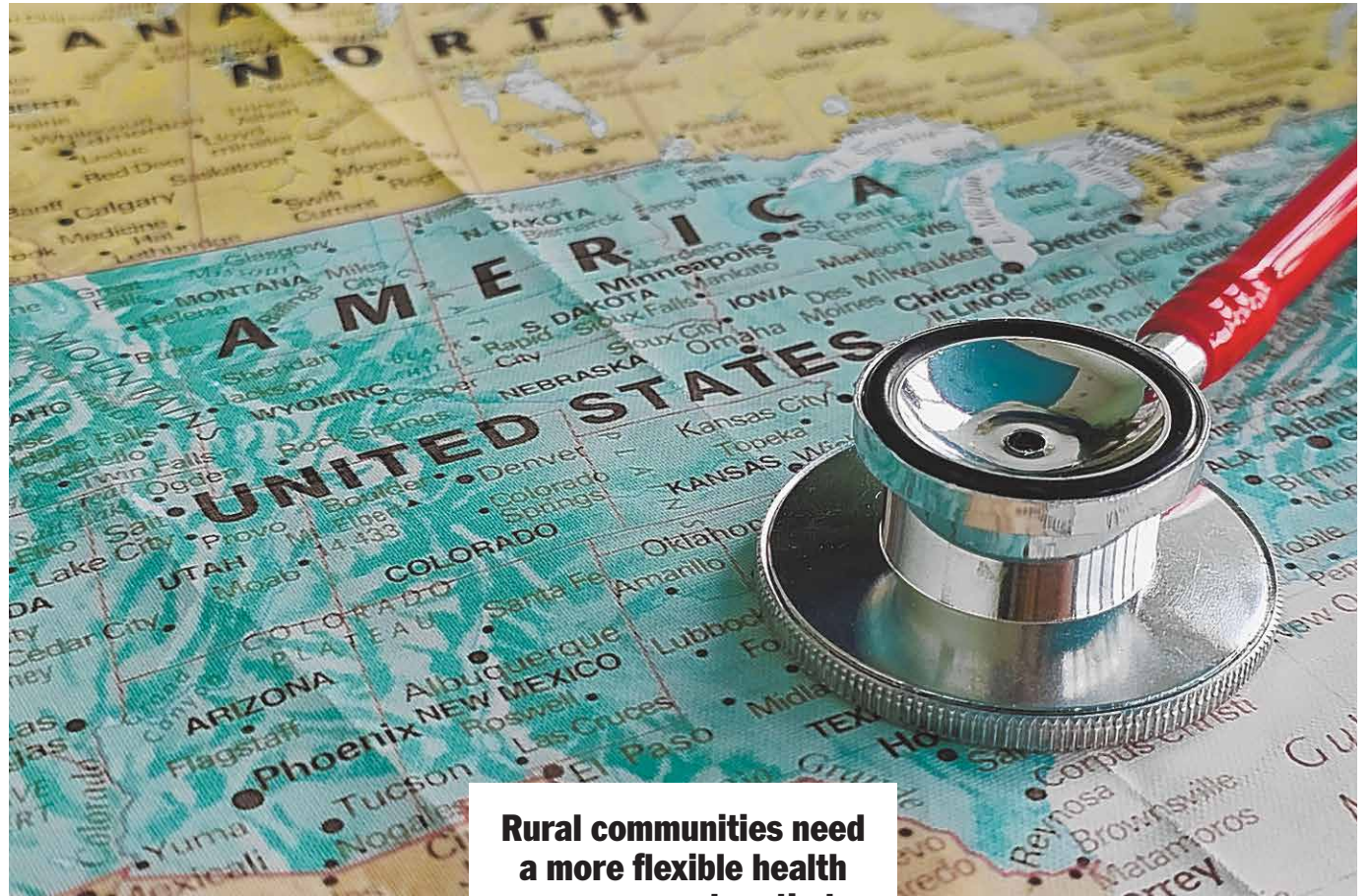
The county's 40-bed hospital shut down six years ago after decades of financial struggle, leaving its 12,000 residents with few good options for care.

When a rural hospital closes, a community loses more than a building. Emergency care is farther away. Local doctors have fewer places to send patients for tests, observation or follow-up. Older adults and people managing chronic conditions often delay care because the trip is too hard, too costly or too far.

Decatur County's story is hardly unique. More than 20 Tennessee counties do not have a hospital, and many rural hospitals across the country are under similar strain. In late December, an analysis by the Center for Healthcare Quality and Payment Reform found that 756 rural hospitals are at risk of closure. More than 40% of those face immediate risk – including 14 in Tennessee.

While UnitedHealthcare is not in the hospital business, we are in the business of helping people get care — and that means working with local providers, community partners and policymakers to help address the practical barriers facing rural communities. That work happens in two ways: helping people get care where they live today and helping rural hospitals remain open and stable for the future.

That is why UnitedHealth Group, UnitedHealthcare's parent company, is working with the University of Tennessee Health Science Center and local partners to bring lessons from neighborhood health hubs in Memphis to rural



**Rural communities need a more flexible health care ecosystem that supports local providers, reduces administrative friction and helps people get care closer to home.**

communities, including Decatur County. These hubs meet people where they live — supporting prevention, chronic disease management, health coaching, screenings and referrals before health issues become more serious.

The early results are encouraging. Across West Tennessee, more than half of participants have lowered their blood pressure, helping prevent heart attacks and strokes – a practical example of how local partnerships can help close access gaps.

Those gaps do not always fit neatly into program boundaries. What works in one community might not work in another. Rural communities need a more flexible health care ecosystem that supports local providers, reduces administrative friction and helps people get care closer to home.

For UnitedHealthcare, that starts with helping rural hospitals improve cash flow and enhance financial stability before communities lose them. One practical step is helping rural providers receive payment more quickly and predictably. In January, we launched a multistate pilot for Medicare Advantage and dual-eligible patients across Idaho, Minnesota, Missouri and Oklahoma. The initiative has accelerated reimbursement timelines for applicable rural hospitals by nearly 50% on average. Faster payment can help support cash flow, workforce stability and continued access to care.

We have since expanded the program to five additional states: Alabama, Arkansas, Kentucky, Virginia and West Virginia. By fall 2026, we plan to expand to about 1,500 rural hospitals and associated rural practitioners nationally, including all critical access hospitals. The next phase will also include Medicaid and fully insured commercial plans. We will continue applying what we learn as we work toward expanding the program nationwide to every critical access hospital by Jan. 1, 2027.

Payment is only one part of the access challenge. We also need to reduce administrative work that disproportionately affects rural providers. Prior authorization serves an important purpose, helping ensure patients are receiving care that's safe and consistent with widely accepted clinical guidelines. However, to give rural providers greater flexibility to focus on patient care rather than administrative processes, we're exempting these 1,500 rural hospitals from most of the prior authorizations that exist today while maintaining safeguards for quality and patient safety through ongoing reviews.

UnitedHealthcare will provide outreach, technical assistance and operational support to help eligible providers transition into the program.

We also need to make care easier to reach. Long drives and long wait times delay treatment, worsen conditions and increase costs. UnitedHealthcare is working with leading health systems on hub-and-spoke care models that connect rural hospitals, clinics and community resources with virtual care, home-based care, data sharing, analytics and clinical decision-support tools more commonly available in urban settings.

The initial focus areas include diabetes, postsurgical care and maternity care — areas where earlier support and better coordination can reduce unnecessary travel and help patients and families stay connected to care closer to home.

In Decatur County, the challenge is measured in miles, missed appointments and delayed care. The same is true in rural communities across America, where access often depends on whether care is close enough, timely enough and simple enough to use. The work ahead is to help close those gaps, by supporting local partnerships, helping rural hospitals stay stable and making care easier to reach. UnitedHealthcare is committed to doing its part.

*Bobby Hunter is Chief Executive Officer for Government Programs at UnitedHealthcare.*

# Removing barriers to care



**Nam E.**  
*Home Visit  
Nurse Practitioner*

# in rural America

UnitedHealth Group is removing most prior authorization requirements for rural providers and paying them twice as fast – just some of the ways we’re making it easier to get care.

UNITEDHEALTH GROUP | Built for Better Health

# Are we willing to lose rural America?



By U.S. Rep. Jill N. Tokuda,  
D-Hawai'i

**T**he question may sound dramatic, but it deserves serious consideration: Are we willing to accept a future in which rural America becomes increasingly unaffordable for the families who built it?

Across the country, rising costs are making it harder for working families to stay in the communities they call home. While the national affordability debate focuses heavily on urban challenges, rural America faces distinct burdens that receive far less attention. Food costs are higher, healthcare access is limited and essential services are farther away. Yet many federal policies continue to be built around urban assumptions rather than rural realities.

The result is a growing gap between what rural Americans need and what the federal government delivers.

As the representative for Hawai'i's largely rural Second Congressional District, I see these challenges every day. The communities I represent are separated by oceans and mountains, but their concerns mirror those expressed in farming communities across the Midwest, small towns in the South, and remote regions throughout the West.

Families are struggling to keep up with the rising cost of groceries, and rural healthcare providers are struggling to keep their doors open. But federal formulas too often fail to account for the higher costs of serving geographically isolated communities, and federal investments miss the mark in delivering resources to support them. These issues are symptoms of the same underlying problem: federal policies and programs that do not adequately account for rural realities.

Food affordability offers a clear example. While rising grocery prices affect households nationwide, rural communities face additional costs driven by transportation, limited competition and supply chain challenges. In Hawai'i, families



Lāna'i City, Hawai'i, where geographic isolation and higher living costs highlight the unique challenges facing rural communities across America.

living on islands such as Moloka'i and Lāna'i routinely pay significantly more for groceries than residents in urban Honolulu. Yet Supplemental Nutrition Assistance Program (SNAP) benefits are calculated using price data from Honolulu, effectively treating incredibly different food markets exactly the same.

Families facing the highest food costs should not receive assistance based on the lowest-cost market in the state. That is why I introduced the *Feeding Rural Families Act*, legislation modeled after policies already used in Alaska to allow SNAP benefits better reflect actual grocery costs in rural Hawai'i. While the bill addresses a challenge specific to my state, the broader principle applies nationwide: nutrition assistance should reflect the true cost of feeding a family where that family lives.

Healthcare presents a similar challenge. Rural providers operate with workforce shortages, higher operating costs, smaller patient populations and significant geographic barriers. Yet reimbursement systems often fail to

account for those realities. I introduced the *PATCH Act* to improve how Medicare reimbursement rates reflect the actual cost of care in Hawai'i, an issue that extends well beyond our state.

Across rural America, hospitals and clinics are expected to deliver high-quality care under conditions fundamentally different from those faced by large urban health systems. Today, nearly half of rural hospitals nationwide operate with negative margins, and hundreds remain at risk of closure. Impending Medicaid cuts have also intensified concerns in communities where hospitals depend heavily on those reimbursements to maintain services. In Hawai'i alone, several rural hospitals could face serious financial strain and close altogether.

When a rural hospital closes, the effects extend far beyond healthcare. Communities lose jobs, businesses become less likely to invest and families lose access to emergency care. The closure of a rural hospital is often a warning sign of broader economic decline.

To help rural hospitals modernize

and meet community needs, I introduced the *Rural Hospital Revitalization Act*. This bill would provide interest-free, USDA-backed financing to upgrade facilities, expand services, and meet long-term infrastructure needs. Rural communities deserve the same healthcare investment opportunities as larger urban systems.

Food affordability and healthcare access are deeply connected. Without reliable healthcare, patients miss out on timely preventive care, diagnosis and treatment. The result is sicker people, higher costs, and greater financial strain on families. Securing both affordable food and quality healthcare is essential to the health and economic stability of rural America.

**Federal formulas too often fail to account for the higher costs of serving geographically isolated communities, and federal investments miss the mark in delivering resources to support them.**

Rural Americans are not asking for special treatment. They are asking for a level playing field and the same opportunities as everyone else. A reimbursement formula that reflects the true cost of providing care is not a subsidy. A nutrition program that reflects actual grocery prices is not a special benefit. Both ensure that federal policies account for rural realities.

Rural America remains central to our nation's food production, energy development, military recruitment and economic resilience.

If we are serious about sustaining the communities that feed, fuel, and sustain this nation, we must act now before they reach their breaking point. We cannot continue to treat rural America as a problem to be managed, but rather the foundation of this country that we cannot afford to lose.

.....  
U.S. Rep. Jill Tokuda represents Hawai'i's Second Congressional District, which includes suburban and rural parts of O'ahu, the islands of Hawai'i, Kaua'i, Maui, Lana'i, Moloka'i, Ni'ihau, Kaho'olawe, and the Northwestern Hawaiian Islands. She serves on the House Committee on Armed Services, the 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 a founding member and Co-Chair of the Bipartisan Rural Health Caucus, as well as the Co-Founder and Co-Chair of the Congressional Air Medical Caucus.

# In rural America, prevention is the prescription we can't afford to skip



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

I've spent most of my life on the front lines of healthcare in East Tennessee — first as a community pharmacist for over 30 years, and now as a member of Congress serving one of the most rural districts in the country.

I've filled prescriptions for diabetics struggling to afford insulin. I've counseled patients managing heart disease on a fixed income. And I've watched too many neighbors delay care, not because they didn't want help, but because getting it meant an hour-long drive over mountain roads to see a specialist who may not even be accepting new patients.

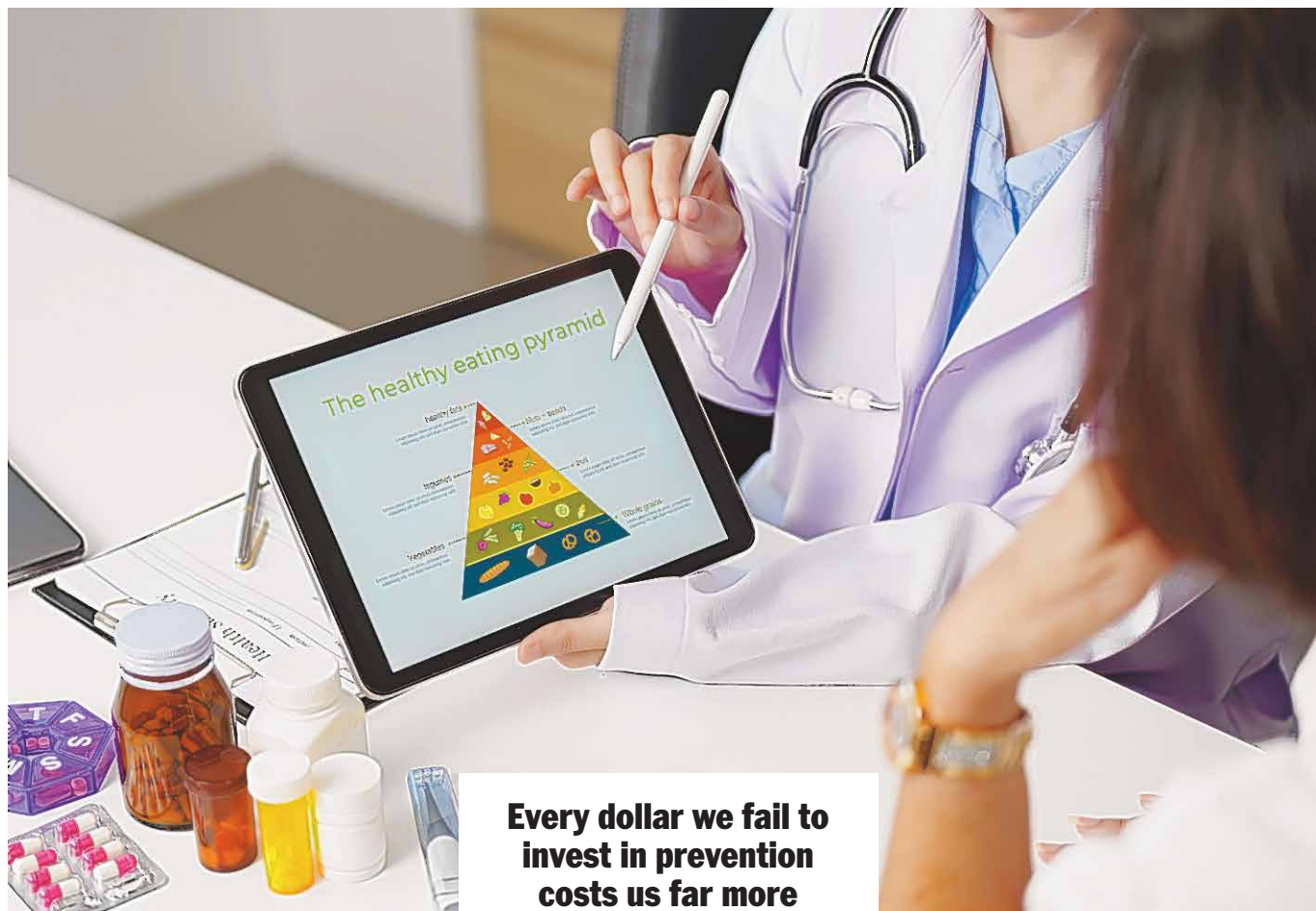
Rural Americans don't need to be shown data to understand healthcare disparities. They live them every day.

What we need is a serious commitment to prevention — not just treating disease after it takes hold but getting ahead of it as well. That's the heart of the Make America Healthy Again (MAHA) agenda that U.S. Secretary of Health and Human Services Robert F. Kennedy and the Trump administration are advancing, and it's exactly what I'm fighting for in Congress as a proud member of the House MAHA Caucus.

Obesity, diabetes, heart disease and hypertension are ravaging communities across rural America at rates that outpace many urban areas. Diet-related chronic disease does not just shorten lives. It breaks family budgets, strains rural hospitals already operating on razor-thin margins and drives up costs across the entire healthcare system.

Every dollar we fail to invest in prevention costs us far more downstream in hospitalizations, emergency care and long-term disease management.

Here's the good news: we already have a trusted, proven infrastructure to deliver prevention at scale. Federally qualified



**Every dollar we fail to invest in prevention costs us far more downstream in hospitalizations, emergency care, and long-term disease management.**

health centers serve more than 32 million patients at over 16,000 sites nationwide, including one in five rural residents. Patients know and trust them. And in places like East Tennessee, where getting to a specialist can feel like an expedition, the local health center may be the most accessible primary care a family has.

But today, only about 25% of these centers provide meaningful nutrition services. That gap is costing us — in health outcomes, taxpayer dollars and lives.

That's why I introduced the Nutrition Education and Chronic Disease Prevention in Community Health Centers Act, legislation to integrate evidence-based nutrition counseling directly into primary care delivery at federally qualified health centers nationwide. My bill supports provider training in nutrition science, strengthen team-based care models that include registered dietitians and community health workers, and prioritize health centers serving communities with the highest rates of food insecurity and diet-related disease.

The timing is right. Earlier this spring, just one week before a House Energy and Commerce Health Subcommittee hearing, the Trump administration's Health Resources and Services Administration (HRSA) announced more than \$135 million in new funding to expand

nutrition services and strengthen the rural health workforce — a strong signal that Washington is finally taking prevention seriously.

My legislation builds on that momentum by creating a durable, scalable framework to help community health centers bring nutrition services into everyday primary care.

At our hearing, I asked Jamie Ulmer, President and CEO of Healthcare Network, what integrating nutrition services into primary care has already done, and what it has the potential to do. His answer was straightforward: chronic disease rates go down, emergency room visits go down, patients get healthier and families learn things they did not know they did not know.

That's not a complicated public policy theory. That's what happens when we treat the cause instead of waiting to treat the consequence.

As a pharmacist, I've always believed that the best prescription is the one you

never have to write. But making that possible in rural America means meeting people where they are: in the community health centers they already rely on, with services that actually reach them.

I'm grateful for Secretary Kennedy's leadership on this front. The MAHA agenda's focus on prevention, addressing the root causes of disease, and empowering Americans to live healthier lives is the right direction for this country. And for rural America especially, it couldn't come at a more critical time.

For more than 30 years, I stood behind a pharmacy counter in East Tennessee and saw what happens when prevention fails. I filled the prescriptions. I saw the diagnoses. I watched manageable conditions become life-altering ones because nobody caught them early enough.

We can do better. And with the right investment in community health centers, we will.

*Rep. Diana Harshbarger represents Tennessee's First Congressional District. She serves as Vice Chair of the House Energy and Commerce Subcommittee on Health and Co-Chair of the Congressional Bipartisan Rural Health Caucus. A licensed community pharmacist for more than 30 years in East Tennessee, she is a member of the House MAHA Caucus.*

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# Rural communities deserve the same high-quality healthcare access, opportunities



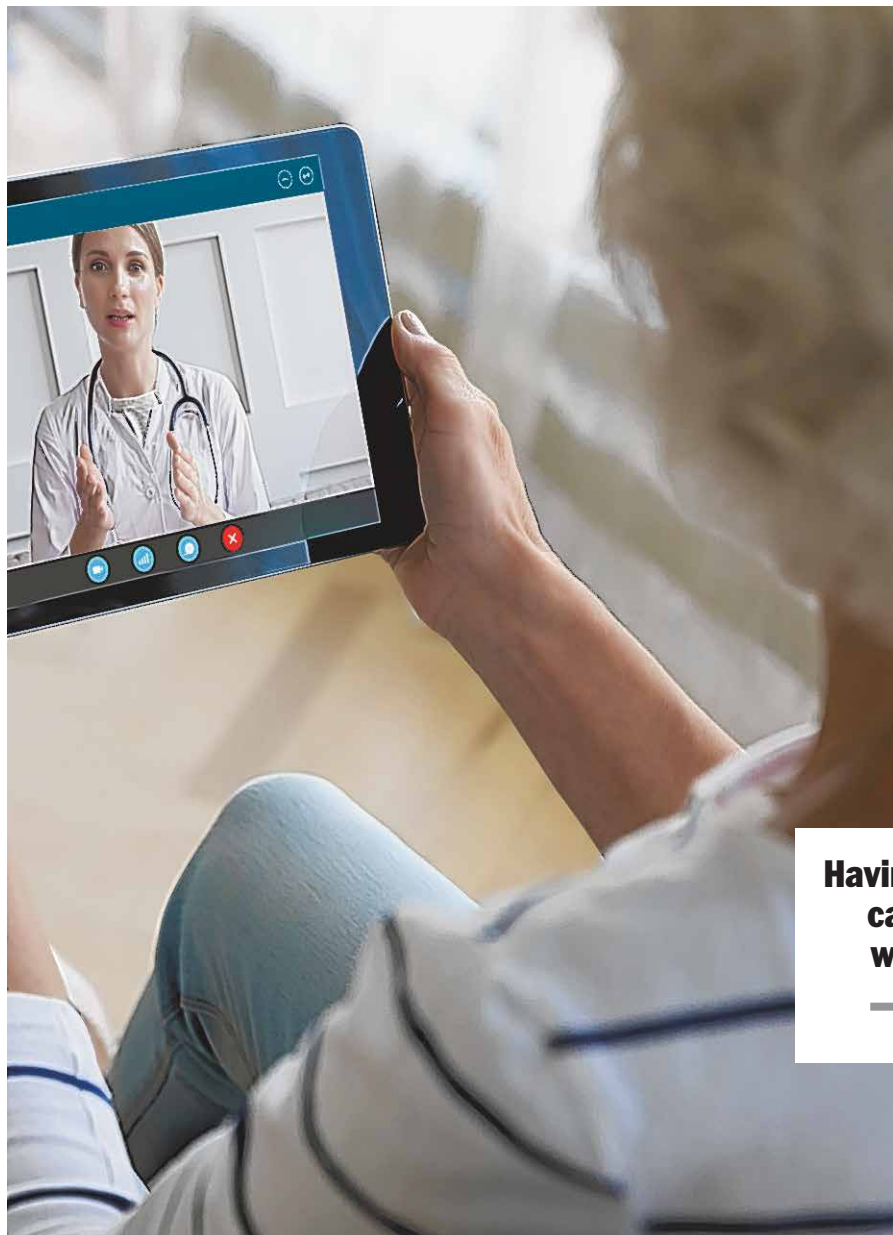
By U.S. Rep. Robert Aderholt, R-Ala.

In Washington, healthcare debates often focus on insurance plans, reimbursement rates and federal spending. In rural America, the conversation is often much simpler: Will there be a hospital nearby when you need one?

For decades, rural communities across our nation have watched hospitals close their doors. These closures have forced families to travel farther for care, placed greater burdens on emergency services, and weakened local economies. While rural hospital closures have become an unfortunate reality in many parts of the country, Alabama's Fourth Congressional District has not lost a hospital during my time in Congress. Preserving access to healthcare in our rural communities has been one of my highest priorities because I understand what these facilities mean to the people they serve.

Representing one of the more rural congressional districts in America has taught me that where a person lives should never determine the quality of healthcare they receive or the opportunities available to them. Rural families deserve the same access to care as those living in larger cities, and that belief has guided my work throughout nearly three decades in Congress.

That commitment has meant working directly with hospitals, healthcare providers and federal agencies to address challenges threatening the long-term viability of rural healthcare. In some cases, rural hospitals faced financial obligations that placed tremendous strain on already tight budgets. Working with federal partners, including the U.S. Department of Agriculture, I helped identify solutions that allowed hospitals to restructure or better manage loans they were struggling to repay. The goal



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**Having quality healthcare nearby can make all the difference when every minute counts.**

was straightforward: keep the doors open and preserve access to care.

My commitment to rural healthcare has also gone hand in hand with efforts to expand rural broadband access. In today's world, reliable internet service is essential infrastructure. Broadband creates educational opportunities, supports small businesses, and connects rural communities to the broader economy. It is also transforming healthcare through telehealth, allowing patients to consult with specialists, manage chronic conditions, and receive care without traveling long distances. That is one reason I helped create the USDA ReConnect Program in 2017, expanding broadband access in underserved rural communities. People should not be limited in their opportunities simply because they live on a gravel road.

This issue is also personal. My parents spent their lives in my

hometown of Haleyville, Alabama, population 4,271. And as they grew older, they relied on the services provided by our local hospital. It has long been a lifeline, providing access to doctors, nurses, emergency care, and other essential services close to home. That reality became deeply personal when my father suffered a stroke in 2010. Because he was taken to the hospital during the "golden hour," he received prompt treatment and made a full recovery. His experience reinforced what so many rural residents already know: having quality healthcare nearby can make all the difference when every minute counts.

That is why I have continued to advocate for policies that strengthen rural healthcare infrastructure and support the providers who serve these communities.

Earlier this year, I was proud to secure and advance the Rural Hospital Provider Assistance Program through

the Fiscal Year 2026 appropriations process. As Chairman of the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, I worked to establish this initiative because I recognized the growing financial pressures facing rural hospitals nationwide.

Administered through the Department of Health and Human Services and the Health Resources and Services Administration, the program provides direct financial assistance to eligible rural hospitals to help maintain and strengthen essential healthcare services.

Our work is not stopping there. The Fiscal Year 2027 Labor-HHS funding bill, advanced by the subcommittee, includes significant increases for key rural health initiatives, including the Medicare Rural Hospital Flexibility Program, Rural Residency Planning and Development programs, and Rural Health Care Services Outreach grants. It also increases funding for the Rural Hospital Provider Assistance Program from \$25 million to \$100 million.

Whether it is preserving a local hospital, expanding telehealth through broadband, or helping providers navigate financial challenges, the goal remains the same: ensuring rural families have access to the services they need to live healthy and productive lives.

As Congress debates healthcare policy, we must remember that access to care means little if there is no provider nearby. Strong rural healthcare systems are vital to the well-being of our communities and the strength of our nation. I will continue working to ensure the people of Alabama's Fourth District have the healthcare services and infrastructure they need to thrive for generations to come.

*Rep. Robert Aderholt represents Alabama's Fourth Congressional District and serves as Chairman of the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. Representing one of the more rural districts in the nation, he has spent nearly three decades working to strengthen rural healthcare, expand broadband access, and promote economic opportunity for communities across Alabama and rural America.*

# Texas is ready to meet the moment for rural healthcare



By U.S. Rep. August Pfluger, R-Texas

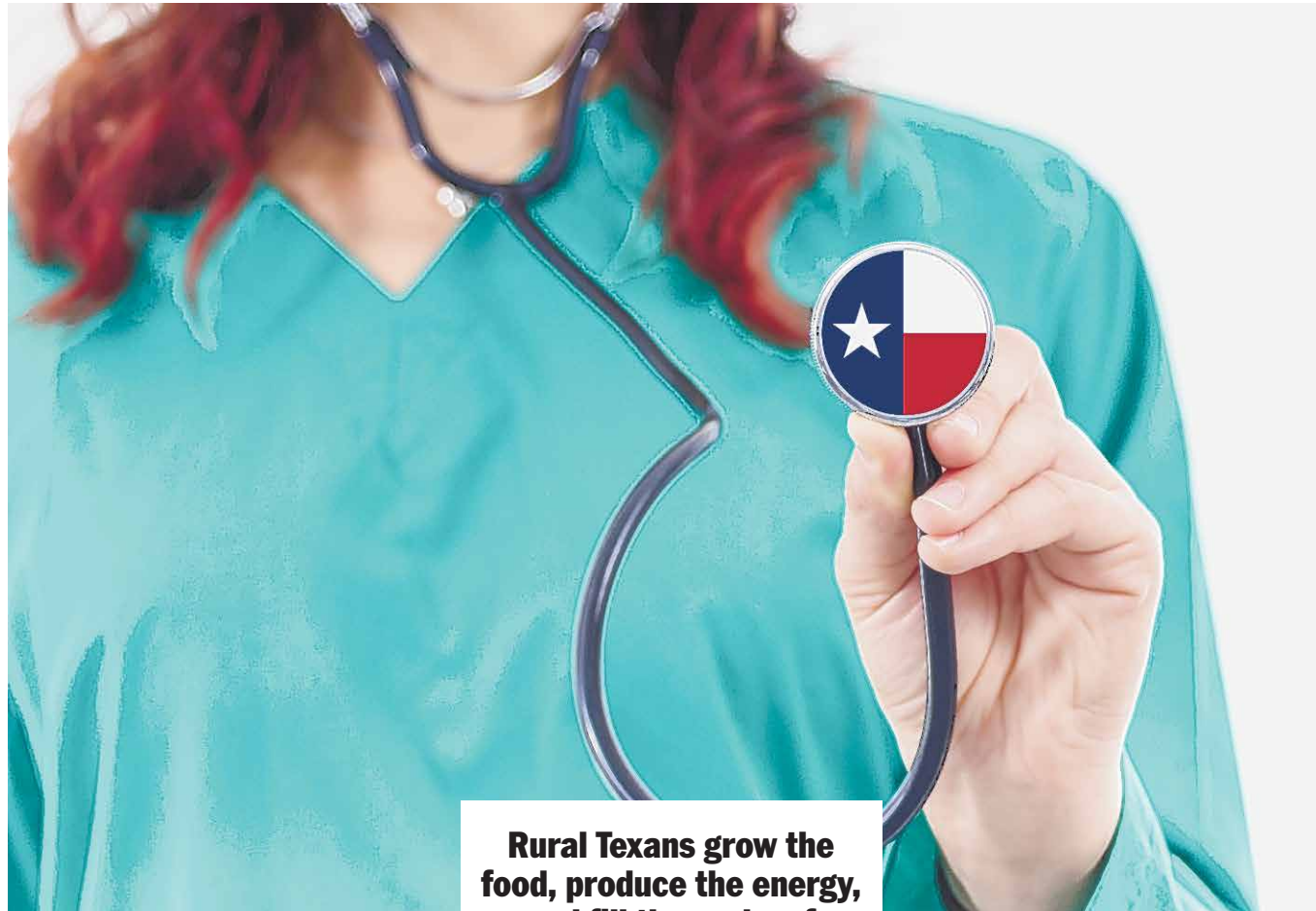
**G**rowing up in rural Texas, I have seen firsthand both the strengths and challenges of rural healthcare. Our state is proud to be home to millions of Texans, with a significant share residing in rural areas that are the backbone of our economy. Now, after years of widening gaps in rural healthcare, Washington is stepping up. The state of Texas is prepared to lead the way forward in closing these gaps.

On average, a Texan living in a rural area travels up to 59 miles to reach a referral center, and in my area, some patients even drive up to 109 miles. For new and expecting mothers, almost 100 rural hospitals are no longer delivering babies. Some women are driving up to 70 miles just to reach the nearest labor and delivery ward.

Texas has over 150 rural hospitals, more than any other state. Since 2010, a handful of rural hospitals in Texas have closed, with others continuing to struggle to keep their doors open due to new federal administrative burdens put on providers. And the most alarming statistic is that nearly 1 in 5 rural Texas counties had no licensed primary care physician as of 2024.

Some may ask how we got to this point where rural Texans are traveling miles on end to receive life-saving care or welcome their newborn child into this world. Three structural challenges have created this gap in rural care: a shortage of rural physicians, a financial structure that works against rural hospitals and regulations built for urban systems.

The rural physician workforce is aging, with retirements leaving entire communities without a doctor. Rural hospitals serve a higher share of Medicare and Medicaid patients, leaving



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them with less commercial revenue to offset low reimbursement rates. And regulations designed for high-volume urban systems simply don't fit the realities of thin margins and long distances that define rural practices.

Rural Texans grow the food, produce the energy, and fill the ranks of America's military; they deserve a healthcare system that reflects their contributions to this country. Much-needed federal investment is already flowing to rural healthcare across the country through the Rural Health Transformation Program, an historic \$50 billion investment established under the Working Families Tax Cuts Act, to strengthen healthcare access and modernize health systems in rural communities.

For Texas, that investment means \$1.4 billion over five years, the largest and most momentous investment in rural healthcare in a generation. Those dollars will go directly to work: recruiting and retaining healthcare workers in communities that have gone without; deploying telehealth and AI-assisted remote monitoring to bridge the distance gap; reducing chronic disease; upgrading equipment in hospitals that have been making do with outdated tools for years; and protecting patient data from the cyberattacks that have already hit too

many rural Texas facilities.

In my own legislative work, I've focused on ending the behavioral health desert that cuts through every rural county in Texas. My EARLY Minds Act would expand community mental health block grant funding for prevention and early intervention, reaching rural youth before conditions become crises. I've also introduced the ANCHOR Act to create a Medicaid state plan amendment for states to adopt to give Medicaid options for individuals with serious mental illness and substance use disorder.

Soon, I will be introducing the RESCUE Act, which would require CMS to conduct annual rulemaking on the ambulance fee schedule and finally fix a 24-year-old payment structure that is pushing rural EMS services toward collapse. This is a huge step in ensuring rural communities do not lose access to emergency services.

I remain optimistic that we can

further address the shortages and challenges facing rural healthcare. Congress stands at a generation-defining moment for rural healthcare, and Texas is more than ready to meet it. The funding is real, the plan is in place and the next fight is ensuring every rural community has sustainable access to high-quality, affordable care.

Rural Texans have always taken care of their neighbors; they deserve a healthcare system and a Congress that does the same. I am committed to making sure that happens.

*Rep. August Pfluger proudly represents Texas' 11th Congressional District. He currently serves as Chairman of the Republican Study Committee (RSC), after being elected by his colleagues to lead the largest committee of conservatives on Capitol Hill with a record 190 members. He also serves on the influential House Energy and Commerce Committee and as Chairman of the House Committee on Homeland Security's Subcommittee on Counterterrorism and Intelligence. In these leadership roles, Rep. Pfluger is a proven champion for American energy, agriculture, and national security. He is one of the most prolific lawmakers on Capitol Hill, with a record number of bills passing the House this Congress.*



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# Improving home dialysis for rural Americans



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

**M**y home state of West Virginia is one of the most rural in our country. Its rolling hills, beautiful streams, and forests stretch for miles. On clear nights, our West Virginia skies are bright with stars. It is a unique kind of beauty only found in the more secluded areas of the world. However idyllic, this seclusion comes at a price, especially for individuals seeking medical care. For some of my constituents, it is not uncommon for the nearest hospital to be several hours away, only accessible by traveling mountainous roads and through low-lying “hollers.” This creates a unique barrier to care that affects an already vulnerable population.

As a Member of the Ways and Means Health Subcommittee and Co-Chair of the Congressional Kidney Caucus, I have spent a good deal of my time in Congress addressing the needs of West Virginians suffering from Chronic Kidney Disease (CKD) and improving access to treatments for this disease. Nationally, 37 million Americans suffer from CKD and 500,000 Americans are battling End Stage Renal Disease

life expectancy. Lack of knowledge and experience as well as physical injuries and limitations can prevent patients from choosing to dialyze at home and therefore lose or miss the benefits this can bring. By allowing Medicare to cover staff-assisted home dialysis education and assistance, we can give patients the confidence and ability to safely and independently dialyze in the comfort of their home.

should not be penalized for choosing a treatment that often provides greater flexibility, independence, and quality of life. This is especially true for my rural patients in West Virginia where the nearest healthcare facility could be an hourlong commute away.

For rural patients like those in West Virginia and similar areas of our country, the ability to dialyze at home is more than just a convenience. It ensures improved access to quality, lifesaving medical care, free of the roadblocks that difficult terrain and increased drive times so often create. Currently, Medicare does cover limited support services to facilitate home dialysis care. My legislation would expand the current offerings and allow Medicare to cover crucial, life-changing services that improve patient outcomes. The Improving Home Dialysis Act is an important step toward helping more Americans successfully transition to and remain on home dialysis.

*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, improving access to healthcare for rural and ultra-rural communities, and supporting West Virginia's energy industries like coal, oil, and gas. Prior to her election to Congress in 2018, Congresswoman Miller served in the West Virginia House of Delegates from 2006 to 2018 where she rose to become the first female Majority Whip.*

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(ESRD), which requires them to travel multiple times a week for dialysis at a medical center. This places undue stress on an individual already having to endure a debilitating disease.

Recently, I introduced the Improving Home Dialysis Act which would ease the hardships of patients opting for home dialysis by allowing Medicare to reimburse for additional support services, including staff-assisted home dialysis respite care for patients who need temporary assistance with treatment and renal mental health services to help patients successfully transition to home dialysis.

Studies have shown that receiving dialysis treatments at home results in faster recovery with fewer side effects, improved cardiac status, and increased

Equally important to ensuring patients have the skills and knowledge to self-dialyze, it is also crucial that we help them navigate the logistical complexities and emotional toll ESRD and dialysis can bring. Patients diagnosed with ESRD are three times more likely to experience serious psychological distress and are twice as likely to have anxiety and depression compared to the general population.

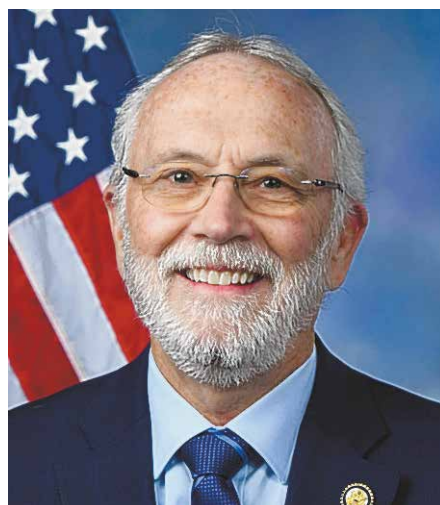
Because of this, dialysis facilities employ qualified renal mental health professionals to assist struggling patients. Unfortunately, this care is not consistently available to home dialysis patients. Those choosing to dialyze at home should have the same access to quality support services as someone receiving dialysis in-center. Patients



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Island Health in Anacortes, Washington, serves as a critical healthcare provider for residents of the region, offering emergency and essential medical services close to home.

# It's the right time for the Rural Health Transformation Program



By Rep. Dan Newhouse, R-Wash.

Compared to urban and suburban areas, rural communities have fewer inpatient and outpatient clinics to provide care for individuals and families. Often, rural health care facilities are not as modernized and updated as ones in major urban areas, furthering the need for federal investment.

Last summer, through the Working Families Tax Cuts, Congressional Republicans secured the largest investment in rural health care ever: \$50 billion in funding over the next five years to revitalize rural health care. The Rural Health Transformation (RHT) Program

the Ensuring Rural Health Care Access for Military and Tribal Families Act. This legislation would allow states to designate rural health facilities as a Critical Access Hospital (CAH) if the facility does not meet existing CAH requirements but is located on a tribal reservation.

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has already invested in Washington state facilities with the Center for Medicare and Medicaid Services (CMS) allocating \$181 million for this fiscal year. I voted for H.R. 1 in part because of the establishment of the RHT and the benefits it provides for my constituents.

To build on the investments in H.R. 1 and to provide additional support to rural health facilities, I introduced bipartisan legislation alongside my Washington state colleague Rep. Rick Larsen:

Specifically, the Ensuring Rural Health Care Access for Military and Tribal Families Act would allow Astria Toppenish Hospital to be designated as a CAH and provide long-term financial stability for the clinic and the surrounding community. This builds on two Community Project Funding (CPF) requests I secured in previous Appropriations packages for Astria Toppenish, totaling over \$4 million for upgrades to their behavioral health unit and

emergency department. These resources will improve the quality-of-care Astria provides in the lower Yakima Valley.

With these targeted investments from the RHT and my CPF requests, health care facilities will be able to serve their communities more effectively. This means better care, more staff and higher-quality services for those living in rural or tribal populations. However, while these funding vehicles demonstrate a step in the right direction, they aren't a silver bullet. There is more work to be done, and I look forward to working alongside my colleagues to expand health care access for those who need it the most.

*Rep. Dan Newhouse is a lifelong resident of Central Washington and a third-generation Yakima Valley farmer. He served four terms as a legislator in the Washington State House of Representatives, representing the 15th Legislative District from 2003 to 2009. He is a member of the House Appropriations Committee where he sits on the Agriculture, Energy and Water, and Homeland Security Subcommittees.*



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# In rural America, the road to better health runs through broadband



By U.S. Rep. Erin Houchin, R-Ind.

**W**hen people picture the challenges facing rural health care, they tend to picture buildings: the hospital an hour away, the clinic that closed, the specialist who is three counties over. Those problems are real and we are always working to address them. But increasingly, the most important piece of medical infrastructure in a rural community is not a building at all. It is a reliable internet connection.

In the hills and towns of southern Indiana, where I represent the Ninth Congressional District, I have watched telehealth go from a novelty to a lifeline. A veteran can meet with a VA psychologist without driving two hours to Indianapolis. A diabetic grandmother can have her readings monitored remotely

instead of making a weekly trip she can barely manage. A new mother in a county without an obstetrician can keep her prenatal appointments. None of this works without access to broadband. And in too much of rural America, broadband is still not there.

Indiana's roughly \$350 million broadband grant program, and legislation to steer those dollars toward the communities that had nothing at all. Indiana built one of the most effective, technology-neutral application processes in the country, and I watched fiber reach

those hospitals open. But for millions of people, a reliable connection is the difference between getting care and going without, between catching a problem early and ending up in an emergency room. When we protect the integrity of broadband funding, we protect access to medicine.

I'm proud to say the bill drew support from both parties because the policy is not partisan. Whether you represent a small town in Indiana or a rural stretch of Minnesota, you want the federal dollars meant for your constituents to reach your constituents. Stewardship of taxpayer money and concern for rural patients are not competing values; they should be a complement to each other.

Yet, there is more to do. The FCC must now write and finish the rules that bring this law to life. Congress must hold the agency to a serious timeline, so the protections are in place before the next round of funding goes out. And we should continue to push for permitting reforms and flexibilities that let providers build faster and cheaper.

Getting this right is among the most consequential things we can do for the health of rural Americans. Rural communities deserve to be more than an afterthought in the digital economy and the evolving health care system. The same connection that helps a child get a wellness check lets her grandfather see his cardiologist. That connection is not a luxury. It is critical infrastructure, and it is long overdue.

Rep. Erin Houchin represents Indiana's Ninth Congressional District.

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Closing that gap has been one of the great bipartisan projects of the last decade, and Congress has committed tens of billions of dollars to the effort. But money alone does not lay fiber or build towers. We have seen the funds disappear into providers that overpromised, underdelivered, and walked away. They won federal grants on promises they couldn't or wouldn't keep. This left rural residents waiting years for connections that never came.

That is the problem the Rural Broadband Protection Act was written to solve, and last month it became law. I sponsored the House version because I had seen the stakes up close. Before Congress, I spent eight years in the Indiana State Senate representing the 47th District, at the time, one of the most unserved areas of the state for internet access. I helped author and pass legislation that led to the establishment of Next Level Connections,

farms, families, and small towns that had waited years.

The new federal law applies these same principles nationally. It requires the Federal Communications Commission to vet applicants for high-cost universal service funding before the money goes out the door. Providers must confirm they have the technical and financial wherewithal to do the job. They'll also face penalties if they default before delivering.

In plain terms: prove you can build it before we pay you to build it. This will ensure that every dollar that goes to a qualified provider serves places like farmhouses, clinics, or schools.

I want to be clear about why this is a health care issue and not merely a technological one. Rural Americans are older, sicker, and farther from care than their urban counterparts. Telehealth does not replace the rural hospital, and we should keep fighting to keep