

Review & Commentary on Health Policy Issues for a Rural Perspective - February 1, 2026

Welcomed Investments Don't Lessen Cuts

From: "Trump administration rolls out rural health funding, with strings attached," *PBS News*, 12/29/25:

"States will share \$10 billion for rural health in 2026 in a program that aims to offset the Trump administration's massive budget cuts to rural hospitals, federal officials have announced."

"But while every state applied for money from the Rural Health Transformation Program, it won't be distributed equally. And critics worry that the funding might be pulled back if a state's policies don't match up with the administration's."

"Officials said the average award for 2026 is \$200 million, and the fund puts a total of \$50 billion into rural health programs over five years. States propose how to spend their awards, and the Centers for Medicare and Medicaid Services assigns project officers to support each state, said agency administrator Dr. Mehmet Oz."

" 'This fund was crafted as part of the One Big Beautiful Bill, signed only six months ago now into law, in order to push states to be creative,' Oz said in a recent call with reporters."

"Under the program, half of the money is equally distributed to each state. The other half is allocated based on a formula developed by CMS that considered rural population size, the financial health of a state's medical facilities and health outcomes for a state's population."

"The formula also ties \$12 billion of the five-year funding to whether states are implementing health policies prioritized by the Trump administration's 'Make

America Healthy Again' initiative. Examples include requiring nutrition education for health care providers, having schools participate in the Presidential Fitness Test or banning the use of SNAP benefits for so-called junk foods, Oz said."

"Several Republican-led states—including Arkansas, Iowa, Louisiana, Nebraska, Oklahoma and Texas—have already adopted rules banning the purchase of foods like candy and soda with SNAP benefits."

"The money that the states get will be recalculated annually, Oz said, allowing the administration to 'claw back' funds if, for example, state leaders don't pass promised policies. Oz said the clawbacks are not punishments, but leverage governors can use to push policies by pointing to the potential loss of millions."

" 'I've already heard governors express that sentiment that this is not a threat, that this is actually an empowering element of the One Big Beautiful Bill,' he said."

RWHC Eye On Health



A Long Tradition: "The Right Hand Giveth & The Left Taketh Away."

“Carrie Cochran-McClain, chief policy officer with the National Rural Health Association, said she’s heard from a number of Democratic-led states that refused to include such restrictions on SNAP benefits even though it could hurt their chance to get more money from the fund. ‘It’s not where their state leadership is,’ she said.”

Experts say fund is inadequate in face of other cuts—“Oz and other federal officials have touted the program as a 50% increase in Medicaid investments in rural health care. Rep. Don Bacon, a Republican from Nebraska who has been critical of many of the administration’s policies but voted for the budget bill that slashed Medicaid, pointed to the fund when recently questioned about how the cuts would hurt rural hospitals.”

“ ‘That’s why we added a \$50 billion rural hospital fund, to help any hospital that’s struggling,’ Bacon said. ‘This money is meant to keep hospitals afloat.’ ”

“But experts say it won’t nearly offset the losses that rural hospitals will face from the federal spending law’s \$1.2 trillion cut from the federal budget over the next decade, primarily from Medicaid. Millions of people are also expected to lose Medicaid benefits.”

“Estimates suggest rural hospitals could lose around \$137 billion over the next decade because of the

budget measure. As many as 300 rural hospitals were at risk for closure because of the GOP’s spending package, according to an analysis by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.”

“ ‘When you put that up against the \$50 billion for the Rural Health Transformation Fund, you know—that math does not add up,’ Cochran-McClain said.”

“She also said there’s no guarantee that the funding will go to rural hospitals in need. For example, she noted, one state’s application included a proposal for healthier, locally sourced school lunch options in rural areas.”



“And even though innovation is a goal of the program, Cochran-McClain said it’s tough for rural hospitals to innovate when they were struggling to break even before Congress’ Medicaid cuts.”

“ ‘We talk to rural providers every day that say, ‘I would really love to do x, y, z, but I’m concerned about, you know, meeting payroll at the end of the month,’ she said. ‘So when you’re in that kind of crisis mode, it is, I would argue, almost impossible to do innovation.’ ”

Beyond Rural Health Transformation

From “Sustaining the Rural Healthcare Infrastructure,” in the *National Rural Health Association 2025 Advocacy Report*:

“Given the historic changes made to Medicaid and the Health Insurance Marketplace, various funding streams that support the rural health infrastructure are significantly altered. In 2026, the National Rural Health Association (NRHA) will continue its focus to adequate reimbursement and resources for rural health through Medicare, 340B, and other federal programs. NRHA advocates for an array of major infrastructure improvements with Congress, which

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

www.RWHC.com ✕ 

Email office@RWHC.com with *subscribe* on the subject line for a free e-subscription.

paired with the Rural Health Transformation Program, will sustain rural healthcare into the future.”

- “Make transformative changes to Medicare payment for rural hospitals, including eliminating Medicare sequestration, extending disproportionate share payments for sole community and Medicare-dependent hospitals paid under their hospital specific rate, codifying the low wage index policy promulgated by the Centers for Medicare & Medicaid Services from 2020 to 2024, and establishing an area wage index floor.”
- “Medicare-Dependent Hospitals, hospitals receiving a Low Volume Hospital payment adjustment, and rural ground ambulance providers are stuck in an unpredictable cycle of Medicare payment ‘extenders’ reliant upon Congress to reauthorize their designations. NRHA urges a permanent designation, or a minimum 5-year extension in 2026.”
- “Authorize the Rural Hospital Technical Assistance program at the Department of Agriculture and continue to adequately fund the program, as well as the Rural Hospital Stabilization pilot program at the Federal Office of Rural Health Policy.”
- “Make technical changes to the Rural Emergency Hospital designation to make it a more accessible and sustainable option for rural hospitals considering conversion.”
- “Protect the 340B Drug Pricing Program for rural covered entities, particularly the use of contract pharmacies and the rollback of the new 340B Rebate Model Pilot Program.”
- “Reform rural Graduate Medical Education to encourage the growth of residency programs and rural track programs at rural hospitals.”
- “Improve rural hospitals’ ability to respond to obstetric emergencies. In the midst of an obstetric unit closure crisis

in rural America, ensuring providers are well-equipped to manage obstetric emergencies without a dedicated labor and delivery unit is crucial.

America Needs Its Older Generations

From “Van Dyke shouldn’t be the exception in staying engaged” by Rachel Greszler, *Tribune Content Agency*, 12/19/25:

“Dick Van Dyke turning 100 on Dec. 13 is remarkable enough. But the entertainment icon hasn’t simply made it to the century mark. He’s remained purposefully engaged in life and with those around him: acting, dancing, mentoring younger performers and spreading joy to millions.”

“Van Dyke is a reminder that aging does not diminish our capacity to contribute. It often enhances it. Aging with purpose and the positive contribution of older adults in today’s economy was the topic of a Dec. 10 hearing before the U.S. Senate, in which I testified.”

“I emphasized how demographic realities and cultural ills mean that America needs its older generations more than ever—in the workplace and the broader fabric of society. And while policymakers can’t force more engagement from seniors, they can and should remove government-imposed barriers that make it harder for seniors to stay engaged.”



“One in 4 Americans is 55 or older, and that share is steadily rising alongside our nation’s declining fertility rate, rising life expectancies and the aging of the baby boomers. By 2034, for the first time in history, the U.S. will have more senior citizens than children. Fortunately, older Americans’ participation in the labor force has been rising with improvements in health and the growth of flexible, less physically demanding work.”

“Contrary to the notion that older Americans work only out of financial necessity, many seek continued purpose and connection. Studies show that remaining engaged results in happier and healthier older adults, including reducing the risk of chronic disease, cognitive decline and depression.”

“Aside from traditional jobs, roughly one-quarter of baby boomer professionals and over one-third of Silent Generation professionals engage in flexible, independent work. Many older Americans start small businesses. Others remain engaged in caregiving, volunteering, mentoring and community leadership.”

“These contributions aren’t just personally fulfilling—they are economically vital. With 4 million fewer young people working today than in 2000, businesses desperately need experienced people to work and train the next generation. Yet rather than clearing a path for more Americans, federal policy often stands in the way.”

“A big culprit is Social Security’s retirement earnings test, a relic of the Great Depression that reduces benefits for workers under age 67 by \$1 for every \$2 they earn above about \$23,400. Combined with other taxes, this can result in effective marginal tax rates as high as 84%—punishing older Americans who want to work.”
“I estimate that eliminating this test could bring up to 1 million additional older Americans into the labor force, boost incomes, increase economic output, reduce poverty and improve Social Security’s finances—all without costing taxpayers a dime.”

“America is aging, but that does not have to be a crisis. It can be an opportunity to empower more older Americans to put on a happy face and stay in the race.”

Greszler is a senior research fellow at the Heritage Foundation and visiting fellow at the Economic Policy Innovation Center.

Enhancing Trust in Health Care

From “Addressing Mistrust in the Healthcare System through Evidence-Based Communication Practices”

by UW-Madison MPH Students,
Nel Rose Hanson, Joshua Hood,
Amy Hohenberger & Emma K
Bricco, 12/10/25:

“Change moves at the speed of trust” – Stephen Covey

“Businessperson and author Stephen Covey made this claim in his 2006 publication, *Speed of Trust*. If progress is desired, there must be a firm foundation of trust. This applies in business, politics, healthcare, and even

family relationships. In recent history, we have seen a wildfire of mistrust light our nation ablaze. This flame was fanned by the COVID-19 pandemic, but mistrust has a deep history rooted in violations of the Hippocratic Oath like the Tuskegee Study, state-mandated sterilization, and ongoing disparities in maternal health care. This legacy, combined with the volatility of the current political climate, builds barriers in the patient-provider relationship and uncertainty towards the broader institution of public health.”

“When systems in power fail to effectively communicate with the greater public, health disparities may result. In turn, this has the potential to exacerbate the already existing mistrust of institutions in American society including healthcare systems, public health entities, and even general science. Communication has been shown to be a critical building block for establishing trusting relationships, and when skills are lacking in either party, there is a collapse of trust and synergy in the relationship. Following a review of relevant literature, we identified three actionable interventions to enhance communication with the overall goal of increasing public trust. We recommend implementing these efforts with a cultural awareness of how community membership, particularly rurality, impacts health and well-being.”



34th Annual \$3,000 Monato Essay Prize
Best Rural Health Paper by a
University of Wisconsin Student
or recent graduate. Submit by June 1st.
www.rwhc.com/Awards.aspx

Intervention 1: Open Science Practices—“Open Science Practices (OSPs) promote free availability of research processes and data. When the public has access to raw science and the thought process that is used during experimentation, science feels less ‘hidden’ or ‘masked’. OSP states that when a greater amount of scientific information is shared, individuals are less suspicious of (1) where it came from and (2) the techniques used to gather the data. Trust is established when this suspicion is diminished.”

Intervention 2: Willingness to Communicate (WTC) Scale—“The Willingness to Communicate scale is a short (20 item) probability estimate scale to measure a respondent’s predisposition to approach or avoid interpersonal communication. This scale takes into consideration one’s personal habits (how much they speak, if they avoid or approach certain topics, if they are

RWHC Eye On Health



“How are we supposed to trust those who don’t trust us?”

anxious while describing their views). Providers and healthcare administrators can use the results from this tool to understand their own personal willingness to communicate and introspect how this affects their practice. A copy of this scale is available at: <https://bit.ly/4oPUu1b>.”

Intervention 3: Two-Way Symmetrical Communication—“Two-Way Symmetrical Communication emphasizes

mutual benefit and respect between a patient and a provider and seeks to mediate any true or perceived power imbalances between the two. It creates an inclusive environment where honest opinions can be shared without fear of pushback, which in turn engages the target audience in the decision-making process, rather than simply telling them what they must think or do. This allows both sides to speak freely and interpret each other’s views, or in other words, allows each party to see ‘the other side.’ Trust is established between public health and community members following this degree of transparency and openness, leading to a more effective adoption of wide-scale public health policies and efforts.”

Counter Arguments—“We acknowledge there are possible reasons for skepticism of our recommended actions. One might be the belief that people are now so entrenched in their opinions that it will be impossible to change minds or build trust. Healthcare providers have little time on their hands as it is, and adding more burdens to their busy schedule through attempting to implement novel ideas will make them even less effective as healthcare practitioners. Instead, there is evidence that the approaches that we have outlined can help to decrease the wall of mistrust that has arisen between members of public and healthcare institutions. Not only that, it is imperative if we are to have an effective healthcare system to have an inherent trust between provider and patients. The practices that we have proposed are rooted in evidence, demonstrating that implementation is worth the extra time to build trust and nurture a competent healthcare system.”



WISEYE.ORG IS OFF THE AIR

WisconsinEye is an award-winning independent State Capitol network serving the citizens of Wisconsin since 2007 with live and archived coverage of state government.

This independent, non-government network has produced in excess of 14,000 hours of official state proceedings and more than 16,000 hours of unedited civic and campaign events -- all to fulfill our mission of inspiring civil dialogue and informed citizen participation in our democracy.

WisconsinEye needs your help to continue their mission of government transparency.

More info at: <https://bit.ly/4agWmwX>

You can donate online at <https://donate.stripe.com/14k4kbfxjdUa90laEE>

or by mailing a check to:

122 W. Washington Avenue, Suite 200, Madison, WI 53703

More info via email to info@wiseye.org

WisconsinEye is a 501(c)(3) charity—Tax ID #39-1977300

Conclusion—“Improving communication styles can lead to a variety of benefits for public health providers in rural settings. The increased need for improved communication styles has been highlighted throughout history. The combination of Open Science Practices, the Willingness to Communicate Scale, and Two-Way Symmetrical Communication will lead to more effective public health interventions and improved interpersonal connections between two individuals or organizations. When engaging with individuals or groups that have differing opinions, we recommend you consider adding a communication intervention to alleviate mistrust within your community.”

New \$100K Tariff on Foreign Rural Docs

From “Wisconsin sues over new H-1B visa fee, citing impact on healthcare, education,” Wisconsin Health News, 12/16:

“Wisconsin and 19 other states sued President Donald Trump’s administration last week for imposing a \$100,000 fee on new visa petitions for a program that allows employers to hire skilled foreign workers to fill workforce gaps.”

“ ‘The H-1B program has bolstered education, healthcare and research in Wisconsin,’ Attorney General Josh Kaul said in a Monday statement. ‘This unlawful and exorbitant fee would drastically undermine this program and set us back.’ ”

American Hospital Association Urges Feds to Broaden Definition of Professional Health Degrees

The AHA on Dec. 22 called on the [Department of Education](#) to adopt a broader definition of “professional degree programs,” emphasizing the need to include nursing, physician assistants, physical therapy, social work and other post-baccalaureate health professions. The AHA warns that limiting eligibility for higher federal loan caps would make advanced training financially inaccessible for many students, worsening existing workforce shortages across hospitals and communities. With demand for highly trained clinicians continuing to rise, the AHA argues that a broader definition is essential to sustaining the health care workforce pipeline, maintaining access to care and ensuring students can pursue the advanced education required for licensure and practice.

“Typically, employers filing an initial H-1B petition would expect to pay between \$960 and \$7,595 in fees, according to the lawsuit. The new policy affects applications filed after Sept. 21 and leaves it up to the Department of Homeland Security to determine which petitions are subject to the fee and which aren’t.”

“Nearly 17,000 H-1B visas went to healthcare workers nationwide in fiscal year 2024, the state’s Department of Justice noted in a press release. Half went to physicians and surgeons.”

“Per the department’s statement, the University of Wisconsin-Madison received approval for 232 H-1B visas in fiscal year 2025 for filling teaching, research and medical training roles. The new fee threatens the university’s ability to stay competitive and makes it more difficult for Wisconsin to fill needed positions in nursing and other healthcare fields, the statement noted.”

“The fee is outside what Congress authorized, bypasses required rulemaking procedures and exceeds the executive branch’s authority, the lawsuit claims. It names four federal agencies as defendants.”

“A Department of Homeland Security spokesperson called the lawsuit ‘an obvious attempt by a bunch of Democrat attorneys general to kneecap President Trump’s agenda and undermine his clear authorities.’ ”

“A State Department spokesperson said that ‘big corporations and woke universities have abused the program to replace Americans with lower-paid foreign labor.’ A U.S. Department of Justice spokesperson said they will defend ‘President Trump’s efforts to provide certainty to those employers using the H-1B program as intended.’ ”

Leadership Insights: “Seize 5 C’s”

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

I’m a self-proclaimed hoarder of interesting information. I often tuck away random quotes, stories,

articles, training highlights. Periodically, I sift back through them and always find renewed inspiration. On one such scavenger hunt, I stumbled upon a list called the **5 C's of Leadership**. Reflect and consider...*have you seized all 5 C's in your leadership?*:

1. Competence—It's good practice to have knowledge and understanding related to areas for which you lead. Continue expanding your subject-level competence. As a leader, however, we sometimes pressure ourselves into thinking we have to have all the answers. Accept that is simply not possible. Develop your resourcefulness and network for retrieving knowledge when you need it. Be confident in responding with, *"I don't know yet know the answer. I'll look into it and share what I find."* Or *"That's a great question. Let me connect you with [Name], who is an expert and can support you better than I can."* Employees don't expect you to know everything; they expect your willingness to offer direction.

Competence is also not just technical understanding. Schedule time to invest in honing leadership skill capabilities such as...*communication, delegation, recognition, decision-making, giving and receiving feedback, developing teamwork, and conflict resolution*, among others.

2. Character—I've heard integrity defined as *"Doing the right thing, even when no one is watching."* Brené Brown, author and speaker, suggests integrity (a.k.a., character) is *"doing what is right over what is fast, fun, or easy."* Indeed, leadership is not an easy road. There may be temptations to avoid the difficult work of addressing poor performance or behaviors that don't align with company culture. Leading with character is about bravery—being scared or intimidated (even tired) but doing the tough stuff anyway... It's the right thing to do for you, for them, for the team, for the organization.

3. Compassion—With the back-drop of healthcare, I might have put this one first.

Compassion is all about caring. Like the Theodore Roosevelt saying, *"No one cares how much you know until they know how much you care,"* leadership requires genuinely caring about those you serve. It's about caring for others as much as we care for ourselves. That last part is key. *You can't pour from an empty cup.* As in, you can't be in a position to care deeply for others and meet their needs if you haven't yet met your own needs. Prioritize self-care. When you do, you'll find your capacity for sincere compassion and caring of others will be abundant.

4. Catalyst—Being a catalyst is all about identifying needs, initiating efforts of improvement, removing obstacles to progress, supporting change efforts, and making things happen: *servant leadership*. Serving others through leadership is less about doing the work itself and more about making it possible for others to succeed in their work. We sometimes forget and slip back into our prior comfort zone of playing amongst the weeds rather than tending the garden. Catch yourself when that happens and focus instead on clearing the path to action (*maybe even adding some Miracle Grow here and there!*)

5. Courage—This shows up twice—both under Character and now as its own category. In this case, courage is speaking truth to others with simultaneous candor and respect—even those in authority positions—and taking accountability for the performance of the team(s) you serve. No simple task. It requires courage both to take the brunt of missed outcomes, as well as to give credit for successes achieved by teams you support. The dividends of such daring behaviors, however, are remarkable, gaining you much respect and trust.

How did you do? Did your reflection confirm strong marks in 2, 3, or even 4 categories? Where can you seize opportunity to further develop one of the C's?

Support RWHC Healthy Wisconsin



The foundation focuses on community & economic development as well as the healthcare workforce.

Email timsze@RWHC.com to discuss how you might support this work.

“Leadership shows judgment, wisdom, personal appeal and proven competence.” – Walt Disney

Explore these workshops and programs offered by our RWHC Education Team to improve skills of the 5 C’s:

- *Understanding & Developing Emotional Intelligence*
- *Servant Leadership: Committing to Being of Service as a Leader*
- *Walk the Talk: Leadership Accountability*

To learn more, visit: <https://www.rwhc.com/Services/Educational-Services/Leadership-Series> or email: csearles@rwhc.com.

Consider joining our Leadership Bites program: <https://www.rwhc.com/Services/Educational-Services/Leadership-Bites>

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.

Focus on the Power of Hope for 2026

From: “A sip of whiskey, a shot of hope—Jane Goodall’s final challenge to us all” by John Hiner, president of MLive Media Group, 10/23/25:

“The universe has a way of delivering a message you didn’t know you needed—sometimes from the other side. On the recommendation of friends, my partner and I watched the Netflix series *“Famous Last Words,”* featuring an interview with Jane Goodall. As you probably know, the legendary primatologist and conservationist died Oct. 1 at age 91.”

“The premise of the show is simple and haunting: host Brad Falchuk sits alone with his subject, surrounded by remote-controlled cameras. The interviews are released only after the subject has died.”

“That setup invites a rare kind of candor, and Goodall was more than up for it. She spoke plainly about her early life, her work, her loves and losses, the state of the world, and her message to future generations.”

“With her no-nonsense tone, pulled-back graying hair, and a small glass of whiskey at her side, Goodall reminded me of my late grandmother—a straight-talking Irishwoman who didn’t suffer fools.”

“Goodall made it clear that she saw plenty of foolishness in our world. Whether the topic was politics, corporations, or the environment, she didn’t hold back. She lamented how many people feel powerless. But she didn’t dwell in despair.”

“That’s where the episode lands its punch: Goodall faced mortality with defiance and, even more powerfully, faith in each of us who are still here.”

“At the end of the interview, Goodall turns directly to the camera.”

“ ‘Don’t lose hope. If you lose hope, you become apathetic and do nothing,’ she says.”

“Even small actions, she said, make for great change. Goodall was speaking about the environment and humanity’s impact on it. But what I heard her say extends far beyond that.”

“It feels like a message to anyone feeling discouraged in these times. One person, multiplied, can still change the world”

“Goodall died at a private home in Los Angeles. She was in the midst of a tour—still speaking out, still urging people to act. Her final words, delivered directly to each viewer, felt like a blessing from someone who had seen the bad and still believed in the good:

‘ You have it in your power to make a difference. Don’t give up.’ ”

“Jane Goodall departed still believing in us. Let’s prove her right.”