

**[DISCUSSION DRAFT]**119<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION**H. R.** \_\_\_\_\_

To expand and codify the Rural Hospital Technical Assistance Program of the Department of Agriculture and rename it as the Rural Health Care Facility Technical Assistance Program.

---

**IN THE HOUSE OF REPRESENTATIVES**

Mr. JACKSON of Texas introduced the following bill; which was referred to the Committee on \_\_\_\_\_

---

**A BILL**

To expand and codify the Rural Hospital Technical Assistance Program of the Department of Agriculture and rename it as the Rural Health Care Facility Technical Assistance Program.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Health Care  
5 Facility Technical Assistance Program Act”.

1 **SEC. 2. EXPANSION AND CODIFICATION OF THE RURAL**  
2 **HEALTH CARE FACILITY TECHNICAL ASSIST-**  
3 **ANCE PROGRAM OF THE DEPARTMENT OF**  
4 **AGRICULTURE.**

5 (a) IN GENERAL.—In lieu of any other authority  
6 under which the Secretary of Agriculture (in this section  
7 referred to as the “Secretary”) may provide technical as-  
8 sistance to any eligible health care facility, the Secretary  
9 shall establish, and maintain, directly or by grant, con-  
10 tract, or cooperative agreement, a Rural Health Care Fa-  
11 cility Technical Assistance Program (in this section re-  
12 ferred to as the “Program”) to provide technical assist-  
13 ance and training, tailored to the capacity and needs of  
14 each eligible health care facility, to help eligible health care  
15 facilities in rural areas—

16 (1) identify development needs for maintaining  
17 essential health care services, and support action  
18 plans for operational and quality improvement  
19 projects to meet the development needs;

20 (2) better manage their financial and business  
21 strategies, including providing financial planning as-  
22 sistance and preparing long-term financial plans;  
23 and

24 (3) identify, and apply for assistance from, loan  
25 and grant programs of the Department of Agri-  
26 culture for which the facilities are eligible.

1 (b) GOALS.—The goals of the Program shall be to—

2 (1) improve the long-term financial position and  
3 operational efficiency of the eligible health care fa-  
4 cilities;

5 (2) prevent the closure of eligible health care  
6 facilities;

7 (3) strengthen the delivery of health care in  
8 rural areas;

9 (4) help eligible rural health care facilities bet-  
10 ter access and compete for loans and grants from  
11 programs administered by the Department of Agri-  
12 culture; and

13 (5) continue the activities of the Rural Hospital  
14 Technical Assistance Program in effect as of the  
15 date of the enactment of this subsection.

16 (c) PROGRAM PARTICIPATION.—

17 (1) IN GENERAL.—The Secretary shall engage  
18 in outreach and engagement strategies to encourage  
19 eligible health care facilities to participate in the  
20 Program.

21 (2) ELIGIBLE HEALTH CARE FACILITY SELEC-  
22 TION.—In selecting eligible health care facilities to  
23 participate in the Program, the Secretary shall give  
24 priority to borrowers and grantees of the Rural  
25 Housing Service, Rural Business-Cooperative Serv-

1 ice, and Rural Utilities Service. The Secretary may  
2 also consider—

3 (A) the age and physical state of the  
4 health care facility involved;

5 (B) the financial vulnerability of the eligi-  
6 ble health care facility, and the ability of the el-  
7 igible health care facility to meet debt obliga-  
8 tions;

9 (C) the electronic health record implemen-  
10 tation needs of the health care facility;

11 (D) whether the eligible health care facility  
12 is located in a health professional shortage area  
13 or a medically underserved area;

14 (E) whether the eligible health care facility  
15 serves a medically underserved population; and

16 (F) such other criteria and priorities as  
17 are determined by the Secretary.

18 (d) REPORTING REQUIREMENTS.—Not later than 1  
19 year after the date of the enactment of this section, and  
20 annually thereafter, the Secretary shall submit to the  
21 Committee on Agriculture of the House of Representatives  
22 and the Committee on Agriculture, Nutrition, and For-  
23 estry of the Senate a written report describing the  
24 progress and results of the program conducted under this  
25 section, which should include—

1 (1) a brief description of each project to provide  
2 technical assistance to an eligible health care facility  
3 under this section, including—

4 (A) the name and location of the facility;

5 (B) a description of the assistance pro-  
6 vided;

7 (C) a description of the outcomes for com-  
8 pleted projects;

9 (D) the cost of the technical assistance;  
10 and

11 (E) any other information the Secretary  
12 deems appropriate;

13 (2) a summary of the technical assistance  
14 projects completed;

15 (3) a summary of the outcomes of the technical  
16 assistance projects;

17 (4) an assessment of the effectiveness of the  
18 Program; and

19 (5) recommendations for improving the Pro-  
20 gram.

21 (e) LIMITATIONS ON AUTHORIZATION OF APPRO-  
22 PRIATIONS.—To carry out this section, there are author-  
23 ized to be appropriated to the Secretary not more than  
24 \$2,000,000 for each of fiscal years 2026 through 2030.

25 (f) DEFINITIONS.—In this section:

1           (1) RURAL AREA.—The term “rural area” has  
2           the meaning given the term in section 343(a)(13)(A)  
3           of the Consolidated Farm and Rural Development  
4           Act (7 U.S.C. 1991(a)(13)(A)).

5           (2) DEVELOPMENT NEEDS.—The term “devel-  
6           opment needs” includes—

7                   (A) constructing, expanding, renovating, or  
8                   otherwise modernizing health care facilities;

9                   (B) increasing telehealth capabilities;

10                   (C) acquiring or upgrading health care in-  
11                   formation systems such as electronic health  
12                   records;

13                   (D) providing financial planning assistance  
14                   and preparing long-term financial plan; and

15                   (E) such other needs as the Secretary  
16                   deems critical to maintaining health care serv-  
17                   ices in the community in which an eligible  
18                   health care facility is located.

19           (3) ELIGIBLE HEALTH CARE FACILITY.—The  
20           term “eligible health care facility” means a facility  
21           that is located in a rural area and is—

22                   (A) a hospital (as defined in section  
23                   1861(e) of the Social Security Act);

24                   (B) a psychiatric hospital (as defined in  
25                   section 1861(f) of such Act);

1 (C) a long-term care hospital (as defined  
2 in section 1861(ccc) of such Act);

3 (D) a critical access hospital (as defined in  
4 section 1861(mm)(1) of such Act);

5 (E) a rural health clinic (as defined in sec-  
6 tion 1861(aa)(2) of such Act);

7 (F) a religious nonmedical health care in-  
8 stitution (as defined in section 1861(ss)(1) of  
9 such Act);

10 (G) a sole community hospital (as defined  
11 in section 1886(d)(5)(C)(iii) of such Act);

12 (H) a rural emergency hospital (as defined  
13 in section 1861(kkk)(2) of such Act);

14 (I) a home health agency (as defined in  
15 section 1861(o) of such Act); or

16 (J) a community health center (as defined  
17 in section 330 of the Public Health Service  
18 Act).

19 (4) HEALTH PROFESSIONAL SHORTAGE  
20 AREA.—The term “health professional shortage  
21 area” has the meaning given the term in section  
22 332(a)(1)(A) of the Public Health Service Act.

23 (5) MEDICALLY UNDERSERVED AREA.—The  
24 term “medically underserved area” has the meaning

1       given the term in section 330I(a)(5) of the Public  
2       Health Service Act.

3               (6) **MEDICALLY UNDERSERVED POPULATION.**—

4       The term “medically underserved population” has  
5       the meaning given the term in section 330(b)(3) of  
6       the Public Health Service Act.