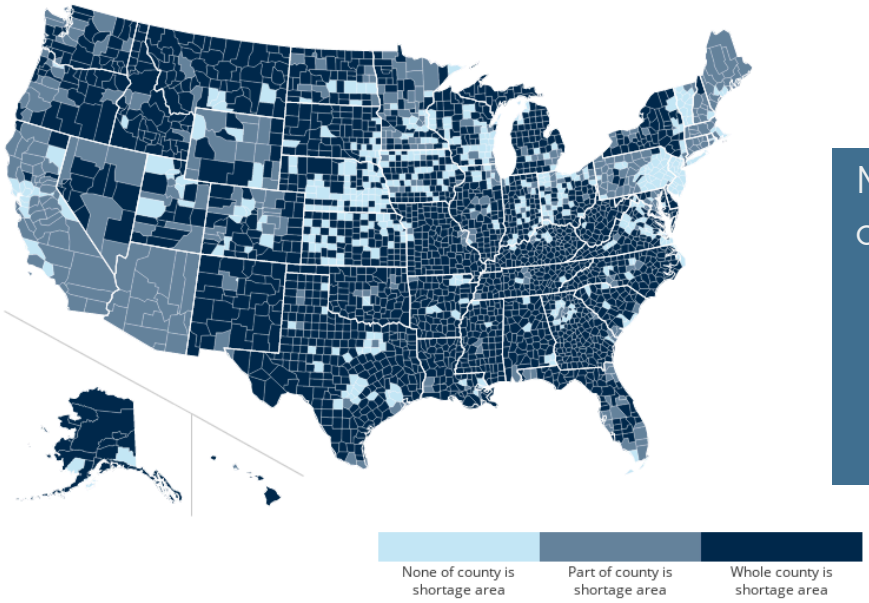
Rural Healthcare Workforce

Nearly 70% of rural counties are Health Professional Shortage Areas

Health Professional Shortage Areas: Primary Care, by County, July 2024 - Nonmetropolitan



RHIhub Rural Health Information Hub

Source: data.HRSA.gov, July 2024.

Close to one in ten U.S. counties have no physicians at all.

More than half of all U.S. rural counties **lack an obstetrician (57.4%),** and more than **three-quarters** lack an advanced practice midwife (75.1%) or midwife (87.4%).

Graduate Medical Education (GME) and Physician Training

Only 3% of Medicare-supported GME residency training occurs in rural areas. Spending more than half of residency training in rural areas is associated with a **5-fold increase in rural practice.**

Graduates of rural residencies are **5.4 times** as likely to choose rural practice.

Nurse practitioners (NPs) and physician assistants (PAs) are a critical part of the rural primary care workforce. NPs constitute 25% of providers in rural areas and one in eight PAs worked in a rural location in 2016.

The supply of rural nurse practitioners and physician assistants **quadrupled** and tripled respectively in the past 20 years.

https://www.ruralhealth.us/advocate
@nrha_advocacy

National Rural Health Association

NRHA Supported Legislation

H.R. 3890 Resident Physician Shortage Reduction Act

Reps. Sewell (R-AL) and Fitzpatrick (R-PA)

Increases Medicare supported residency slots across for rural hospitals and codifies the Rural Residency Planning and Development (RRPD) grant program.

H.R.3885 Community TEAMS Act

Reps. Carol Miller (R-WV), Veasey (D-TX), Graves (R-MO), Troy Carter (D-LA)

Authorizes grants to support community-based training for medical students in rural and medically underserved areas.

Rural Residency Planning and Development Act

(H.R. 7855 in the 118th Congress) ***Reps. Caraveo (D-CO) and Carol Miller (R-WV)***

Authorizes the Rural Residency Planning and Development program that awards funding to support start-up costs to establish new rural residency programs.

H.R. 1153 Rural Physician Workforce Production Act

Reps. Harshbarger (R-TN), Schrier (D-WA), and Bacon (R-NE)

Ensures rural training opportunities are adequately represented in the Medicare Graduate Medical Education (GME) program. The legislation provides adequate resources to train the future of rural health physicians, and ensures all safety net rural hospitals, like sole community hospitals and Critical Access Hospitals (CAH) can train medical students at their facilities.

Rural America Health Corps Act

(S. 940/ H.R. 1711 in the 118th Congress) ***Sens. Blackburn (R-TN) and Durbin (D-IL), Reps. Kustoff (R-TN) and Budzinski (D-IL)***

Establishes a student loan repayment program for eligible providers who agree to work for five years in a rural area with a primary, dental, or mental health professional shortage area.

S. 575/H.R. 1317 Improving Care and Access to Nurses (ICAN) Act

Sens. Merkley (D-OR), Lummis (R-WY), Reps. Joyce (R-OH), Bonamici (D-OR), Kiggans (R-VA), Underwood (D-IL), and Rogers (R-AL)

Removes barriers Medicare patients face when trying to be treated by APRNs. Allows APRNs to refer patients for diabetic shoes, cardiac pulmonary rehab, nutrition therapy, home infusion, and hospice care.

Rural Health Preceptor Tax Fairness Act

(H.R. 8738 in the 118th Congress) ***Reps. Pettersen (D-CO) and Molinaro (R-NY)***

Creates a $1,000 non-refundable tax credit for health preceptors (licensed medical professionals supervising medical and nursing students during clinical rotations) in rural areas, creating increased financial incentive for medical professionals in rural communities to take on precepting duties.

H.R. 593 Strengthening Pathways to Health Professions Act

Reps. Tokuda (D-HI), Miller (D-WV), Panetta (D-CA), Steube (R-FL)

This amendment to the Internal Revenue Code of 1986 to excludes certain health professions education scholarships and loan payments from gross income.

6/11/2025

National Rural Health Association