



Statement by

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**“LEGISLATIVE PROPOSALS TO MAINTAIN AND IMPROVE THE
PUBLIC HEALTH WORKFORCE, RURAL HEALTH, AND OVER-THE-
COUNTER MEDICINES”**

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Health Subcommittee
U.S. House of Representatives

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Chairman Griffith, Ranking Member DeGette, and Members of the Subcommittee,

Thank you for the opportunity to testify on behalf of the Health Resources and Services Administration (HRSA), an agency within the U.S. Department of Health and Human Services (Department). I am honored to speak about the importance of rural health and the role telehealth plays in ensuring critical access to care, especially in rural areas. HRSA serves as the primary federal agency for improving health care access for people who are geographically isolated and medically underserved. Through targeted programs and innovative models, HRSA works to improve outcomes for individuals across the lifespan — from birth through aging — with a particular focus on underserved and rural areas.

My testimony will focus on a few key programs—the Rural Health Care Services Outreach Program, the Rural Health Network Development Program, the Small Health Care Provider Quality Improvement Program, the Telehealth Network Grant Program, and the Telehealth Resource Centers. These critical initiatives play a foundational role in addressing rural health disparities, improving care access and quality, and strengthening the infrastructure that supports the more than 62.8 million people living in rural and underserved communities nationwide.

Thank you to this Committee for your continued bipartisan leadership and commitment to these programs. Your efforts ensure that rural communities have the support they need to build sustainable, patient-centered health systems.

Rural Health: Persistent Challenges, Targeted Solutions

Rural communities across the United States continue to face longstanding health challenges that affect access to care, quality of services, and health outcomes. HHS data shows that rural areas experience lower life expectancy and higher mortality, including elevated rates of avoidable or excess deaths from the five leading causes: cancer, chronic lower respiratory disease, unintentional injury, heart disease, and stroke. Geographic isolation, aging infrastructure, and persistent workforce shortages make it difficult for rural residents to receive timely, coordinated care.

Access to maternal and behavioral health services is especially strained, and many rural hospitals and clinics are forced to operate under growing financial pressure. These realities leave too many communities without consistent access to primary care, specialty services, or coordinated systems of support.

These challenges underscore the need for targeted, community-driven solutions. That is why HRSA's rural health programs are so critical. They help build local capacity, strengthen partnerships, support quality improvement, and expand telehealth—ensuring that rural communities have the tools and infrastructure they need to deliver high-quality care and improve health outcomes over the long term.

Rural Health Outreach, Network Development, and Quality Improvement Programs

Congress showed great foresight in creating the Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Programs,

building in flexibility that allows communities to determine how best to use the funds to meet local needs. This structure reflects a clear recognition by the original authorizers that while rural communities face a wide range of challenges, they also bring forward innovative, locally driven solutions.

The Outreach Program provides start-up funding to support partnerships that address issues such as maternal health, chronic disease, behavioral health, and workforce shortages. In Fiscal Year 2023, Outreach Program grantees served over 522,000 individuals across 345 rural counties. Economic analysis shows that for every dollar invested, these programs generate approximately two dollars in community economic benefit—demonstrating their dual impact on health outcomes and local economies. A leading example is the recent effort to improve access to and coordination of maternal health services. HHS-funded research has documented the continued loss of inpatient obstetric services in rural hospitals, alongside persistent challenges related to preterm birth, maternal mortality, and infant mortality. In response, HHS launched a new approach in 2020 through the Rural Health Outreach program—the Rural Maternity and Obstetrics Management Strategies (R-MOMS) initiative—which aimed to connect rural hospitals, clinics, and tertiary care providers to deliver coordinated maternal care. The success of this model led Congress to authorize the Rural MOMS program in 2022 under section 330A-2 of the Public Health Service Act (42 U.S.C. 254c-1b).

The Network Development Program fosters collaboration among health care providers, public health entities, and social service organizations. These networks improve care coordination, enhance service delivery, and strengthen sustainability. Notably, 98% of FY 2023 Network

Development grantees reported they would sustain all or part of their projects beyond the period of federal funding.

Regionally focused programs, developed in collaboration with federal commissions, rely on the same program authorities to help address rural health challenges that span state lines:

- The Delta States Rural Development Network and Delta Maternal Care Coordination Programs strengthen care coordination, chronic disease management, and maternal health services.
- The Delta Region Community Health Systems Development and Implementation Programs provide technical assistance to support the operational and financial sustainability of rural hospitals and clinics.
- The Rural Northern Border Region Outreach Program and the Appalachian Region Healthcare Support Program invest in infrastructure, workforce capacity, and system performance.

In FY 2023, 100% of Delta States Rural Development Network grantees reporting on clinical measures showed improvement in at least one area, including diabetes control, blood pressure, tobacco use, and BMI. These outcomes are especially meaningful in regions with elevated rates of chronic disease and avoidable mortality.

The Small Health Care Provider Quality Improvement Program strengthens the capacity of rural clinics and health centers to implement evidence-based quality improvement strategies and transition toward value-based care. Grantees use funding to improve clinical performance,

patient engagement, and care coordination, with a focus on priority areas such as maternal and infant health, diabetes management, hypertension control, and behavioral health integration. These investments ensure that rural providers remain viable, and that high-quality care is available close to home for all Americans.

Telehealth: Current State and Future Direction

HRSA's work to advance telehealth continues to be vital in expanding access to health services as patients and providers have embraced telehealth and want to continue to use technology as part of a hybrid model of care that combines in-person care with telehealth services. Telehealth provides many benefits in extending quality health care to individuals, including those living in rural areas or in areas where there are fewer clinicians available. Telehealth also helps to support patients such as decreasing patient travel, especially for those who may have difficulty with access to transportation. Optimizing and fully integrating telehealth into the standard of care is our next great opportunity in improving access to care especially for rural and underserved populations.

Telehealth Network Grant Program and Telehealth Resource Centers

The Telehealth Network Grant Program (TNGP) and Telehealth Resource Centers (TRCs) are long-standing initiatives that empower health care providers to deliver care using telehealth technology. The TNGP supports health care delivery networks that bring primary and specialty medical services to patients in different settings to help improve access to care, particularly for populations facing geographic isolation and provider shortages. These networks have provided services for various conditions such as behavioral health, stroke, and chronic diseases.

The TRCs program provides expert and customizable telehealth technical assistance across the country and serves as a national and regional technical assistance backbone. TRCs offer assistance with clinical integration, evolving telehealth policy, licensure portability, broadband access, and telehealth technologies. TRCs are especially vital to small and rural providers who may lack the infrastructure to implement telehealth independently.

In addition to the telehealth programs listed above, HRSA is also committed to expanding the evidence base for telehealth services through programs such as the Telehealth Centers of Excellence and supporting the use of technology-enabled collaborative learning to improve the retention of health care providers.

Together, these programs have expanded telehealth's reach in rural and underserved communities, helping providers maintain continuity of care during public health emergencies and supporting long-term virtual care infrastructure. Telehealth will continue to play a critical role in expanding access to mental health, chronic disease management, and nutritional services, key priorities aligned with the Department's MAHA initiative.

Conclusion

HRSA is deeply grateful for the Committee's bipartisan support and its long-standing commitment to rural and underserved communities. The timely reauthorization and continued investment in our rural and telehealth programs will make a measurable difference in the health

and well-being of millions of Americans living in rural areas. I look forward to continuing to collaborate with Congress to ensure that rural communities are not left behind.