

IMPROVING CARE IN RURAL AMERICA  
 REAUTHORIZATION ACT OF 2025

OCTOBER 3, 2025.—Committed to the Committee of the Whole House on the State  
 of the Union and ordered to be printed

Mr. GUTHRIE, from the Committee on Energy and Commerce,  
 submitted the following

R E P O R T

[To accompany H.R. 2493]

The Committee on Energy and Commerce, to whom was referred  
 the bill (H.R. 2493) to reauthorize certain programs regarding rural  
 health care, having considered the same, reports favorably thereon  
 without amendment and recommends that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 2493 would reauthorize grant programs for rural health  
 care services outreach, rural health network development, and  
 small health care provider improvement through Fiscal Year 2030.

## BACKGROUND AND NEED FOR LEGISLATION

Rural residents often have difficulty accessing health care providers and services given the notable health workforce shortages, which are particularly acute in rural areas.<sup>1</sup> There are many factors that limit access to care in rural areas, which include difficulty securing transportation to health facilities, rural facility closures, a lack of physician specialists, and long waiting periods to see certain providers.

According to the Health Resources and Services Administration (HRSA), the Rural Health Care Services Outreach program awarded more than \$15 million to 58 awardees in Fiscal Year 2025; \$5 million of which was administered through the program's Healthy Rural Hometown Initiative (HRHI) Track and \$10 million was through the Regular Outreach Track.<sup>2</sup> The HRHI track helps to address the underlying factors of the leading causes of death in the U.S. and the Regular track is focused on healthy nutrition, chronic disease, and other conditions.<sup>3</sup> In Fiscal Year 2023, HRSA awarded more than \$4 million the Rural Health Network Development Planning program to help develop and maintain integrated health care networks in rural areas.<sup>4</sup> Lastly, in Fiscal Year 2022, HRSA awarded \$2.9 million for the Small Health Care Provider Quality Improvement Program to improve rural health care services in primary care settings.<sup>5</sup>

The grant programs reauthorized under H.R. 2493 aim to increase access to quality health care services for rural and underserved populations through integrated health care networks, ultimately supporting better health outcomes through community-driven policies.

## COMMITTEE ACTION

On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 2493. The title of the hearing was "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The Subcommittee received testimony from:

- Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
- Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and
- Mr. Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

<sup>1</sup> GOV'T ACCOUNTABILITY OFFICE (GAO), *Why Health Care is Harder to Access in Rural America* (May 16, 2023), <https://www.gao.gov/blog/why-health-care-harder-access-rural-america>.

<sup>2</sup> HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), *FY2025 Rural Health Care Services Outreach Program Awards* (Aug. 2025), <https://www.hrsa.gov/rural-health/grants/rural-community/outreach-program-awards>.

<sup>3</sup> *Id.*

<sup>4</sup> HRSA, *FY23 Rural Health Network Development Planning Program Awards* (Jun. 2024), <https://www.hrsa.gov/rural-health/grants/rural-community/network-planning-awards/fy23>.

<sup>5</sup> HRSA, *Small Health Care Provider Quality Improvement Program Awards* (Aug. 2022), <https://www.hrsa.gov/rural-health/grants/rural-community/small-health-care-provider-quality-improvement-awards>.

On September 10, 2025, the Subcommittee on Health met in open markup session and forwarded H.R. 2493, without amendment, to the full Committee by a voice vote.

On September 17, 2025, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 2493, without amendment, favorably reported to the House by a record vote of 49 yeas and 0 nays.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

**COMMITTEE ON ENERGY AND COMMERCE  
119TH CONGRESS  
ROLL CALL VOTE # 1**

**BILL:** H.R. 2493, Improving Care in Rural America Reauthorization Act of 2025

**AMENDMENT:** Final Passage

**DISPOSITION:** Agreed to, by a roll call vote of 49 ayes and 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Guthrie	X			Mr. Pallone	X		
Mr. Latta	X			Ms. DeGette	X		
Mr. Griffith	X			Ms. Schakowsky	X		
Mr. Bilirakis				Ms. Matsui	X		
Mr. Hudson	X			Ms. Castor	X		
Mr. Carter (GA)	X			Mr. Tonko	X		
Mr. Palmer				Ms. Clarke	X		
Mr. Dunn	X			Mr. Ruiz	X		
Mr. Crenshaw	X			Mr. Peters	X		
Mr. Joyce	X			Mrs. Dingell	X		
Mr. Weber	X			Mr. Veasey	X		
Mr. Allen				Ms. Kelly			
Mr. Balderson	X			Ms. Barragán	X		
Mr. Fulcher	X			Mr. Soto	X		
Mr. Pfluger	X			Ms. Schrier	X		
Mrs. Harshbarger	X			Ms. Trahan	X		
Mrs. Miller-Meeks	X			Ms. Fletcher	X		
Mrs. Cammack	X			Ms. Ocasio-Cortez	X		
Mr. Obernolte	X			Mr. Auchincloss	X		
Mr. James				Mr. Carter (LA)	X		
Mr. Bentz	X			Mr. Menendez	X		
Mrs. Houchin	X			Mr. Mullin	X		
Mr. Fry	X			Mr. Landsman	X		
Ms. Lee	X			Ms. McClellan	X		
Mr. Langworthy	X						
Mr. Kean	X						
Mr. Rulli	X						
Mr. Evans	X						
Mr. Goldman	X						
Mrs. Fedorchak	X						

09/17/2025

#### OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

#### NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 2493 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

#### CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to reauthorize grant programs for rural health care services outreach, rural health network development, and small health care provider improvement through Fiscal Year 2030.

#### DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2493 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

#### RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 2493:

- On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 2493. The title of the hearing was “Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines.” The Subcommittee received testimony from:
  - Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
  - Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and

◦ Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

#### COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

#### EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2493 contains no earmarks, limited tax benefits, or limited tariff benefits.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 provides a short title of “Improving Care in Rural America Reauthorization Act of 2025.”

##### *Section 2. Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs*

Section 2 reauthorizes the rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs through Fiscal Year 2030. It also specifies that grant funds awarded through the rural health care services outreach and rural health development grant programs are to be used for rural underserved populations.

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

#### **PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC  
HEALTH SERVICE

\* \* \* \* \*

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

\* \* \* \* \*

**SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT, AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANT PROGRAMS.**

(a) **PURPOSE.**—The purpose of this section is to provide grants for expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities.

(b) **DEFINITIONS.**—

(1) **DIRECTOR.**—The term “Director” means the Director specified in subsection (d).

(2) **FEDERALLY QUALIFIED HEALTH CENTER; RURAL HEALTH CLINIC.**—The terms “Federally qualified health center” and “rural health clinic” have the meanings given the terms in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

(3) **HEALTH PROFESSIONAL SHORTAGE AREA.**—The term “health professional shortage area” means a health professional shortage area designated under section 332.

(4) **MEDICALLY UNDERSERVED COMMUNITY.**—The term “medically underserved community” has the meaning given the term in section 799B(6).

(5) **MEDICALLY UNDERSERVED POPULATION.**—The term “medically underserved population” has the meaning given the term in section 330(b)(3).

(c) **PROGRAM.**—The Secretary shall establish, under section 301, a small health care provider quality improvement grant program.

(d) **ADMINISTRATION.**—

(1) **PROGRAMS.**—The rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs established under section 301 shall be administered by the Director of the Office of Rural Health Policy of the Health Resources and Services Administration, in consultation with State offices of rural health or other appropriate State government entities.

(2) **GRANTS.**—

(A) **IN GENERAL.**—In carrying out the programs described in paragraph (1), the Director may award grants under subsections (e), (f), and (g) to expand access to, coordinate, and improve the quality of basic health care services, and enhance the delivery of health care, in rural areas.

(B) **TYPES OF GRANTS.**—The Director may award the grants to—

(i) promote expanded delivery of health care services in rural areas under subsection (e);

(ii) provide for the planning and implementation of integrated health care networks in rural areas under subsection (f); and

(iii) provide for the planning and implementation of small health care provider quality improvement activities under subsection (g).

(e) RURAL HEALTH CARE SERVICES OUTREACH GRANTS.—

(1) GRANTS.—The Director may award grants to eligible entities to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas, through community engagement and evidence-based or innovative, evidence-informed models. The Director may award the grants for periods of not more than 5 years.

(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection for a project, an entity shall—

(A) be an entity with demonstrated experience serving, or the capacity to serve, rural underserved populations;

(B) represent a consortium composed of members that—

(i) include 3 or more health care providers; and

(ii) may be nonprofit or for-profit entities; and

(C) not previously have received a grant under this subsection for the same or a similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project.

(3) APPLICATIONS.—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

(A) a description of the project that the eligible entity will carry out using the funds provided under the grant;

(B) a description of the manner in which the project funded under the grant will meet the health care needs of rural underserved populations in the local community or region to be served;

(C) a description of how the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the project;

(D) a plan for sustaining the project after Federal support for the project has ended;

(E) a description of how the project will be evaluated; and

(F) other such information as the Secretary determines to be appropriate.

(4) *USE OF FUNDS FOR RURAL UNDERSERVED POPULATIONS.—In awarding a grant under this subsection, the Director shall ensure that the funds made available through the grant will be used, as appropriate—*

*(A) to meet the health care needs of rural underserved populations in the local community or region to be served; and*



*(B) for other activities to ensure the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the project.*

(f) RURAL HEALTH NETWORK DEVELOPMENT GRANTS.—

(1) GRANTS.—

(A) IN GENERAL.—The Director may award rural health network development grants to eligible entities to plan, develop, and implement integrated health care networks that collaborate in order to—

- (i) achieve efficiencies;
- (ii) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and
- (iii) strengthen the rural health care system as a whole.

(B) GRANT PERIODS.—The Director may award grants under this subsection for periods of not more than 5 years.

(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, an entity shall—

- (A) be an entity with demonstrated experience serving, or the capacity to serve, rural underserved populations;
- (B) represent a network composed of participants that—
  - (i) include 3 or more health care providers; and
  - (ii) may be nonprofit or for-profit entities; and
- (C) not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

(3) APPLICATIONS.—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

- (A) a description of the project that the eligible entity will carry out using the funds provided under the grant;
- (B) an explanation of the reasons why Federal assistance is required to carry out the project;
- (C) a description of—
  - (i) the history of collaborative activities carried out by the participants in the network;
  - (ii) the degree to which the participants are ready to integrate their functions; and
  - (iii) how the rural underserved populations in the local community or region to be served will benefit from and be involved in the development and ongoing operations of the network;
- (D) a description of how the rural underserved populations in the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the integration activities carried out by the network;
- (E) a plan for sustaining the project after Federal support for the project has ended;

(F) a description of how the project will be evaluated;  
and

(G) other such information as the Secretary determines to be appropriate.

(4) *USE OF FUNDS FOR RURAL UNDERSERVED POPULATIONS.*—  
*In awarding a grant under this subsection, the Director shall ensure that the funds made available through the grant will be used, as appropriate—*

(A) *to increase access to quality health care services through integrated health care networks for the rural underserved populations in the local community or region to be served; and*

(B) *for other activities to ensure the rural underserved populations in the local community or region to be served will benefit from and be involved in the planning, development, and ongoing implementation of the network.*

(g) **SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANTS.**—

(1) **GRANTS.**—The Director may award grants to provide for the planning and implementation of small health care provider quality improvement activities, including activities related to increasing care coordination, enhancing chronic disease management, and improving patient health outcomes. The Director may award the grants for periods of 1 to 5 years.

(2) **ELIGIBILITY.**—To be eligible for a grant under this subsection, an entity shall—

(A)(i) be a rural public or rural nonprofit private health care provider or provider of health care services, such as a critical access hospital or a rural health clinic; or

(ii) be another rural provider or network of small rural providers identified by the Secretary as a key source of local or regional care; and

(B) not previously have received a grant under this subsection for the same or a similar project.

(3) **APPLICATIONS.**—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

(A) a description of the project that the eligible entity will carry out using the funds provided under the grant;

(B) an explanation of the reasons why Federal assistance is required to carry out the project;

(C) a description of the manner in which the project funded under the grant will assure continuous quality improvement in the provision of services by the entity;

(D) a description of how the rural underserved populations in the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the activities carried out by the entity;

(E) a plan for sustaining the project after Federal support for the project has ended;

(F) a description of how the project will be evaluated;  
and

(G) other such information as the Secretary determines to be appropriate.

(4) EXPENDITURES FOR SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANTS.—In awarding a grant under this subsection, the Director shall ensure that the funds made available through the grant will be used to provide services to residents of rural areas. The Director shall award not less than 50 percent of the funds made available under this subsection to providers located in and serving rural areas.

(h) GENERAL REQUIREMENTS.—

(1) PROHIBITED USES OF FUNDS.—An entity that receives a grant under this section may not use funds provided through the grant—

- (A) to build or acquire real property; or
- (B) for construction.

(2) COORDINATION WITH OTHER AGENCIES.—The Secretary shall coordinate activities carried out under grant programs described in this section, to the extent practicable, with Federal and State agencies and nonprofit organizations that are operating similar grant programs, to maximize the effect of public dollars in funding meritorious proposals.

(3) PREFERENCE.—In awarding grants under this section, the Secretary, as appropriate, shall give preference to entities that—

- (A) are located in health professional shortage areas or medically underserved communities, or serve medically underserved populations; or
- (B) propose to develop projects with a focus on primary care, and wellness and prevention strategies.

(i) REPORT.—Not later than 4 years after the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsections (e), (f), and (g), including the impact of projects funded under such programs on the health status of rural residents with chronic conditions.

(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$79,500,000 for each of fiscal years [2021 through 2025] *2026 through 2030*.

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