118TH CONGRESS
1ST SESSION

H. R. _____

To codify the Rural Hospital Technical Assistance Program of the
Department of Agriculture.

IN THE HOUSE OF REPRESENTATIVES

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

A BILL

To codify the Rural Hospital Technical Assistance Program of the Department of Agriculture.

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 Hospital Tech-
5 nical Assistance Program Act”.

(Original Signature of Member)
SEC. 2. CODIFICATION OF THE RURAL HOSPITAL TECH-
NICAL ASSISTANCE PROGRAM OF THE DE-
PARTMENT OF AGRICULTURE.

(a) In General.—In lieu of any other authority
under which the Secretary of Agriculture (in this section
referred to as the “Secretary”) may provide technical as-
sistance to any eligible rural hospital facility, the Sec-
retary shall establish, and maintain, directly or by grant,
contract, or cooperative agreement, a Rural Hospital
Technical Assistance Program (in this section referred to
as the “Program”) to provide technical assistance and
training, tailored to the capacity and needs of each eligible
hospital facility, to help eligible hospital facilities in rural
areas with a population of not more than 50,000 inhab-

(1) identify development needs for maintaining
essential health care services, and support action
plans for financial, operational, and quality improve-
ment projects to meet the development needs;

(2) better manage their financial and business
strategies; and

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

(b) Goals.—The goals of the Program shall be to—
(1) improve the long-term financial position and operational efficiency of eligible rural hospital facilities;

(2) prevent the closure of eligible rural hospital facilities;

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

(4) help eligible rural hospital facilities better access and compete for loans and grants from programs administered by the Department of Agriculture.

(c) DEFINITIONS.—In this section:

(1) DEVELOPMENT NEEDS.—The term “development needs” includes—

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

(B) increasing telehealth capabilities;

(C) acquiring or upgrading health care information systems such as electronic health records; and

(D) such other needs as the Secretary deems critical to maintaining health care services in the community in which an eligible rural hospital facility is located.
(2) ELIGIBLE HOSPITAL FACILITY.—The term “eligible hospital facility” means a facility that is—

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

(ii) a psychiatric hospital (as defined in section 1861(f) of such Act);

(iii) a long-term care hospital (as defined in section 1861(ecc) of such Act);

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

(v) a religious nonmedical health care institution (as defined in section 1861(ss)(1) of such Act);

(vi) a rural health clinic (as defined in section 1861(aa)(2) of such Act);

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

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

(ix) a community health center (as defined in section 330 of the Public Health Service Act); or

(x) any other rural hospital as determined by the Secretary of Agriculture in consultation
with the Secretary of the Department of Health and Human Services; and (B) located in a rural area.

(3) RURAL AREA.—The term “rural area” has the meaning given the term in section 343(a)(13)(A) of the Consolidated Farm and Rural Development Act.

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

(5) MEDICALLY UNDERSERVED AREA.—The term “medically underserved area” has the meaning given the term in section 330I(a)(5) of the Public Health Service Act.

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

(d) PROGRAM PARTICIPATION.—

(1) IN GENERAL.—The Secretary shall engage in outreach and engagement strategies to encourage eligible hospital facilities to participate in the Program.
(2) Hospital Selection.—In selecting eligible hospital facilities to participate in the Program, the Secretary shall give priority to borrowers and grantees of the Rural Housing Service, Rural Business-Cooperative Service, and Rural Utilities Service. The Secretary may also consider—

(A) the age and physical state of the hospital or clinic facilities involved;

(B) the financial vulnerability of the hospital or clinic facilities, and the ability of the hospital or clinic facilities to meet debt obligations;

(C) the electronic health record implementation needs of the hospital or clinic facilities;

(D) whether the hospital or clinic is located in a health professional shortage area or a medically underserved area;

(E) whether the hospital serves a medically underserved population; and

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

(e) Reporting Requirements.—Not later than 1 year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committee on Agriculture of the House of Representatives
and the Committee on Agriculture, Nutrition, and Forestry of the Senate a written report describing the progress and results of the program conducted under this section, which should include—

1. a brief description of each project to provide technical assistance to an eligible hospital facility under this section, including—
   1. (A) the name and location of the facility;
   2. (B) a description of the assistance provided;
   3. (C) a description of the outcomes for completed projects;
   4. (D) the cost of the technical assistance;
   and
   5. (E) any other information the Secretary deems appropriate;

2. a summary of the technical assistance projects completed;

3. a summary of the outcomes of the technical assistance projects;

4. an assessment of the effectiveness of the Program; and

5. recommendations for improving the Program.
(f) LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated to the Secretary not more than $2,000,000 for each of fiscal years 2024 through 2028.