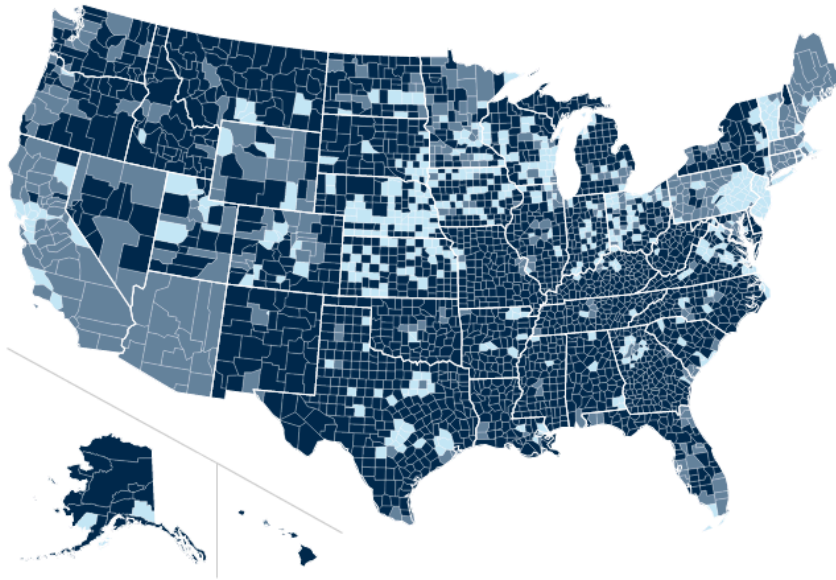


Rural Healthcare Workforce

Nearly 70% of rural counties are Health Professional Shortage Areas



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



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



Source: data.HRSA.gov, July 2024.



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.**

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.**

NRHA Supported Legislation

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.

Rural Physician Workforce Production Act

(S. 230 / H.R. 834 in the 118th Congress)
Sen. Jon Tester (D-MT), Sen. John Barrasso (R-WY), Rep. Diana Harshbarger (R-TN) and Rep. Henry Cuellar (D-TX)

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.

Improving Care and Access to Nurses Act

(S. 2418 / H.R. 2713 in the 118th Congress)
Sens. Merkley (D-OR), Lummis (R-WY), Reps. Joyce (R-OH), Bonamici (D-OR)

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.

Strengthening Pathways to Health Professions Act

(H.R. 593 in the 119th Congress)
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.