

2026 Budget Priorities

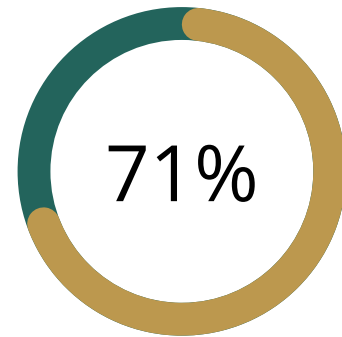


The mission of the New York State Association of Rural Health (NYSARH) is to improve the health and well-being of rural New Yorkers and their communities. NYSARH functions as the “voice for rural health.” It is a statewide organization advocating for the health of rural New Yorkers. NYSARH advocates at the national and state levels on behalf of its membership.

Rural Health Transformation Program

- Increase the ability to serve rural residents in their home communities through new healthcare roles and telehealth.
- Improve the sustainability of the rural health workforce by increasing the number of workers in practice, expanding flexibility, and supporting retention.
- Ensure funds directly support rural hospitals, rural federally qualified health centers, community health centers, rural emergency medical providers, Area Health Education Centers, and Rural Health Networks.

Did You Know?



44 of New York's 62 counties are designated rural.

- Urban centers have higher population densities and greater access to services.
- Rural regions encompass vast geographic areas with lower population concentrations.
- Understanding these differences ensures policies and resources are tailored to each community's healthcare, infrastructure, and economic needs.

Hold Harmless: Article 6 Aid

- Article 6 and other categorical public health funding must be maintained at least at current levels to protect essential services.
- Without steady funding, core public health functions such as immunizations, rabies response, preparedness, and more will be reduced.
- New York State should assess the impact of potential federal funding cuts and provide targeted increases to offset them. Long term, consideration should be given to restoring Article 6 funding to pre-2008 levels or tying it to cost-of-living adjustments.



Support Rural Health Programs

Rural Health Network Development & Rural Health Care Access Development Programs

A.10003/S.9003-Aid to Localities

Funded through the New York State Department of Health's Charles D. Cook Office of Rural Health, 31 Rural Health Networks and 44 Rural Health Care Access Hospitals operate statewide, delivering locally designed, community driven solutions across New York. Despite the increased need for services and expanded responsibilities funding for these programs has been **reduced by nearly 42%** over the last decade. Since 2021, the Executive Budget has proposed to flat fund these programs at \$9.41 million. Flat funding has not kept pace with rising labor, transportation, technology costs, resulting in real program reductions.

Rural Health Networks are economic engines in their communities. By supporting core personnel, the \$6 million invested in RHN funding last year brought in **an additional \$80 million** of both philanthropic and government grant funding, providing employment for more than 325 people. These grants are often collaborative, engaging with partners across the region where the Rural Health Network is located.

Rural Health Networks support the bridge between the healthcare and the social care systems working to improve health outcomes for rural communities. Most Rural Health Networks provide direct support for residents in need of transportation, healthy food, health education, and care navigation. Some also offer housing, doula and maternal care services, and behavioral health support. Rural Health Networks are engaged with Social Care Networks in each region and strive to implement the states Prevention Agenda.

Rural Health Networks missions include leveraging partnerships to a) achieve efficiencies b) expand access and acceptability of healthcare c) improve the quality of basic healthcare services and health outcomes and d) strengthen the rural healthcare system.

The **Rural Hospital Access** program allows small rural hospitals to adapt to the changes taking place in health care delivery and to build sustainable services that will keep them open and serving their rural communities. These grants help hospitals to strengthen their infrastructure and adjust capacity; purchase new or replacement medical equipment and enhance the use of technology.

NYSARH respectfully requests a Legislative Add-on provide a 5% additional investment of \$470,500 in the final enacted budget.



Legislative Priorities

Our 183 member organizations serve more than 1.5 million individuals living in rural areas across the state, and represent the entire ecosystem of organizations supporting health and wellness in New York's rural regions. Our membership includes academic and university representatives, social care organizations, licensed healthcare professionals and individuals who live, work in and support rural health and wellness in New York.

Support For Rural First Responders

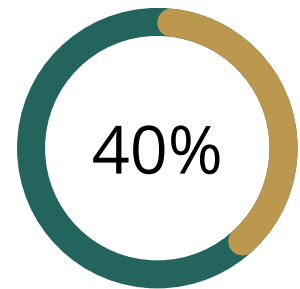
- Close The Medicaid Payment Gap | [S.3768](#) / [A.2442](#) |
 - Allows for reimbursement of transportation costs for emergency care.
- First Responder Peer Support | [S.5407-A](#) / [A.7285-A](#) |
 - Establishes peer-to-peer mental program to first responders.
- Strengthen Community Paramedicine | [S.5333](#) / [A.1309](#) |
 - Authorizes collaborative programs for community paramedicine services.

Good rural policies allow flexibility in terms of where, how, and by whom work gets done.

Address Healthcare Workforce Shortages

- Interstate Nurse Licensure Compact | [S.3916](#) / [A.4524](#) |
 - Enables interstate nursing practice based on a common set of licensing requirements, 42 participating states.
- Temporary Practice Authorization | [S.8341-A](#) / [A.8472B](#) |
 - Permits out-of-state nurses to practice temporarily while awaiting licensure.
- Telehealth Flexibility
 - Ensure telehealth flexibility by maintaining payment parity and allowing audio-only services when appropriate.

Did You Know?



In every rural region of New York, more than 40% of residents rely on public health insurance programs like Medicaid and Medicare.*

*<https://www.osc.ny.gov/files/reports/pdf/health-insurance-coverage-in-new-york-state.pdf>