

Review & Commentary on Health Policy Issues for a Rural Perspective – December 1, 2025

Rural Depends on Medical “Aliens”

From “The American Medical Association (AMA) urges DHS to exempt physicians from new \$100,000 H-1B visa fee,” *AMA Press Release*, 9/25:

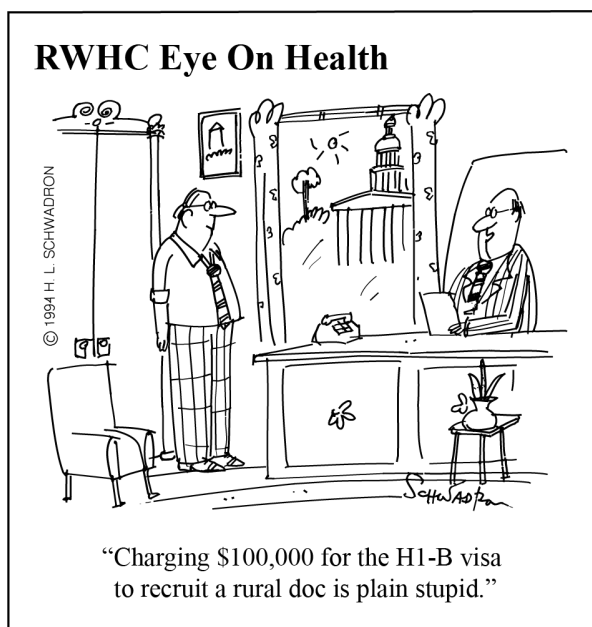
“The AMA and 53 leading medical societies urged the Department of Homeland Security (DHS) to exempt physicians from the newly announced \$100,000 H-1B visa application fee.”

“In their letter the groups called on DHS to issue guidance clarifying that physicians, residents, and fellows are essential to maintaining a strong health care workforce and should be categorically exempt from the fee.”

“ ‘The U.S. health care workforce relies upon physicians from other countries to provide high-quality and accessible patient care,’ physician organizations said in the letter. ‘Accordingly, we must ensure that the U.S. has a fair and efficient immigration system that strengthens U.S. health care and advances the nation’s health security. [We] urge the Administration to categorically consider H-1B physicians’ entry into the U.S. to be in the national interest of the country, and waive the new application fee, so that H-1B physicians can continue to be a pipeline that provides health care to U.S. patients.’ ”

“International medical graduates (IMGs) account for about one in four practicing physicians in the U.S. and have long played a vital role in filling gaps in care. In 2021, about 64 percent of foreign-trained physicians were practicing in Medically Underserved Areas or Health Professional Shortages Areas, with almost 46 percent of these physicians practicing in rural areas. With the U.S. facing a projected shortage of up to 86,000 doctors by 2036, the groups warned that the new fee would worsen access to care and increase wait times for patients.”

The full text of the letter is below:



“The undersigned physician organizations representing national medical societies write to strongly urge you to issue clarifying guidance that determines that H-1B physicians’ entry into the U.S. is in the national interest of the country thereby exempting them from the Proclamation entitled, ‘Restriction on Entry of Certain Nonimmigrant Workers.’ ”

“This Proclamation implements a \$100,000 fee, to be paid by the prospective employer, upon initial application

for an H-1B visa beginning on September 21, 2025. However, section 1(c) of the Proclamation states that the restriction will not apply to an H-1B worker, or an industry, ‘if the Secretary of Homeland Security determines, in the Secretary’s discretion, that the hiring of such aliens to be employed as H-1B specialty occupation workers is in the national interest and does not

pose a threat to the security or welfare of the United States.’ Therefore, as you establish standards to define categories of H-1B workers covered by this exception, we urge you to clarify that all physicians, including medical residents, fellows, researchers, and those working in non-clinical settings, are critical to our national interest and exempt from the Proclamation.”

“Maintaining a robust health care workforce in the U.S. that can address the health needs of all our U.S. patients is in the best interest of the health of our nation. However, with a projected shortfall of nearly 86,000 physicians by 2036, there is a growing need for a larger physician workforce that the U.S. cannot fill on its own, in part because the U.S. does not have enough people in the younger generation to care for our aging country. Accordingly, H-1B physicians play a critical role in filling this void, especially in areas of the U.S. with high-need populations.”

“In 2024, 23 percent of licensed physicians in the U.S. were foreign-trained. These H-1B physicians provide vitally needed health care to U.S. patients, especially in areas of the country with higher rates of poverty and chronic disease. For example, in 2021, about 64 percent of foreign-trained physicians were practicing in Medically Underserved Areas or Health Professional Shortage Areas, with almost 46 percent of these physicians



<https://www.wihealthcarecareers.com>

practicing in rural areas. Additionally, between 2001 and 2024 almost 23,000 H-1B physicians worked in underserved communities. Moreover, nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians aligning

with the fact that states with a higher percentage of H-1B physicians are often those with lower physician density. As such, it is important to support and expand pathways for these physicians to be able to enter the U.S. and care for our U.S. patients.”

“The U.S. health care workforce relies upon physicians from other countries to provide high-quality and accessible patient care. Accordingly, we must ensure that the U.S. has a fair and efficient immigration system that strengthens U.S. health care and advances the nation’s health security. Therefore, the signatories below urge the Administration to categorically consider H-1B physicians’ entry into the U.S. to be in the national interest of the country, and waive the new application fee, so that H-1B physicians can continue to be a pipeline that provides health care to U.S. patients. We sincerely appreciate your attention to this critical matter.”

\$50 Billion: “Incumbents” Vs. “Insurgents”

From: “States Jostle Over \$50B Rural Health Fund as Trump’s Medicaid Cuts Trigger Scramble” by Sarah Jane Tribble in *KFF Health News*, 10/17:

“Nationwide, states are racing to win their share of a new \$50 billion rural health fund. **But helping rural hospitals, as originally envisioned, is quickly becoming a quaint idea.**”

“Rather, states should submit applications that ‘rebuild and reshape’ how health care is delivered in rural communities, Centers for Medicare & Medicaid Services official Abe Sutton said late last month during a day-long meeting at Washington, D.C.’s Watergate Hotel. Simply changing the way government pays hospitals has been tried and has failed, Sutton told the audience

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the “rural advocate of choice” for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size <timsiz@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

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of more than 40 governors' office staffers and state health agency leaders—some from as far away as Hawaii.”

“ ‘This isn’t a backfill of operating budgets,’ said Sutton, CMS’ innovation director. ‘We’ve been really clear on that.’ ”

“Rural hospitals and clinics nationwide face a looming financial catastrophe, with President Donald Trump’s massive tax-and-spending law expected to slash federal Medicaid spending on health care in rural areas by \$137 billion over 10 years. Congressional Republicans added the one-time, five-year Rural Health Transformation Program as a last-minute sweetener to win the support of conservative holdouts who worried about the bill’s financial fallout for rural hospitals.”

“Yet, the words used by CMS Administrator Mehmet Oz and his agency’s leaders to describe the new pot of cash are generating tension between legacy hospital and clinic providers and new technology-focused companies stepping in to offer new ways to deliver health care.”

“It’s ‘what I would call incumbents versus insurgents in the rural space,’ said Kody Kinsley, a senior policy adviser at the Institute for Policy Solutions at the Johns Hopkins School of Nursing.”

“Applications are due Nov. 5. The money will be awarded to states by the end of the year and distributed over five years.”

“Half of the \$50 billion will be divided equally among all states with an approved application; the other half will go to states that win points. Of the second half, \$12.5 billion will be allotted based on a formula that calculates each

state’s rurality. The remaining \$12.5 billion will go to states that score well on initiatives and policies that mirror the Trump administration’s ‘Make America Healthy Again’ objectives.”

“The application identifies specific policy goals such as implementing the Presidential Fitness Test and restrictions to food assistance, as well as broader investment strategies around remote care services, data infrastructure, and consumer-facing technology tools, which CMS identified as ‘symptom checkers and AI chatbots.’ ”

“In September, after CMS officials released the application,

Republican members of Congress from states with Democratic governors called for fairness, concerned their states might direct the money to urban areas. In a letter to Oz and Health and Human Services Secretary Robert F. Kennedy, Jr., they said the money ‘will serve as a lifeline for rural and at-risk hospitals in our communities that are already struggling to keep their doors open.’ ”

“Smaller hospitals fear they will get ‘a tiny little slice’ of each state’s share, said Emily Felder, who leads the health care practice at Brownstein Hyatt Farber Schreck, a law firm whose clients include rural hospital systems.”

“*KFF Health News* requested an interview with Alina Czekai, director of the newly created Office of Rural Health Transformation. CMS spokesperson Alexx Pons said the agency was ‘unable to accommodate facilitation of any interview.’ ”

“Instead, CMS provided an emailed statement from Oz saying the program ‘will help states and communities reimagine what’s possible for rural healthcare.’ ”

RWHC Eye On Health



“Let’s hope Transformation means listening to those long serving rural communities vs. newbies chasing the cash.”



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“Brock Slabach, chief operations officer of the National Rural Health Association, the largest organization representing rural hospitals and clinics, said the money would best be used to help pay for transformation that isn’t ‘sexy’ or ‘revolutionary.’ ‘If what we end up with is we have a wearable for every rural patient, I don’t think that’s transformational,’ Slabach said, referring to digital health monitors such as fitness-tracking watches.”

AI Insurer Arms Race Has Begun

From “The AI arms race between insurers, providers has begun” by Caroline Catherman and Cassie McGrath in *Healthcare Brew*, 10/15:

“Health plans have already been accused of using AI to deny patients.”

“UnitedHealth Group, Cigna, and Humana all have something in common—besides being major health plans, that is.”

“They’re all currently facing lawsuits from patients alleging AI programs led to denied care. These suits claim the insurance companies used AI-based algorithms to deny care without human oversight.”

“So far, AI has been touted as the future of healthcare by leaders across the industry. AI scribes have been promised to give clinicians more face time with patients and better work-life balance, while also saving hospitals money. AI agents, able to carry out complex tasks autonomously, have turbocharged the tech’s potential.”

“Reports have already shown these tools are being adopted faster than safeguards, despite concerns about cybersecurity or clinical deskilling. Now, with all

the emerging lawsuits, the outlook of AI in healthcare is looking even more complicated.”

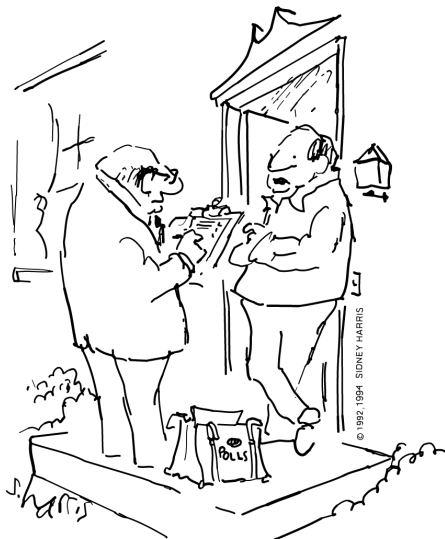
“Fawad Butt, former chief data officer of Kaiser Permanente, UnitedHealthcare, and Optum, told *Healthcare Brew* there’s been a lack of oversight regarding ‘whether algorithms are behaving as good actors or bad actors.’ ”

Denying the denials—“UnitedHealth spokesperson Eric Hausman told us it isn’t used for ‘adverse coverage decisions,’ Cigna spokesperson Justine Sessions told *Healthcare Brew* AI isn’t being used to deny claims, and Humana didn’t respond.”

“But providers say the opposite—that plans are using AI for denials. While bigger health systems have more resources to appeal denials, some experts say independent rural hospitals could be hit harder. A 2023 Stat investigation found UnitedHealth was using predictive algorithms to decide when some patients should be cut off from care.”

“Alexa McKinley Abel, director of government affairs and policy at the National Rural Health Association, said the research and advocacy organization is hearing rural hospitals are increasingly burdened by responding to prior authorization and claims denials because they have less staff and fewer resources.”

RWHC Eye On Health



“Do you want your health care driven by the insurer with the sneakiest AI bot?”

“ ‘If plans’ use of AI means even more prior authorization denials, then we would have concerns about the increasing paperwork and time associated with rectifying the denials as well as delays for rural patients that need to receive care,’ she said.”

AI-Insurers—“The Centers for Medicare and Medicaid Services doesn’t require insurance companies to share how prior authorization decisions are made or how predictive technology is used in the process, so most of the evidence comes from providers, patients, or insurers that choose to self-report.”

“A May survey from the National Association of Insurance Commissioners found 84% of 93 insurers used AI, with 50% saying they use it or are exploring its use to detect fraudulent claims, 68% for prior authorization approvals, 61% for disease management programs, and 45% for sales and marketing. Only 9 of the 93 (12%) said they used or were considering using it to deny prior authorization requests.”

“Infinitus is an agentic communication platform that currently works with providers such as Medicare Advantage company Zing Health and Gramercy Surgery Center. The voice agent software can do things like conduct health risk assessments and handle specialty pharmacy prior authorization approvals for plans.”

“ ‘The direction of travel for the industry is to introduce things that we fundamentally couldn’t do today because of a lack of human capital,’ Infinitus CEO and founder Ankit Jain said.”

The flip side—“On the other hand, healthcare providers and patients are using AI, too, for tasks like appealing denials. Startups like Claimable are an example of this, creating tools that collect patient and coverage information, then format and send a letter to the plan.”

“But insurers say some providers are taking AI too far.”

“Elevance CEO Gail Boudreaux alleged in a July earnings call, ‘isolated pockets’ of hospitals are using AI to ‘increase documented acuity,’ driving up unit costs for the insurer. And Centene CEO Sarah London said

in her company’s July earnings call that the insurer uses AI in response to that trend.”

“ ‘As [hospitals] integrate AI into the revenue cycle, we’re integrating AI into payment integrity to make sure that we are sort of keeping pace with all of that,’ London said.”

“Marc Douek, managing partner and co-owner at physiotherapy chain Renew Wellness, told us the chain cuts hours of work down to minutes by using a tool called Spry to automate prior authorization requests and appeals.”

“A 2024 American Medical Association survey found physicians and their staff spend an average of 13 hours a week completing prior authorization requests. It’s also an expensive process, as the healthcare industry spent nearly \$13 billion on prior authorization in 2023, according to the 2024 CAQH Index Report.”

“ ‘Without using Spry in the automation we wouldn’t be able to expand. We wouldn’t be able to treat our patients. We’d have to turn people away,’ Douek said.”

Battle of the bots—“Based on his conversations with insurers, Butt said providers have adopted AI faster—and insurers, which ‘haven’t adopted agentic [AI] as quickly,’ now feel the tech has them ‘under the gun.’ ”

“ ‘They’re left with old technology and humans responding to this deluge of appeals that are coming in from providers who just bought a software or an agent that essentially keeps appealing everything,’ he said.”



THURSDAY, NOVEMBER 20, 2025

“Butt is also co-founder of startup Penguin Ai, a platform intended to be a one-stop shop where both payers and providers can create AI agents. He believes both will need them in the future.”

“ ‘What I predict is that it’s going to be agent wars galore,’ he said.”

Despite Politics, We Have Much in Common

From: “U.S. Adults Agree Broadly on Priorities for Themselves, their Families, and their Communities” by the Robert Wood Johnson Foundation, 9/30:

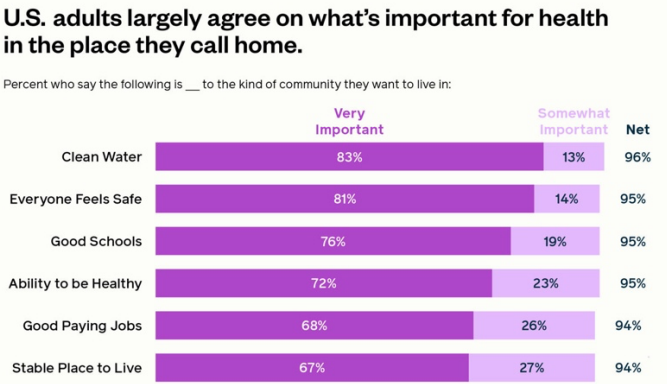
“Despite a common assumption that our country is more polarized than ever, new survey research shows that U.S. adults agree broadly on their priorities for themselves, their families, and their communities, and in the day-to-day challenges they face.”

“Despite overwhelming concern about political divisions and the direction the country is headed, people still believe in the important role that the government plays in confronting problems, such as the high cost of housing and healthcare, and lack of access to clean drinking water. Respondents also feel they have power to create change locally.”

“The findings, released and funded by the Robert Wood Johnson Foundation, are based on a representative online survey of 2,282 adults in June and July 2025 and focus groups conducted in April 2025 by PerryUndem.”

“ ‘This research sheds light on the fact that we actually do have real common ground on our aspirations and values—particularly when it comes to what we value for making our communities healthy,’ said Lauren Smith, MD, MPH, vice president, Strategic Portfolio, Robert Wood Johnson Foundation. ‘In fact, it shows that we are incredibly united in the belief that a person’s ZIP code

should not determine their ability to afford safe housing, find a good job, or buy healthy food.’ ”



Source: Survey of 2,282 adults in June and July 2025
RWJF

“The research also found that people are tired of dissension and believe that politicians, the media, and social media are making it harder to find common ground.”

“As one focus group participant said: ‘We’re all experiencing the same uncertainty and the same upheaval, whether it’s real or sensationalized. You know, part of it, I think, is the system is designed to keep us at odds with each other.’ ”

“ ‘Our focus groups intentionally mixed people of different political beliefs and those who live in different parts of the country. We were struck by how they

came together around shared concerns and priorities in the places they live and said they don’t do this enough in real life,’ said Mike Perry, partner at PerryUndem. ‘People are out of practice being on common ground, it’s become less comfortable, almost like they feel they are supposed to be on ‘sides.’ ”

What the Research Found

We value the same things: “Respondents said it’s very important to feel safe (81%), to be

RWHC Eye On Health



Common Ground

financially secure with good-paying jobs (68%), to afford a safe and stable place to live (67%), and to live near a grocery store to feed our families (65%). Nearly three in four (72%) of people feel it is very important that everyone in their community has the opportunity to be healthy (72%) and for the communities we live in to have clean drinking water (83%) and good schools (76%).”

We also face the same big challenges: “Respondents are concerned about the high cost of living (87%), including unaffordable housing (76%) and the lack of affordable, quality healthcare (69%).”

People are worried about the impact of costs on others, not just themselves: “Nearly 4 out of 5 (78%) people are concerned that rising costs will drive long-term residents to leave their communities. And an overwhelming majority (94%) believe your ZIP code shouldn’t determine access to affordable housing, good jobs, and healthy food.”

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Other Key Findings

People feel more optimistic about their towns, cities, and states than the nation as a whole: “The research found that people are far more likely to feel hopeful and have a sense that they can help drive solutions to challenges that impact health—such as housing affordability, the high cost of living, and access to clean water—at the local level than the national level. Most feel they have the power to improve their personal lives (90%), financial situation (82%), or neighborhood (67%). Most people feel they can have a positive impact on their own community—but they can’t do

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it alone: 60% believe it’s very or somewhat likely they can solve community problems by working with their neighbors. They don’t have that same optimism about their ability to change their neighborhood, town, or city on their own (12% and 8%, respectively). ‘It’s fair to say that people who see more common ground and reject the narrative of extreme divisions are also more likely to believe democracy works and that their voice matters, at least in their own community,’ said Perry.”

People think governments have a critical role to play in solving problems, but they see more opportunity at the state and local level: “Nearly 2 in 3 respondents (63%) believe the government should do more to solve problems and meet the needs of people, and more than 9 in 10 (92%) believe that the government is most responsible for helping communities solve the need for more housing that is affordable. Only 8% believe it should be left to the private sector or nonprofit organizations. At the same time, people feel divided about what level of government should be addressing these issues: 24% say the federal government, 35% say state government, and 33% say local government.”

Leadership Insights: “Just a BLIP”

The *Leadership Insights* series is by Corrie Searles, RWHC Leadership Development Educator. You can find back issues at www.RWHC.com.

Unless you live and work in total isolation, at one point or another, you (or employees on your teams) will experience conflict. When conflict arises, the strategy for many is “wait and hope.” Avoid further interaction. Pray the conflict sorts itself out. How often does that strategy work? (Hint: *Not often. It generally prolongs the agony.*)

The next time you recognize you (or others) are stalling on conflict resolution, remember only after the storm are there rainbows. Calm exists on the other side of any temporary *blip*. Here are 4 tactics to move quickly through the **BLIP**:

B–Bias for Action: Adopt a bias for action by setting a time limit for inaction. Put a parameter around how long waiting can last (*example: < 24 hours*). In the meantime, commit to seeking out the next step. Challenge yourself to determine just one action, however small, that can be taken. (*For example, teasing out the facts of the situation from the stories.*) Like procrastination, often taking the first small step creates enough momentum to spur ongoing action.

L–Listen Purely for Understanding: Actively listen to the views of the other person(s) involved in the conflict. Wall out all thoughts beyond those related to deeply understanding the other’s viewpoint. Don’t allow space to consider your own thoughts, reactions, or perceptions. Listening in this way does not require agreement. Just listen and then check for understanding by paraphrasing back what was understood to be said.

I–Investigate Scientifically: The beauty of science is its practicality and lack of sentiment. Step back from the conflict and approach it like a scientist. Sift away all emotion and stories and see the situation from a factual standpoint. Dissect each piece and then put it together in a logical sequence, as if solving a puzzle. Leave emotion to the side. Work backwards, starting with the outcome that’s needed. Determine the sequence of action required to produce the necessary result.

P–Perspective-Taking: Assume the perspective of the other person(s) in the conflict. You don’t have to discount your own. But for several moments, genuinely walk the walk of the other person. Ask yourself questions like:

- *How might they see this situation? What perceptions might they have?*
- *How is their experience different than mine? Why are our experiences not the same?*
- *I wonder why they see things differently? What am I not seeing?*

- *What in their personality, experiences, or background might lead them to a different conclusion than mine about this situation?*
- *What biases of mine towards this person are clouding my perspective?*
- *Why would a reasonable, rational, decent person respond as they did?*
- *If I were to instead assume positive intent in this situation, how would I view this person differently?*
- *Where do we share common ground, mutual purpose, similar desires? How are they just like me?*
- *If I were to walk in their shoes, how might my view be changed?*

When addressed in a timely way, conflict can be just a blip in the radar...not a perpetual thunderstorm.

“Peace is not the absence of conflict; it is the ability to resolve conflict by peaceful means.” - Ronald Reagan

Explore these workshops and programs offered by our RWHC Education Team to improve your skills in the **BLIP**:

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About the Author: Corrie Searles, MPT, Leadership Development Educator. In Corrie’s role as Leadership Development Educator at RWHC, her aim is to empower leaders—formal and informal—to create positive influence that enables others to serve well.