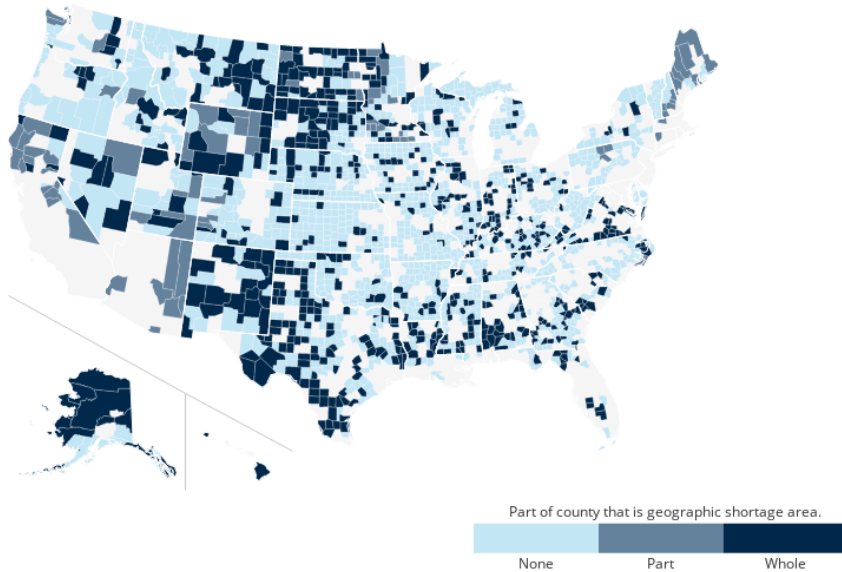


# Rural Healthcare Workforce

Nearly 70% of rural counties are Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas: Primary Care, Geographic, by County, October 2025 - Nonmetropolitan



Source: [Shortage Areas, data.HRSA.gov](https://data.hrsa.gov).

In 2022, 7.8% of U.S. counties did not have a primary care physician

Over 60% of all primary care, mental health, and dental HPSAs are in rural counties.

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 **2%** 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.

In 2024, **66% of rural Medicare beneficiaries** saw an NP or PA for their primary care.

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

# NRHA Supported Legislation

## H.R. 6468: Rural Residency Planning and Development Act

*Reps. Miller (R-WV), Tokuda (D-HI), Smith (R-NE), Carter (D-LA), & Vindman (D-VA)*

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

## H.R. 1153: Rural Physician Workforce Production Act

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

Ensures rural training opportunities are adequately represented in the Medicare 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 can train residents at their facilities.

## 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), & Rogers (R-AL)*

Removes barriers to care that Medicare patients face when being treated by Advanced Practice Registered Nurses (APRNs).

## H.R.3885: Community TEAMS Act

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

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

## H.R. 1127: Rural America Health Corps Act

*Reps. Kustoff (R-TN) & 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. 2439/H.R. 4731: Resident Physician Shortage Reduction Act

*Sens. Boozman (R-AR), Warnock (D-GA), Collins (R-ME), & Schumer (D-NY), Reps. Sewell (D-AL) & Fitzpatrick (R-PA)*

Creates 14,000 new Medicare GME slots with a mandatory set aside for rural hospitals.

## Rural Health Preceptor Tax Fairness Act

*(H.R. 8738 in the 118th Congress) Reps. Pettersen (D-CO), & 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 (R-WV), Panetta (D-CA), & Steube (R-FL)*

Excludes certain health professions education scholarships and loan payments from gross income.