The Rural Recruitment and Retention Network Annual Meeting

August 26th, 2025

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy (FORHP)

Vision: Healthy Communities, Healthy People

The Originators …
An Idea That Has Stood the Test of Time

- A Crazy Idea …
  - Knitting Together a National Coalition of Like-Minded Rural Advocates
  - Grand Ambitions on a Shoestring Budget

FORHP Overview
Established in Section 711 of the Social Security Act

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America.
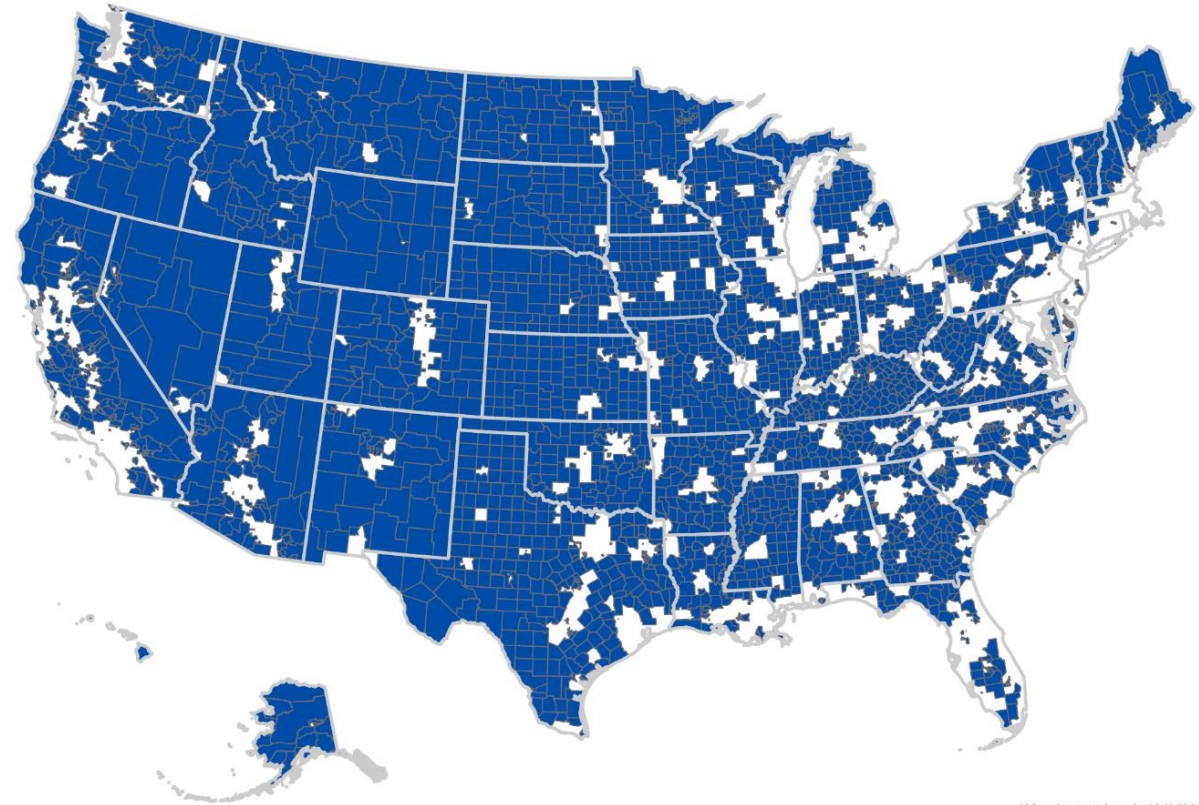
Voice for Rural	Capacity Building	Cross Agency Collaboration
Advises the HHS Secretary on policy and regulation that affect rural areas	Increases access to health care for people in rural communities through grant programs and public partnerships	Works across HRSA, HHS, and several other federal partners to accomplish its goals

*Map last updated: 12/8/2021

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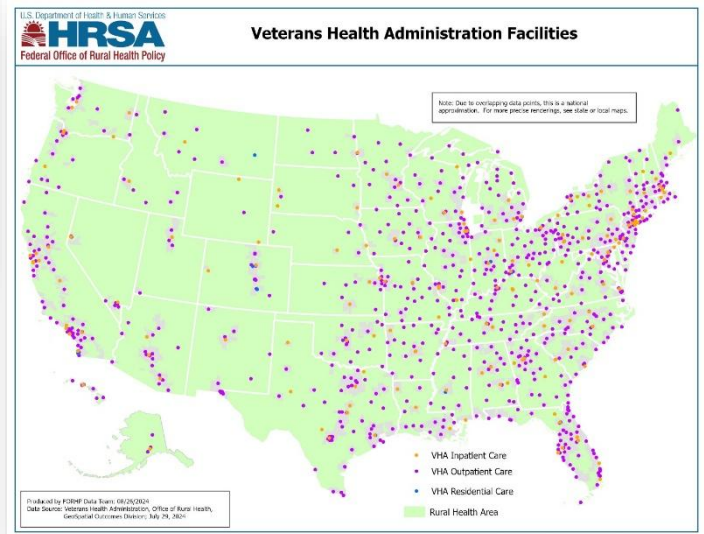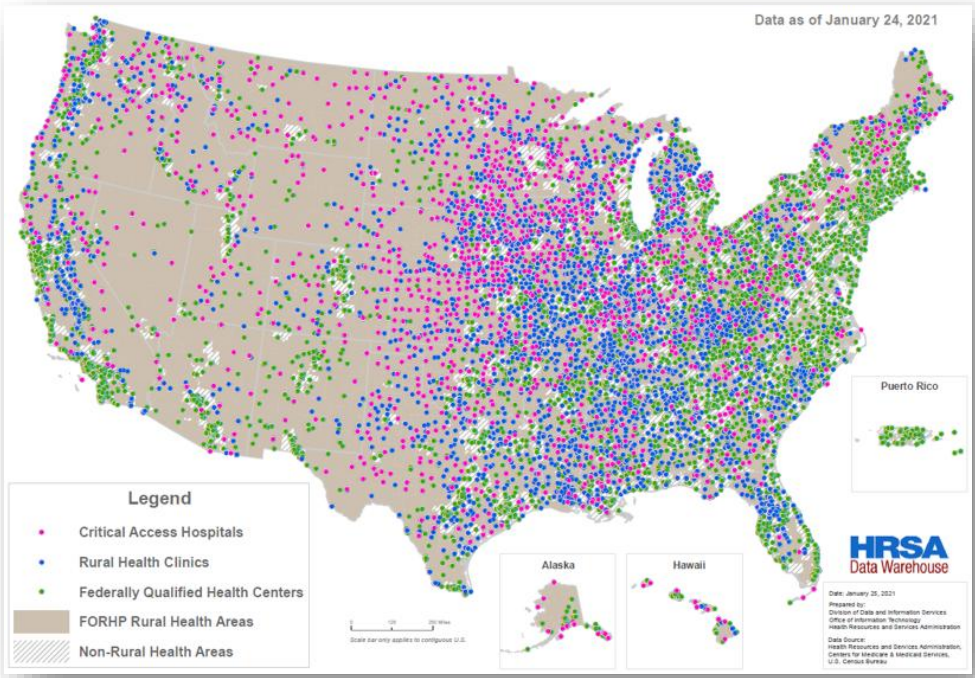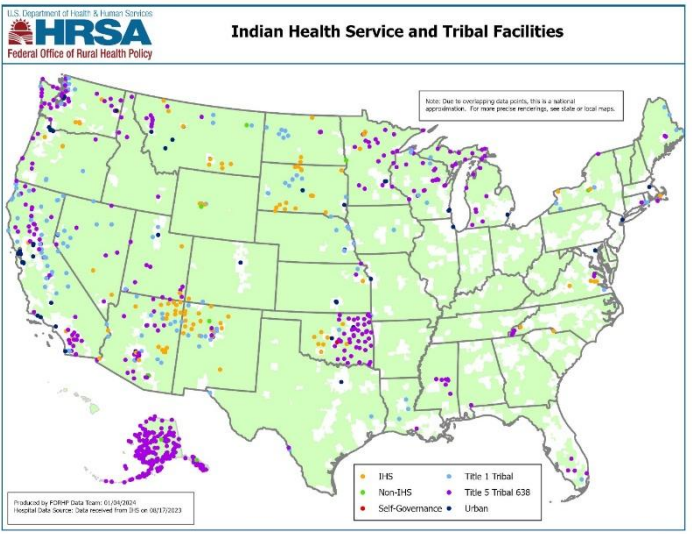
Setting a Context for the Rural Health Landscape
Special Designations Play a Key Role

Acknowledging the Challenges …
Often-Cited Rural Health Concerns

People in rural areas **live 3 fewer years** than people in urban areas **due to challenges accessing health services.**

Growing loss of hospital obstetric units.

Greater challenges accessing **behavioral health services.**

Higher rates of hospital closure and **financial distress.**

Higher death rates for heart disease and stroke.

Higher rates of maternal mortality.

Rural children are more dependent on Medicaid and CHIP for insurance coverage..

Greater distances to care, particularly for specialty services.

Higher rates of overdose death.

Data sources:
National Center for Health Statistics, National Vita Statistics System. www.cdc.gov/nchs/nvss/index.htm

Singh GK, Daus GP, Allender M, et al. Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935–2016. *International Journal of Maternal and Child Health and AIDS*. 2017;6(2):139–164. doi:10.21106/ijma.236. https://pubmed.ncbi.nlm.nih.gov/29367890

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An Ongoing Rural Health Issue
Historic and Ongoing Gaps for Rural Primary Care …

In 2019

In 2021

Rural Gap

MD, DO

- Rural = 55.6/100,000 People
- Urban = 93.6/100,000 People

Increased from 35 to 38

- Rural = 60.6/100,000 People
- Urban = 95.8/100,000 People

All Primary Care (MD, DO, NP, PA)

- Rural = 156.8/100,000 People
- Urban = 227.0/100,000 People

Increased from 45 to 70

- Rural = 95.8/100,000 People
- Urban = 141.2/100,000 People

Note: Rural and urban defined as nonmetropolitan and metropolitan, respectively
Source: Andrilla CHA, Woolcock SC, Garberson LA, Keppel GA, Graves JM, Patterson DG. *Trends in Health Workforce Supply in the Rural U.S.* Policy Report. WWAMI Rural Health Research Center, University of Washington; October 2024.

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Loan Repayment & Scholarship Programs

NATIONAL HEALTH SERVICE CORPS,

NURSE CORPS,

STAR LRP* *and*

PEDIATRIC SPECIALTY LRP

support qualified clinicians working in areas of the U.S. with limited access to care.

21,049
participants

FY 2024

Americans served	22.1 M
Behavioral health providers	43%
Clinicians in rural communities	35%
Clinicians in HRSA-funded health centers	51%

*STAR LRP = Substance Use Disorder Treatment and Recovery Loan Repayment Program

Bureau of Health Workforce

Key Programs for Recruitment and Retention

Program	NHSC LRP	NHSC SUD Workforce LRP	NHSC Rural Community LRP	STAR LRP			
Service Commitment	2 Years	3 Years	3 Years	6 Years			
Award Amount (Up To)	$50,000 (full-time) $25,000 (half-time)	$75,000 (full-time) $37,500 (half-time)	$100,000 (full-time) $50,000 (half-time)	$250,000 (full-time) There is no half-time option			
Disciplines Eligible for All Programs	Physician Assistants	Nurse Practitioners Physicians	Certified Nurse Midwives	Health Service Psychologists	Psychiatric Nurse Specialists	Licensed Clinical Social Workers	Licensed Professional Counselors Marriage & Family Therapists
	Dentists Dental Hygienists	Substance Use Disorder Counselors Registered Nurses Pharmacists	Substance Use Disorder Counselors Registered Nurses Pharmacists Certified Registered Nurse Anesthetists	• Pharmacists • Substance Use Disorder Counselors • Nursing o Registered Nurses o Clinical Nurse Specialists o Licensed Practical Nurses o Certified Registered Nurse Anesthetists • Certified Nursing Assistants • Certified Medical Assistants • Licensed Occupational Therapists		• Master's-Level Social Workers • Psychologists • Psychiatric Mental Health Practitioners • Occupational Therapists • Psychology Doctoral Interns • Behavioral Health Paraprofessionals, including, but not limited to: o Community Health Workers o Peer Recovery Specialists o Case Managers o Health Navigators	
Tax Liability for Federal Income Taxes	Exempt	Exempt	Exempt	Not Exempt from Federal Income and Employment taxes			
Eligible Sites and Treatment facilities	Any NHSC-approved site	Any NHSC-approved SUD site	Any rural, NHSC-approved SUD-site	Any STAR LRP-approved *SUD treatment facility•			

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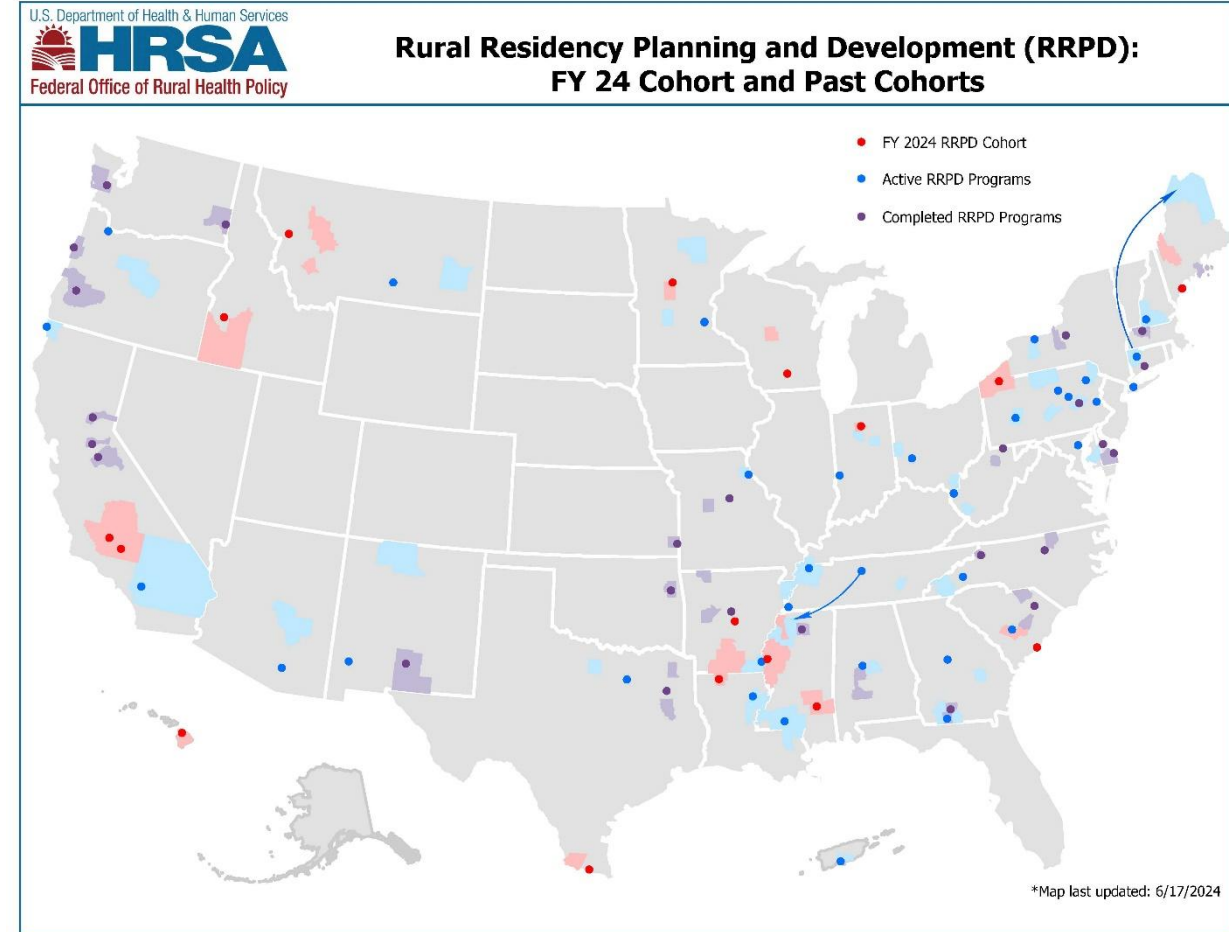Federal Office of Rural Health Policy

An Ongoing Rural Health Issue: Workforce
The Need for New Community-Based Training Models

Rural Residency Planning and Development Grants

- Evidence-Based Model
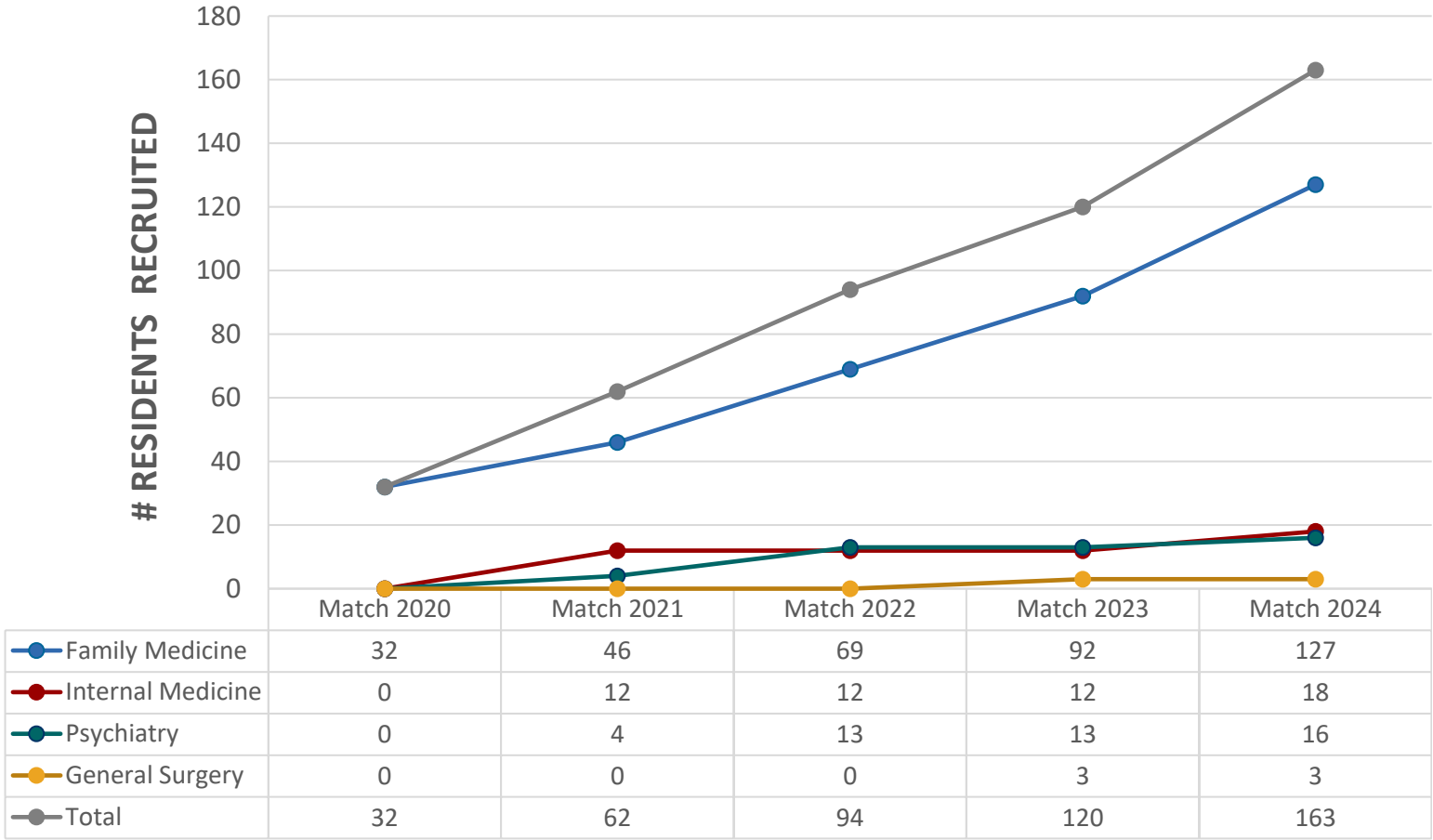- Leverages Existing Policy Levers

A Partnership Between FORHP and BHW

Rural Residency Planning and Development (RRPD): FY 24 Cohort and Past Cohorts

- FY 2024 RRPD Cohort
- Active RRPD Programs
- Completed RRPD Programs

*Map last updated: 6/17/2024

Creating New Rural Residencies
Rural Residency Planning and Development (RRPD)

RESIDENT RECRUITMENT BY MEDICAL SPECIALTY

	Match 2020	Match 2021	Match 2022	Match 2023	Match 2024
Family Medicine	32	46	69	92	127
Internal Medicine	0	12	12	12	18
Psychiatry	0	4	13	13	16
General Surgery	0	0	0	3	3
Total	32	62	94	120	163

- RRPD Programs have been generally successful in the Match with programs filling their requested number of positions in past years.

- For AY24, 163 residents began their training resulting in RRPD programs matriculating **more than 450** residents from AY20-2024

- Impact will grow steadily over time

An Ongoing Rural Health Issue: The Opioid Crisis
Rural areas track urban areas closely on mortality trends

"Both metro and nonmetro have seen marked declines in death from opioids since the peak of 2021. But while urban have seen deaths almost return to the 2018 number (only 7.2 percent higher), rural deaths remain 27 percent higher than 2018."

Analysis by Mark Holmes ... North Carolina Rural Health Research Center, May 2025

Figure 1. Overdose Death Rates for Men and Women Aged 20-85 Years, by Rural-Urban County Category United States National Vital Statistics System, Jun 1, 2020 - May 31, 2024* (annualized death rate per 100,000 population)
Jan 1 - May 31, 2024 mortality data is provisional
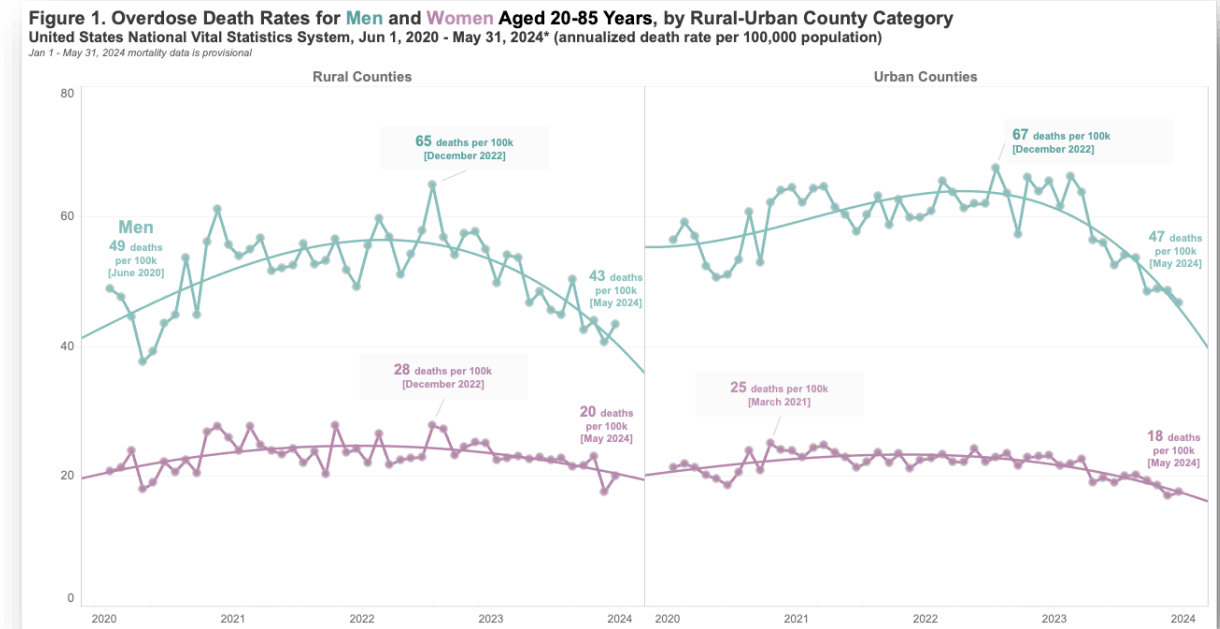
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024   later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html on Feb 27, 2025

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Addressing Rural Substance Use Challenges
The Rural Community Opioids Response Program

- Focus: Prevention, Treatment and Recovery;
  - In 2023, services were provided to nearly 2 million rural residents and over 85,000 rural individuals received medication-assisted treatment for SUD.
- CHCs Often Lead or Partner Applicant
  - Impact Awards
  - Targeted Needs (Planning, Specific populations or needs)
- Centers for Excellence
  - University of Rochester; University of Vermont, the Fletcher Group
  - (https://www.ruralsudinfo.org/about-us/)

**FY18-FY24 RCORP Grantees
Service Area Coverage, By County**
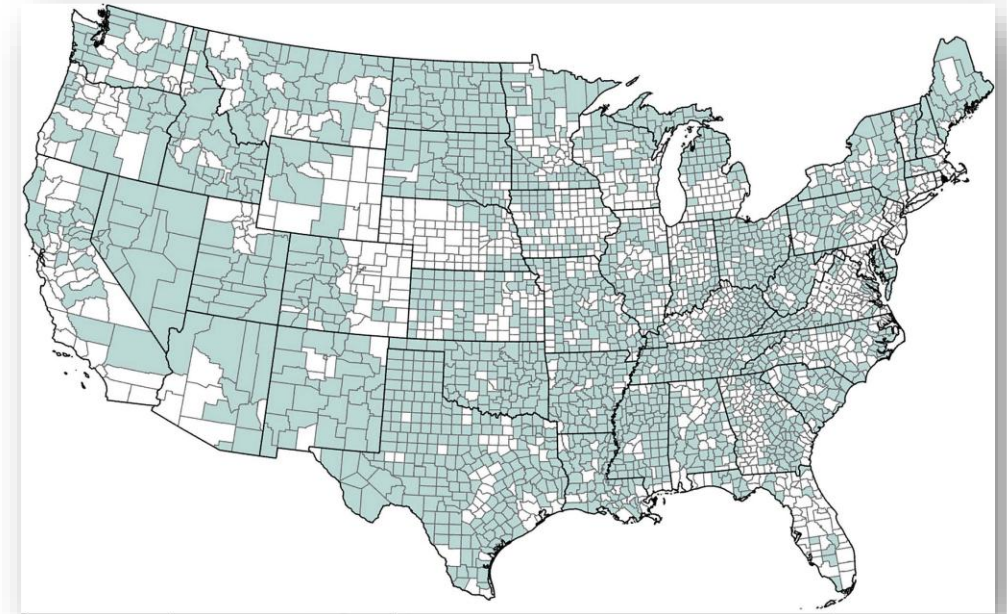
An Ongoing Rural Health Issue: Hospital Obstetrics
Challenges But Also Some Successes

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Loss of Hospital-Based Obstetric Services in Rural Counties in the United States, 2010-2022

Figure 1. Percentage of all rural counties with in-county hospital-based obstetric care, 2010-2022 (N=1,976)

49.0%   45.7%   41.2%

https://rhrc.umn.edu/publication/loss-of-hospital-based-obstetric-services-in-rural-counties-in-the-united-states-2010-2022/

RURAL MATERNITY INNOVATION SUMMIT

Site Report

Abstract

This report summarizes the insights from six rural maternity programs, as presented at the 2024 Rural Maternity Innovation Summit in Clifton, TX.

Erin E. Sullivan, PhD, Benjamin Anderson, MBA, Mark Deutchman, MD

https://www.ruralhealthinfo.org/topics/maternal-health/rural-maternity-summit

Our Approach
The Rural Maternal Obstetrics Management Strategies Program

2019 Cohort (project period ended)
- **MO**: Bootheel Perinatal Network
- **NM**: New Mexico Rural Obstetrics Access and Maternal Services
- **TX**: Texas-RMOMS Comprehensive Maternal Care Network

2024 Cohort - BLUE
- **AZ**: Mariposa Community Health Center
- **KS**: University of Kansas Medical Center Research Institute

2021 Cohort – RED
- **MN**: Families First: Rural Maternity Health Collaborative
- **MO**: RMOMS-Southeast Missouri Partnership
- **WV**: West Virginia RMOMS

2022 Cohort – YELLOW
- **AR**: Arkansas RMOMS
- **ME**: Maine RMOMS
- **MT**: Maternal Health Connections
- **SD**: RMOMS South Dakota

2023 Cohort - GREEN
- **MS**: Mississippi RMOMS
- **NH**: North Country Maternity Network

- 2019 Cohort
- 2021 Cohort
- 2022 Cohort
- 2023 Cohort
- 2024 Cohort

Highlights from the 2019 Cohort's First Two Implementation Years
(September 1, 2020 to August 31, 2022)

- Provided prenatal, labor and delivery, or postpartum care to nearly 5,000 rural RMOMS participants, with over 3,600 deliveries
- Implemented telehealth, patient navigation, and direct service expansion initiatives to improve access to maternity care and support services

"The ROAMS program is an incredible grant that allows us to provide both telehealth medicine and rural outreach medicine to the obstetrical patients in our area."
        - ROAMS Clinician

https://roamsnm.org/

"ROAMS has also afforded us the ability to do ultrasounds, which can be transmitted not only to the OB in Raton but to the high-risk fetal OB in Albuquerque, Santa Fe, Española, without travel on the patient's part."
        - ROAMS Clinician

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Current Rural Issue: Hospital Viability
New model offers another option but long-term concerns remain
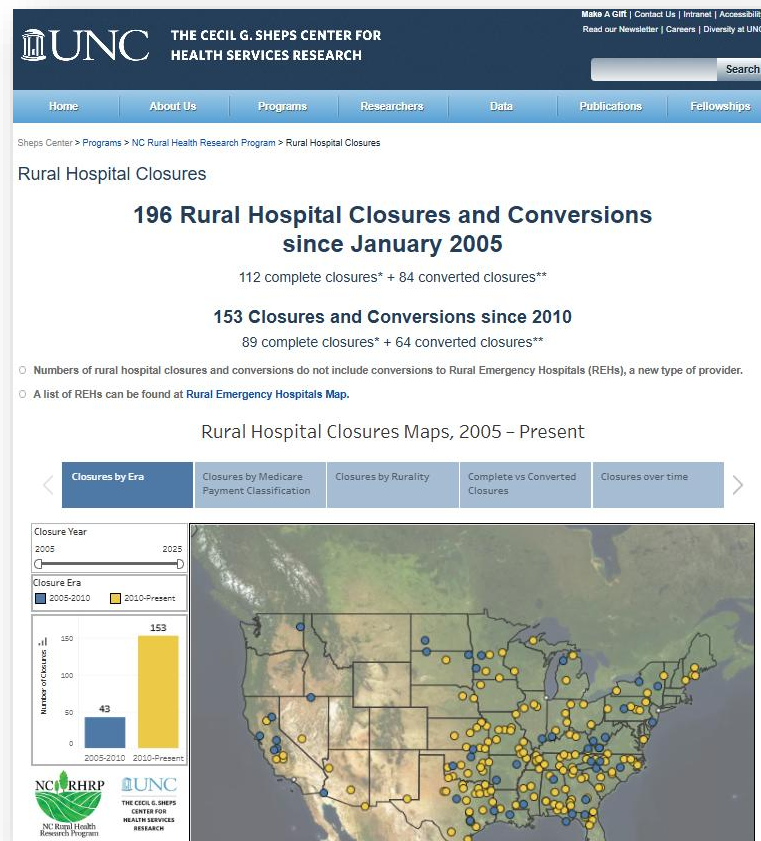
Closure and Financial Risk

- 153 Rural Hospital Closures or Conversions since 2010

- 38 Rural Hospitals Have Converted to a Rural Emergency Hospital (REH)

- 72 Rural Hospitals Are Predicted to be at "High Financial Risk."

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
https://www.shepscenter.unc.edu/product/using-the-updated-financial-distress-index-to-describe-relative-risk-of-hospital-financial-distress/

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Building On Your Success
New Opportunities for Hospitals and Clinics

3RNET
Get More From the Non-Profit You Trust With Your Recruitment Needs

Register for Your 3RNET Account, Post Jobs Nationwide

3RNET is *the* job board when it comes to rural and underserved opportunities. Post your jobs today -- it's easier than ever! From there, you'll begin to automatically receive personalized referrals of interested professionals who match the exact professions and specialties for which you're searching.

www.3RNET.org/For-Employers

The Nation's Most Trusted Resource for Health Professionals Seeking Careers in Rural and Underserved Communities.

Your new career starts here
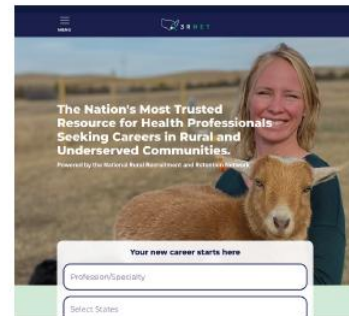
3RNET + TOOLS
Powerful. Yet Simple.

3RNET Plus Tools

3RNET Plus Tools provides digital tools so you can use technology to implement the best practices of recruiting to rural and underserved areas that 3RNET has been teaching since 1995! Some of the many tools included in 3RNET Plus Tools' suite are: candidate tracking, website connectivity, featured jobs on 3RNET. org, and more.   www.3RNET.org/PlusTools

3RNET's Employers Guide to Workforce Programs

This free e-guide provides a general overview of three programs important to the health care workforce in rural & underserved areas: health professional shortage areas (HPSAs), loan repayment programs, and the Conrad 30 J1 Visa Waiver program.   www.3RNET.org/Employers-Guide

Employer's Guide to Workforce Programs

J-1 Visa Waivers
Loan Repayment Programs
Health Professional Shortage Areas

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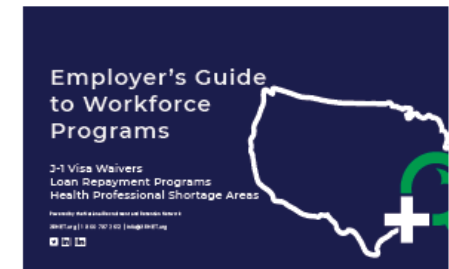
An Emerging Need for Rural Health Networks

Health Care Market Trends Work Against the Structural Realities of Rural Health Care

CMS' Rural Transformation Strategy

Setting a Context ...

- **Partnerships as a Critical Strategy**
  - Challenges and Potential Opportunities

Modern Healthcare
A CRAIN FAMILY BRAND
Newsletters   Data & Insights   Events   Awards

POLITICS & REGULATION

Rural health fund applications open in September: Oz

Share

(Bloomberg)

By: Hayley DeSilva   August 04, 2025 11:52 AM

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CHAPTER 4—PROTECTING RURAL HOSPITALS AND PROVIDERS

SEC. 71401. RURAL HEALTH TRANSFORMATION PROGRAM.

(a) IN GENERAL.—Section 2105 of the Social Security Act (42 U.S.C. 1397ee) is amended by adding at the end the following new subsection:

"(h) RURAL HEALTH TRANSFORMATION PROGRAM.—

"(1) APPROPRIATION.—

"(A) IN GENERAL.—There are appropriated, out of any money in the Treasury not otherwise appropriated, to the Administrator of the Centers for Medicare & Medicaid Services (in this subsection referred to as the 'Administrator'), to provide allotments to States for purposes of carrying out the activities described in paragraph (6)—

"(i) $10,000,000,000 for fiscal year 2026;

"(ii) $10,000,000,000 for fiscal year 2027;

"(iii) $10,000,000,000 for fiscal year 2028;

"(iv) $10,000,000,000 for fiscal year 2029; and

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Facebook: facebook.com/HHS.HRSA

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