



FUNDING FOR THE RURAL HEALTH SAFETY NET NRHA FY 2018 Request (dollars in millions)

	FY 2013 Enacted	FY 2014 Omnibus	FY 2015 Enacted	FY 2016 Omnibus	FY 2017 House	FY 2017 Senate	FY 2018 NRHA Request ^{1,2}
Rural Outreach & Network Grants ³	52	57	59	63.5	65.5	65.5	72.4
Rural Health Research/Policy	9	9.4	9.3	9.4	9.4	9.4	10.4
State Offices of Rural Health	9	9.5	9.5	9.5	10.5	9.5	12.5
Rural Opioid Reversal Grant					10	0 ⁴	11.1
Rural Hospital Flexibility Grants	38	40.6	41.6	41.6	45.6	41.6	50.4
Telehealth ⁵	11	13.9	14.9	17	19	18	21
National Health Service Corps	286	305	0	0	0	0	337
National Health Care Workforce Commission	0 ⁶	0 ⁶	0 ⁶	0 ⁶	0 ⁶	0 ⁶	3
<i>Title VII and VIII Programs of Particular Interest to Fund</i>							
Rural Physician Training Grants	0 ⁷	0 ⁷	0 ⁷	0 ⁷	0 ⁷	0 ⁷	5.3
Area Health Education Centers	28	30.3	30.3	30.3	30.3	30.3	33.5
Geriatric Programs	30	33.3	34.2	38.7	38.7	38.7	42.8

Source: National Rural Health Association

¹ The government is currently being funded by a continuing resolution (CR) through April 28, 2017. NRHA asks that the rural health safety net is fully funded in FY 2017 and FY 2018.

² FY 2018 request reflects health care inflation (anticipated as 6.5%) plus sequester relief of 2%, as well as 2% where not reflected in the 2017 House and Senate requests (unless an association directly representing the program requested another amount).

³ Rural & Community Access to Emergency Devices is funded through this program.

⁴ Program was not funded under HRSA, but funds were provided to combat the opioid epidemic in rural communities through the Centers for Substance Abuse within SAMHSA

⁵ Reflects only telehealth funding for the Office for the Advancement of Telehealth, including the telehealth Network Grant Program.

⁶ No appropriation has been made for the Commission and consequently it has not met since it was created.

⁷ Funding was authorized but not appropriated.

Support Strong Funding for the Rural Health Safety Net

Many vital discretionary programs help ensure the efficient and equitable delivery of health care services in rural areas. Despite strong bipartisan support, Congress has not sufficiently funded many important rural health programs. NRHA requests a modest, funding increase of 10.5 percent to account for health care inflation and the reversal of sequester cuts agreed to in the November 2015 budget deal (unless an association directly representing the program requested another amount).

The **Outreach Grant Program** funds community-based project for three years to increase access to care. Typical projects include efforts to address diabetes, obesity, health promotion, screening, wellness, adolescent health, oral health, and mental health. More than 2 million people have benefited and more than 85 percent of grant programs continue to deliver services five years after federal funding has ended. **Rural Access to Emergency Devices Grants** assist rural communities with the purchase of automated external defibrillators (AEDs) and provide training in their use and maintenance.

Network Development Grants address the business and management challenges of working with underserved rural communities. These three-year projects help to overcome the fragmentation of health care services in rural areas and help to achieve economies of scale. A Network Development Planning Grant Program provides one year of funding to rural communities that are beginning to examine the benefits of building networks so they can initiate the process.

Rural Health Research/Policy funds the Federal Office of Rural Health Policy (FORHP). FORHP administers rural health programs, coordinates activities related to rural health care, and analyzes the possible effects of policy on the 60 million rural Americans and advises the Secretary on access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

State Offices of Rural Health, located in all 50 states, help their individual rural communities build health care delivery systems. They accomplish this mission by collecting and disseminating information, providing technical assistance, helping to coordinate rural health interests state-wide, and by supporting efforts to improve recruitment and retention of health professionals.

Rural Hospital Flexibility Grants are used by each state to implement new technologies, strategies and plans in Critical Access Hospitals (CAH). CAHs provide essential services to a community. Their continued viability is critical for access to care and the health of the rural economy.

Telehealth funding is for the Office for the Advancement of Telehealth, including the Telehealth Network Grant Program, which promotes the effective use of technologies to improve access to health services and to provide distance education for health professionals.

National Health Service Corps supports qualified health care providers that are dedicated to working in underserved areas by providing scholarship and loan-repayment programs for those serving medically underserved communities and populations with health professional shortages and/or high unmet needs for health services.

Title VII and VIII programs, including Rural Physician Training Grants, Area Health Education Centers, and Geriatric programs, provide policy leadership and grant support for health professions workforce development for shortage areas.

National Health Care Workforce Commission, a multi-stakeholder workforce advisory committee charged with developing a national health care workforce strategy, was created under the Affordable Care Act but no appropriation has been made for the Commission and consequently it has not met since it was created.