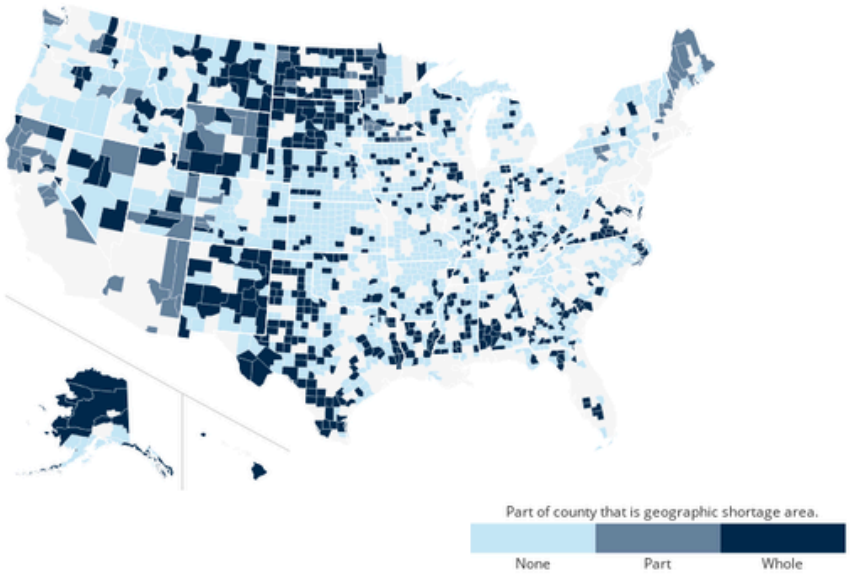
Rural Healthcare Workforce

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

Less than 10% of US physicians practice in rural areas.

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



RHIhub Rural Health Information Hub

Source: Shortage Areas, data.HRSA.gov.

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.

https://www.ruralhealth.us/advocate
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National Rural Health Association

NRHA Supported Legislation

S. 5232/H.R. 6468: Rural Residency Planning and Development Act

Sens. Smith (D-MN) & Collins (R-ME) & Reps. Miller (R-WV), Tokuda (D-HI), Smith (R-NE), & Carter (D-LA)

Authorizes Rural Residency Planning and Development grant program to expand the number of rural residency training programs in family medicine, internal medicine, general surgery, psychiatry, and obstetrics. The pilot, began in 2019, has created 61 accredited rural residency programs and 746 resident positions.

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)

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

S. 3989/H.R.3885: Community TEAMS Act

Sens. Curtis (R-UT) & King (I-ME), & 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.

S. 4208/H.R. 1127: Rural America Health Corps Act

Sens. Blackburn (R-TN), Durbin (D-IL), Murkowski (R-AK), Peters (D-MI), & Capito (R-WV), & 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 shortage of primary, dental, or mental health care providers.

S. 2439/H.R. 4731: Resident Physician Shortage Reduction Act

Sens. Boozman (R-AR), Warnock (D-GA), & Reps. Sewell (D-AL) & Fitzpatrick (R-PA)

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

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.

National Rural Health Association