April 15, 2022

The Honorable Debbie Stabenow  
Committee on Agriculture, Nutrition and Forestry  
328-A Russell Senate Office Building  
Washington, D.C. 20510

The Honorable David Scott  
House Committee on Agriculture  
1301 Longworth House Office Building  
Washington, DC 20515

The Honorable John Boozman  
Committee on Agriculture, Nutrition and Forestry  
328-A Russell Senate Office Building  
Washington, D.C. 20510

The Honorable G.T. Thompson  
House Committee on Agriculture  
1010 Longworth House Office Building  
Washington, D.C. 20515

Dear Chairwoman Stabenow, Ranking Member Boozman, Chairman Scott and Ranking Member Thompson,

The COVID-19 pandemic highlighted a fact our rural communities have known for years: the state of our rural health care infrastructure is in crisis. As the rest of America’s health care system works to recover, rural health care could be left even further behind. Since 2005, rural communities have lost 181 hospitals and another 700 are in danger of closing, shifting health care access to community-based physicians – especially primary care. While only 14 percent of Americans—almost 46 million people—live in rural areas, rural communities represent nearly two-thirds of primary care health professional shortage areas in the country. We must take action now to strengthen the rural health care system so that rural Americans are not disproportionately affected by the COVID-19 pandemic.

Throughout this crisis Farm Credit has been a reliable, trusted partner for many rural residents as they work to stabilize their farm businesses. However, we believe Farm Credit has the capacity, willingness and experience to do even more. For many years Farm Credit participated in a special program to help provide funding for community facilities – specifically, rural hospitals, rural nursing homes and rural assisted living facilities. In most cases, Farm Credit partnered with a local bank or credit union and brought vital long term and reliable funding and expertise to communities who were out of options.

Unfortunately, Farm Credit’s regulator, the Farm Credit Administration, has since discontinued the program Farm Credit utilized to make these important investments in rural health care facilities and has indicated an unwillingness to restart the program without legislative guidance. We know firsthand the challenges facing rural health care systems and we fear without additional support, COVID-19 could make it even more difficult for rural Americans to receive the health care services they need. That is why we support legislation to provide Farm Credit the explicit authority to help finance health care and other vital rural community facilities.

Such legislation would be of no cost to the federal government and would provide rural communities the flexibility they need to modernize, expand and build facilities that fit the needs of the residents they serve. As organizations that represent the interests of rural America, we stand firm in our belief that Farm Credit can be an even more robust partner to the communities we serve if given the opportunity. Thank you for all of that you are doing to support rural America and our nation as we navigate these challenging times together. We look
forward to working with you to ensure that rural health care systems are not left behind as all communities work to recover.

Sincerely,

American Academy of Family Physicians

Farm Credit Council

National Association of Community Health Centers

National Association of Counties

National Farmers Union

National Rural Health Association

National Grange