National Rural Health Day Fly-In

NOVEMBER 2026

National Rural Health Day provides an important opportunity to assess the challenges facing rural healthcare providers across the country. Amid rising costs and significant reforms to federal safety net programs, rural providers are in dire need of comprehensive, impactful policies to address the healthcare crisis facing many rural communities. The pillars below reflect key areas for federal policymakers to strengthen America's rural healthcare system and support providers in the coming weeks and as we enter the 120th Congress.

COMMUNITY-BASED SOLUTIONS

Rural providers across the country are developing and deploying innovative models to serve their patients. Federal funding should prioritize these efforts and empower communities to pursue locally-driven, grassroots solutions to their region's healthcare challenges.

Policymakers should:

- Ensure Rural Health Transformation (RHT) funding reaches rural providers and benefits their communities, including through increased flexibility for states and providers to spend RHT funds in alignment with Congressional intent.
- Provide scalable investment and targeted policy interventions to address the most significant healthcare challenges facing rural America, such as maintaining accessible maternal health services in at-risk rural communities.
- Increase funding for critical programs administered by HRSA's Federal Office of Rural Health Policy, Office for the Advancement of Telehealth, and Bureau of Primary Health Care.

PROVIDER PAYMENTS AND REVENUE

Healthcare access in many rural communities is directly informed by the policies governing America's federal safety net programs. Although reforms are needed to ensure the long-term viability of these programs for seniors and low-income families, legislative and regulatory efforts must recognize potential impacts on rural healthcare providers that already face severe financial strains.

Policymakers should:

- Address CMS rulemakings on State Directed Payment Plans and State Provider Taxes that extend proposed cuts beyond reforms enacted under OBBBA.
- Oppose additional site-neutral payment policies that ignore the extensive costs associated with maintaining 24/7 hospital care in rural communities.
- Preserve affordable drug costs for rural, low-income families by protecting the 340B program and ensuring any reforms promote additional transparency from drug manufacturers and prevent unilateral changes to 340B.
- Ensure rural hospitals and health centers are not disadvantaged by systemic shortcomings and administrative challenges within the rapidly expanding Medicare Advantage Program, including inadequate plan payment rates, excessive prior authorization requirements, and network exclusions that restrict patient access to care.

WORKFORCE

Challenges recruiting and retaining health professionals in rural America are well-documented and far-reaching. Structural change depends on a comprehensive set of policy solutions across a complex range of focus areas, such as Graduate Medical Education (GME), K-12 and higher education pipelines, telehealth, professional liability insurance for providers, and housing.

Policymakers should:

- Ensure efforts to enhance rural recruitment and retention through GME programming are accompanied by reforms to increase financial viability for rural hospitals, including addressing payment disparities facing Sole Community Hospitals and Medicare-Dependent Hospitals.
- Permanently extend critical telehealth flexibilities focused on healthcare access in rural communities, including Medicare coverage of Hospital-at-Home services, exemptions from geographic and originating site restrictions, and audio-only telehealth services.
- Increase funding for community-driven career pathway programs administered by HRSA's Bureau of Health Workforce.

INFRASTRUCTURE

Aging facilities and outdated technology contribute to poor health outcomes among rural populations and exacerbate the urban-rural healthcare divide. Funding streams such as the Rural Health Transformation Program and Congressionally Directed Spending must be available to help rural providers right-size their operations, address urgent capital needs, and meet patient demand.