HRSA Federal Office of Rural Health Policy

Responsibilities, Discretionary Grant Authority, and Recent Funding Levels
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Bottom Line

The Federal Office of Rural Health Policy (FORHP) is both HRSA's rural-health policy office and a major grantmaking office. It coordinates rural-health policy across the U.S. Department of Health and Human Services (HHS), evaluates how Medicare, Medicaid, and other federal policies affect rural providers and communities, and administers programs supporting rural hospitals, health networks, workforce development, substance-use treatment, maternal health, telehealth, and rural-health research.

FORHP has broad statutory authority to create and fund rural-health initiatives, but it does not have an unrestricted discretionary fund that it can spend on any project it chooses. Its ability to launch a new grant or demonstration depends on whether the activity fits its rural-health authority and whether appropriated funds are legally available for that purpose.

What FORHP Does

- Advises the HHS Secretary on policies affecting rural hospital financial viability, rural workforce recruitment and retention, and access to high-quality rural care.
- Coordinates rural-health activities across HHS and reviews proposed regulations for their impact on rural communities.
- Funds State Offices of Rural Health, rural hospital improvement programs, rural health networks, workforce and residency programs, maternal-health initiatives, substance-use disorder programs, telehealth initiatives, and rural-health research.
- Administers programs such as the Medicare Rural Hospital Flexibility Program, Small Rural Hospital Improvement Program, Rural Communities Opioid Response Program, Black Lung Clinics Program, Radiation Exposure Screening and Education Program, and Rural Maternity and Obstetrics Management Strategies Program.

Discretionary Grantmaking Authority

The central authority is 42 U.S.C. § 912(b)(5). It authorizes FORHP to administer grants, cooperative agreements, and contracts to provide technical assistance and other activities necessary to support improvements in rural health care. This language is relatively broad and generally permits FORHP to design a rural-health pilot, demonstration, technical-assistance initiative, research project, or service-delivery program without Congress having to name the exact project in statute.

That authority is nevertheless constrained in four important ways:

1. **The project must have a clear rural-health purpose.** FORHP would need to document how the project improves health care access, workforce capacity, provider stability, outcomes, infrastructure, or service delivery in rural areas.

2. **Money must be available in an applicable appropriation.** Congress divides FORHP funding among numerous named programs and accounts. Funds appropriated for a specific program ordinarily cannot be redirected to an unrelated initiative.
3. **The correct funding instrument must be used.** A grant supports a public purpose with relatively limited federal involvement; a cooperative agreement is appropriate when HRSA anticipates substantial programmatic involvement; and a contract is used when HRSA is purchasing defined services or deliverables.
4. **Federal award procedures still apply.** A new initiative would generally require a funding announcement, eligibility criteria, application and review procedures, performance measures, reporting requirements, and compliance with federal grants-management rules, unless a lawful noncompetitive mechanism applies.

Accordingly, FORHP can originate and pursue a new project, but it generally needs one of the following: available flexibility within an existing appropriation or program; authority to use or reprogram unobligated funds consistent with appropriations law; or a new or expanded congressional appropriation for a larger initiative.

Funding Levels During the Past Three Fiscal Years

The following figures represent FORHP grant and cooperative-agreement funding, rather than all spending on contracts, technical assistance, and related investments.

Fiscal Year	FORHP Grant Funding	Total Awards	Average per Award
FY 2023	$327.9 million	614	Approximately $534,000
FY 2024	$339.3 million	620	Approximately $547,000
FY 2025	$342.4 million	638	Approximately $537,000
Three-year total/average	$1.010 billion	1,872	Approximately $539,000

The broader FORHP portfolio—including grants, cooperative agreements, contracts, technical assistance, and related investments—was reported at more than $335 million in FY 2023, more than $365 million in FY 2024, and approximately $365 million in FY 2025. **Using those rounded figures, the overall portfolio averaged approximately $355 million annually over the three-year period.**

Typical Size of an Individual FORHP Award

The overall mean of approximately $539,000 per award can be misleading because it includes large national technical-assistance centers, statewide initiatives, hospital programs, and continuation awards. In practice, awards commonly fall into the following ranges:

- **Planning and network-development grants:** approximately $100,000 annually.
- **Community outreach and service-delivery grants:** commonly $200,000 to $300,000 annually.

- **Targeted workforce, behavioral-health, maternal-health, or hospital initiatives:** often $500,000 to $1 million annually.
- **National technical-assistance centers or major multistate initiatives:** several million dollars annually, with some awards approaching or exceeding $10 million.

Nutrition, Food Is Medicine, and Related Funding, FY 2021-FY 2026

Key finding. A review of recent FORHP award announcements, project directories, and HRSA grant abstracts did not identify a stand-alone Federal Office of Rural Health Policy grant program explicitly branded as "Food Is Medicine," medically tailored meals, or produce prescriptions during FY 2021-FY 2025. However, FORHP has repeatedly financed nutrition, food-security, obesity, diabetes, and related interventions as components of broader rural outreach, chronic-disease, network-development, and maternal-health grants. In FY 2026, HRSA also created a nutrition-specific rural telehealth grant program through the Office for the Advancement of Telehealth; that program is within HRSA but is not administered by FORHP.

- **FY 2021 Rural Health Care Services Outreach Program — more than $12.7 million.** FORHP awarded more than $12.7 million to 61 organizations serving rural communities. The program expressly supported work on social determinants of health and chronic-disease prevention and management. One FY 2021 cohort project, Delta Health Alliance's Delta BLUES diabetes initiative in Mississippi, provided nutrition education together with medication management, community-based care, and telehealth endocrinology. HRSA records show continuation funding for the same D04 award of approximately $250,000 per year in FY 2022, FY 2023, and FY 2024. This is a clear precedent for using FORHP funds for nutrition services as part of a clinical chronic-disease intervention, although it was not structured as a food-purchasing benefit.
- **FY 2024 Delta Region Maternal Care Coordination Program — approximately $2.2 million in first-year awards.** FORHP funded five cooperative agreements at roughly $450,000 per recipient per year. West Central Alabama AHEC's AlaRISE project received $449,989 in FY 2024 and $449,991 in FY 2025; its HRSA project abstract specifically calls for outreach, education, referrals, and resources on healthy nutrition to reduce hypertension risk and improve maternal health. The five projects represent roughly $9 million in planned four-year investment if continuation funding is provided at the listed levels.
- **FY 2025 Rural Health Care Services Outreach Program — more than $15 million to 58 awardees.** HRSA states that the Regular Outreach Track, which received nearly $10 million, supports priorities that explicitly include "healthy nutrition," chronic disease, and adult and childhood obesity. Individual awards were generally about $200,000-$250,000. For example, Sunshine Community Health Center in Alaska received $250,000 for a rural outreach project whose needs assessment identifies food insecurity and whose intervention includes social-determinants assessment and chronic-care education and management.
- **FY 2025 Rural Health Network Development Planning — direct food-insecurity planning.** Jackson Hospital & Clinic in Alabama received a $100,000 FORHP planning grant. Its HRSA abstract identifies "Food Insecurity and Transportation" as a specific focus area and describes development of a rural network intended to address barriers to food access that affect health and access to care. This is useful precedent for incorporating food access into a rural health network or demonstration design.

- **FY 2023-FY 2026 Delta States Rural Development Network Program — chronic-disease funding with nutrition relevance.** FORHP made $12 million available for the FY 2023 Delta States cohort to address rural health disparities and leading causes of avoidable death. Current projects include diabetes and cardiovascular-disease interventions such as the Rural Alabama Prevention Center's South-West Alabama Health Improvement Initiative, which combines education, self-management support, and clinical care coordination. Public abstracts do not consistently isolate the amount spent specifically on nutrition, so these awards should be viewed as related chronic-disease precedent rather than dedicated Food Is Medicine grants.
- **FY 2026 Telehealth Nutrition Services Network Grant Program — $5.4 million announced for rural and medically underserved areas.** HRSA's Office for the Advancement of Telehealth announced up to 18 grants of as much as $300,000 per year for a five-year period beginning September 1, 2026. The program is designed specifically to integrate nutrition services into primary and specialty care through telehealth to prevent and manage chronic disease. As of August 25, 2026, HRSA's public materials describe the competition and planned funding, but do not yet provide a public recipient list. Although this is not a FORHP-administered program, it is the clearest recent HRSA precedent for a dedicated clinical nutrition service targeted to rural and medically underserved populations.

Implication for a rural Food Is Medicine proposal. The funding record supports a strong argument that FORHP can fund clinical nutrition services, nutrition education, food-insecurity screening and referral, diet-related chronic-disease management, and network models that connect rural patients to food and nutrition resources. The public record is less clear on FORHP directly paying for groceries, medically tailored meals, or produce prescriptions themselves. A proposed Food Is Medicine demonstration would therefore be strongest if framed as a rural clinical-service and chronic-disease initiative with measurable health and utilization outcomes, while explicitly resolving the allowability of direct food costs in the applicable notice of funding opportunity and appropriations account.

Practical Conclusion

FORHP has sufficient legal authority to establish a new rural-health pilot or demonstration. A project in the range of $250,000 to $1 million per recipient per year would be consistent with many existing FORHP programs. A substantially larger national initiative would more likely require an identified appropriations line, congressional direction, or a deliberate allocation within HRSA's annual operating plan.

For an organization seeking FORHP support, the strongest approach would be to frame the proposal as a defined rural-health demonstration with measurable outcomes, identify the most closely related existing FORHP program or appropriations account, and determine whether HRSA could fund it through a competitive notice of funding opportunity, a cooperative agreement, or a congressionally directed expansion of an existing program.

Selected Sources

- **42 U.S.C. § 912, Office of Rural Health Policy:** https://uscode.house.gov/view.xhtml?edition=prelim&num=0&req=granuleid%3AUSC-prelim-title42-section912

- **HRSA Rural Health Grants and Cooperative Agreements:** https://www.hrsa.gov/rural-health/grants
- **HRSA FY 2023 National Award Summary:** https://data.hrsa.gov/api/factsheet/1/00/2023
- **HRSA FY 2024 National Award Summary:** https://data.hrsa.gov/api/factsheet/1/00/2024
- **HRSA FY 2025 National Award Summary:** https://data.hrsa.gov/api/factsheet/1/00/2025
- **HRSA FY 2023 Rural Health Investment Report:** https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/hrsa-2023-rural-health-investment.pdf

- **HRSA FY 2021 Rural Health Care Services Outreach Award Announcement:** https://www.hrsa.gov/about/news/press-releases/hrsa-programs-enhancing-healthcare-delivery-rural-underserved-populations
- **2021-2025 Rural Health Care Services Outreach Program Directory:** https://www.ruralhealthinfo.org/assets/4663-20745/2021-2025-outreach-program-directory.pdf
- **HRSA FY 2025 Rural Health Care Services Outreach Program Awards:** https://www.hrsa.gov/rural-health/grants/rural-community/outreach-program-awards
- **HRSA FY 2024 Delta Region Maternal Care Coordination Awards:** https://www.hrsa.gov/rural-health/grants/rural-community/delta-maternal-care-coordination-awards
- **HRSA West Central Alabama AHEC Delta Maternal Care Coordination Grant Abstract:** https://data.hrsa.gov/tools/grants-abstract?awardYr=2025&grantId=31927
- **HRSA Jackson Hospital Rural Health Network Development Planning Grant Abstract:** https://data.hrsa.gov/tools/grants-abstract?awardYr=2025&grantId=29454
- **HRSA Telehealth Nutrition Services Network Grant Program:** https://www.hrsa.gov/grants/find-funding/HRSA-26-076
- **HRSA FY 2026 Telehealth Nutrition Services Network NOFO:** https://files.simpler.grants.gov/opportunities/e6370131-9a83-42e0-a4e0-712c2624f438/attachments/6bcb943c-3699-4404-9256-0f3b51a5be55/HRSA-26-076_Final.pdf