

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

H.R. 1: “The Good, the Bad and the Ugly”

From “Transforming rural health: NRHA’s H.R. 1 and RHTP (Rural Health Transformation Program) advocacy,” *Rural Horizons-The landscape of rural health*, NRHA, November, 2025:

“Nearly 20 percent of rural adults and 40 percent of rural children rely on Medicaid or the Children’s Health Insurance Program. For many rural health stakeholders, the passage of H.R. 1 in July has ushered in a new era of uncertainty for these essential programs. Also known as the reconciliation package or One Big Beautiful Bill Act (OBBBA), the sweeping legislation contains many rural health policy changes, along with significant funding cuts. This includes:

- Work requirements for Medicaid
- More frequent Medicaid eligibility checks and changes to eligibility requirements
- Changes to Medicaid financing at the state level”

“For rural areas, these cuts will be particularly detrimental. Kaiser Family Foundation estimates federal Medicaid spending in rural areas is expected to decrease by \$137 billion, while a Congressional Budget Office analysis estimates the law will increase the number of uninsured Americans by 11.8 percent to 16 million by 2034. Further, a rural-specific analysis by NRHA and

Manatt Health, a professional services firm specializing in health policy, health care transformation, and Medicaid redesign, shows that rural hospitals are slated to lose 21 cents out of every dollar they receive in Medicaid funding. At these facilities, any loss in funding could be catastrophic, with 432 rural hospitals across America already vulnerable to closure.”

RWHC Eye On Health



“I do appreciate the good news,
but what is the rest you have to tell me?”

“ ‘Reductions in Medicaid funding of this magnitude will accelerate rural hospital closures, and for those rural hospitals that remain open, lead to the elimination or curtailment of critical services, such as obstetrics, chemotherapy, and behavioral health,’ the Manatt report states. ‘On average, states where 40 percent or more of rural hospitals are at risk of closure would see Medicaid rural hospital funding reductions of more than 20 percent.’ ”

“According to NRHA Chief Policy Officer Carrie Cochran-

McClain, who along with NRHA’s Government Affairs team has been working with and advocating for rural health stakeholders across the country to ensure their voices are heard in the wake of OBBBA, ‘the places and people in greatest need are likely going to be hurt the most by the changes here.’ ”

“ ‘It impacts the individual as well as the larger system,’ she says. ‘We had half of hospitals operating at negative margins before these cuts. Different pieces of the law are going into effect at different times. It will be a gradual stressor on rural providers. It might not be an automatic closing of doors overnight, but we’re going to see

changes to the capacity of what local providers are able to do over time.’ ”

“ ‘It’s generally going to mean less reimbursement coming in and more uncompensated care because rural hospitals will still care for patients in the ER who are now uninsured,’ adds Alexa McKinley Abel, NRHA government affairs and policy director. ‘Because Medicaid is such an important source of coverage, it’s also a huge payer in rural areas, usually ranked behind Medicare. That is going to put further financial strain on a lot of hospitals, clinics, nursing facilities, and so on.’ ”

“In an attempt to offset the losses rural health care providers will experience as a result of funding cuts, OBBA contains a provision known as the Rural Health Transformation Program (RHTP). Described by CMS as an effort ‘to strengthen rural communities across America by improving health care access, quality, and outcomes by transforming the health care delivery ecosystem,’ RHTP includes \$50 billion in funding that will be distributed to states to improve rural health care access and delivery.”

“Overall, RHTP is an unprecedented federal investment in rural health to strengthen sustainable access to care and improve health outcomes. The program directs funding toward rural health innovation, prevention, sustainable access, technology, partnerships, infrastructure development, and workforce investment, with states helping rural communities meet strategic goals. It will be essential to ensure that rural hospitals, which serve as lifelines in their communities, receive a fair share of this funding to maintain access and strengthen local systems of care.”

“At the same time, NRHA believes that the one-time funding, while significant, cannot by itself secure the long-term stability of rural providers. An analysis by NRHA and Manatt Health presents three different scenarios – all of the funding going to rural hospitals, 80 percent going to rural hospitals, and it being proportionate to their number of Medicaid patients – and in



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each one, rural hospitals don’t end up being whole at the end of the day.”

“ ‘CMS has been very clear that they want to use the RHTP for longer term rural health transformation—but without continued policies that guarantee sustainable reimbursement, rural hospitals and clinics will remain at risk,’ Cochran-McClain says. ‘This program is an important step forward, but it

must be paired with durable reforms that ensure rural Americans have reliable access to care for years to come.’ ”

“For NRHA’s Government Affairs team, RHTP has been the primary focus of their advocacy efforts since July. This has included meetings with CMS to provide specific feedback on how funds should be allocated, hosting webinars, creating advocacy materials for members, and getting offices of rural health and state rural health associations ready to engage. Going forward, Cochran-McClain encourages NRHA members—and anyone concerned about rural health care—to continue to raise their concerns and experiences with their members of Congress regarding RHTP funds and other vital issues.”

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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Safety Net Providers Investigate Collaboration

From “Wisconsin Owns Wellbeing Collaborative: Announces five safety net strategy sessions in 2026” by *WISPOLITICS*, 11/12:

“The Rural Wisconsin Health Cooperative (RWHC), the Wisconsin Association of Free and Charitable Clinics (WAFCC), and the Wisconsin Primary Health Care Association (WPHCA), in partnership with the Wisconsin Department of Health Services, are launching the Wisconsin Owns Wellbeing (WOW) Collaborative to conduct statewide and regional safety net strategy sessions over the next nine months.”

“The WOW Collaborative aims to create a shared vision for Wisconsin’s safety net and the individuals and communities served, and to spur and mature partnerships that will bring the vision to fruition. Tim Size, Executive Director of the RWHC noted, **‘This effort builds on Wisconsin’s long tradition of effective collaboration with a goal of super charging these partnerships for the future.’**”

“Scott Stewart, CEO at WPHCA, added, ‘Given everything that is happening socially, politically, and economically right now, this project is extremely timely for safety net partners to have structured time to plan together for the future.’”

“Dennis Skrajewski, Executive Director at WAFCC, said, ‘Wisconsin’s safety net providers and partners have the creativity, the grit, and the resolve to determine what needs to change and make it happen.’”

“Following a visioning session for statewide leaders in December, the WOW Collaborative will test and tailor strategic planning at five regional meetings in 2026:

- January 27, 2026: Market on River; Chippewa Falls
- February 17, 2026: Lake of the Torches, Lac du Flambeau
- March 4, 2026: St. Norbert College, De Pere
- March 19, 2026: Baraboo Arts, Baraboo

- April 15, 2026: Waukesha County Technical College; Pewaukee”

Additional Information

- “For additional information about the WOW Collaborative, please see the website landing page: https://www.rwhc.com/wisconsin_owns_well-being.”
- To sign up to receive project updates or notifications when registrations for regional meetings open: [Wisconsin Owns Wellbeing \(WOW\) Collaborative Interest Form](#).”

“The WOW Collaborative is generously supported by the Roots & Wings Foundation. Roots & Wings is a family foundation established in 2020 by Judy and Gordon Faulkner. Roots & Wings makes grants across the fields of healthcare, early learning, basic needs, and safety & justice. The Foundation supports non-profit organizations that help low-income children and families reach their full potential through prevention, early intervention, and in-depth programming that changes lives. More information available at www.rootswings.org.”

Rural Depends on Affordable H-1B Visas

From “Trump policy could choke rural health care hiring” by David Colburn, *Timberjay*, 11/13:

“Even before the latest change in federal visa policy, rural Minnesota clinics were fighting an uphill battle to find and keep doctors. **Now, with the Trump administration increasing the H-1B visa application fee to \$100,000, hospital systems and health groups say the challenge of staffing small-town health care could soon become far worse.**”

“Across much of northern and rural Minnesota, the shortage of doctors is no secret. A 2024 report from the state Department of Health found that only a small fraction of the state’s 28,000 licensed physicians practice outside metro areas, even though rural counties make up nearly half of Minnesota’s geography. To

keep clinics open, many communities now depend on nurse practitioners and physician assistants serving as lead providers in family medicine and various specialty areas.”

“The state’s Office of Rural Health and Primary Care reported in 2022 that the COVID pandemic further deepened staffing shortages as burnout and early departures accelerated across nearly every health profession.”

“The report also found that one in three rural physicians planned to leave the workforce within five years, and that the state’s rural doctors are, on average, a decade older than their urban peers. As those doctors retire, advanced-practice providers are filling more of the gap, but they can’t replace physicians in certain specialties.”

“With nearly a quarter of rural Minnesotans projected to be 65 or older by 2030, demand for care is climbing just as the supply of doctors continues to shrink.”

“Rural health administrators warn that the new visa fee could make it even harder to recruit replacements as veteran doctors retire and open positions go unfilled.”

“The impact of the new visa fee is already on the minds of Essentia Health, which operates hospitals and clinics across northern Minnesota and runs a community health clinic in Ely. In a statement provided to the *Timberjay* on Tuesday, the health system said the change could make it even harder to attract physicians to rural areas where retirements are mounting and vacancies are difficult to fill.”

“ ‘The new application fee does not make these recruitment efforts easier,’ the health system said. ‘We are continuing to explore how this proclamation may impact our future recruitment efforts and remain committed to attracting top talent to support exceptional patient care.’ ”



“That local reality mirrors what national groups are warning in Washington. **The National Rural Health Association has asked the Department of Homeland Security to exempt health care workers from the \$100,000 fee, calling it ‘cost prohibitive for rural providers.’** NRHA’s analysis shows that in 2025 more than 560 rural employers nationwide relied on H-1B visas to bring physicians and practitioners to their communities.”

“The American Medical Association joined the appeal, supported by over 50 medical specialty societies. Their joint letter said international medical graduates are vital to maintaining patient access, particularly outside major cities. Roughly one-quarter of all licensed U.S. physicians were educated abroad, and about two-thirds of them practice in underserved rural and low-income areas.”

“The AMA estimates the U.S. will face a shortage of up to 86,000 physicians by 2036. The new visa cost, effectively a six-figure hiring tax, would strain or break health care provider budgets already stretched thin. They operate with little margin and can’t absorb such a jump in recruitment expenses.”

“In 2024, about 16,900 of nearly 400,000 H-1B petitions nationwide were for medical and health occupations, roughly half of them physicians and surgeons. Those doctors fill vacancies that have often remained open for months or years.”

“The Department of Homeland Security has so far taken no action to exempt health care workers from the new fee, even though it has the authority to do so for occupations deemed essential to the national interest. While individual employers can request case-by-case waivers, groups like the NRHA and AMA say that process is unworkable for small hospitals and clinics with limited administrative staff.”

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

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

“The NRHA called its request for an exemption ‘the simplest path forward.’ For rural Minnesota, it may be the most practical one.”

Five Rural Myths & Misunderstandings

From “Myths and Misunderstandings About Rural America—Five insights into rural people and places that challenge conventional wisdom,” by Tim Slack, *GROW magazine*, UW College of Agriculture & Life Sciences, Fall, 2025:

“Rural America is substantial in its size, population share, and social and economic significance. Roughly one in five Americans live in rural areas, and the vast majority of the nation’s land area is rural. Yet, in a nation with a mostly urban population, the challenges faced by rural people and places are often overlooked or misunderstood. Here are five myths and misunderstandings about rural America—a handful among many—related to population loss, employment, racial composition, health, and politics.”

Myth 1: In the context of urbanization, rural America is fading away due to population loss. “Over the course of U.S. history—as we transitioned from an agrarian to an industrial and now an information-based economy—populations have increasingly concentrated in urban areas. But urbanization has not been linear or unidirectional. In the 1970s and 1990s, rural areas experienced greater population growth than urban areas, periods coined “rural rebounds.” And rural places with attractive natural amenities (e.g., lakes and mountains) consistently buck the depopulation trend. Paradoxically, the very definition of “rural” puts limits on growth. Many rural areas are vibrant and growing, but sustained population growth results in places being reclassified as urban. Much of what appears to be rural depopulation and urban growth in aggregate statistics stems from formerly rural people and places being moved to the urban side of the ledger over time.”

Myth 2: Rural is synonymous with farming. “Agriculture does constitute a greater share of employment in rural areas compared to urban areas, but this is also the case with other major sectors, including mining,

construction, retail, manufacturing, and government. Nationally, just over 5% of employment in rural counties is in agriculture, and most farm families also engage in off-farm employment. Manufacturing is an especially important sector of employment in rural areas, where it provides a greater share of jobs and earnings than in cities, making deindustrialization especially painful in rural America. It is one thing for a plant to close in a large, diversified metropolis but quite another when it is the lone ‘good jobs’ employer in town.”

Myth 3: Rural America is not racially diverse. “In truth, rural areas are much more diverse than commonly assumed. In 2020, about one in four people (24%) living in rural America were non-White, with Hispanic (9%) and Black (8%) people representing the two largest groups. Further, although Indigenous people represent a relatively small share of the rural U.S. population overall, no other group has more rural residents among its members. Notably, not only is the rural population more racially diverse than many believe, but it is becoming increasingly so—and children are the vanguard. In 2020, nearly one in three rural residents under age 18 was non-White.”

Myth 4: Rural America is healthier. “Age-adjusted mortality rates are actually higher in rural areas, and the rural-urban gap is wide, persistent, and growing. The COVID-19 pandemic exacerbated this disparity with disproportionately higher rates of death from the disease in rural communities. Perhaps most concerning is growing rural-urban inequality in mortality among working-age adults (25–64). This trend is being driven by nearly all major causes of death. Rural working-age mortality rates are higher for cancer, heart disease, COVID-19, transport accidents, suicide, alcohol misuse, diabetes, stroke, and problems related to or aggravated by pregnancy among women.”

Myth 5: A “rural revolt” propelled the presidential elections of Donald Trump. “There is no doubt that rural voters have shown a clear preference for Trump in his three contests. But the rural U.S. vote has been trending Republican for decades. Since the 1976 election of Jimmy Carter — the last year in which rural-urban voter preferences were similar — the gap in the share of votes for Republican presidential candidates has steadily increased. In 2024, it was

roughly a 20-point difference between rural and urban areas. So, while Trump has performed well with rural voters, doing so is consistent with a 50-year trend. Moreover, the big story in the 2024 contest was not about rural voter turnout, which held steady from 2020. Instead, it was the massive collapse in voter turnout in big cities, where both candidates got fewer votes than in 2020, and Kamala Harris captured roughly 8 million fewer votes than Joe Biden had four years before.”

A Federal Web Page vs. Settled Science

From “CDC Changes Webpage to Say Vaccines May Cause Autism, Revising Prior Language. The text on vaccines had been a focal point for concerns about RFK Jr.’s views.” by Liz Essley Whyte, *The Wall Street Journal*, 11/20/25:

“CDC webpage now states that studies have not ruled out the possibility that infant vaccines cause autism, revising its previous stance.”

“A Centers for Disease Control and Prevention webpage that previously made the case that vaccines don’t cause autism now says they might.”

“The contents of the webpage came up during Health Secretary Robert F. Kennedy Jr. Senate confirmation process. Sen. Bill Cassidy (R., La.) in February said Kennedy had assured him that, if he was confirmed, the CDC would ‘not remove statements on their website pointing out that vaccines do not cause autism.’ ”

“The revised webpage says: ‘The claim ‘vaccines do not cause autism’ is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism. Studies supporting a link have been ignored by health authorities.’ ”

“The new text posted Wednesday also notes that the Department of

Health and Human Services has launched ‘a comprehensive assessment’ to probe the causes of autism.”

“The webpage had been a focal point for both vaccine skeptics, who criticized its earlier language, and public health advocates, who wondered how far Kennedy would go to change federal agencies’ language around vaccines.”

“The page previously said: ‘Studies have shown that there is no link between receiving vaccines and developing autism,’ citing a 2012 National Academy of Medicine review of scientific papers and a 2013 CDC study.”

“The new webpage says the CDC’s previous assurances on vaccines and autism violated the Data Quality Act. It suggests aluminum adjuvants could be behind the rise in autism cases. ‘Though the cause of autism is likely to be multi-factorial, the scientific foundation to rule out one potential contributor entirely has not been established,’ the new page reads.”

“Kennedy in September suggested pregnant women taking Tylenol could also have fueled the increase in autism. He previously said pesticides, mold or environmental toxins could also be to blame.”

“Cassidy declined to comment.”

“He and Kennedy have increasingly sparred in recent months, as Cassidy has accused the Health Secretary of backpedaling on his vow to protect vaccine access. At a contentious Senate hearing in September, Cassidy criticized Kennedy for unwinding mRNA vaccine pro-

grams, replacing a key CDC advisory panel with vaccine skeptics, limiting access to Covid-19 vaccines, and firing former CDC Director Susan Monarez when she disagreed with his approach to vaccines.”

“Scientists have said that while it is impossible to prove ‘never’ conclusively, no association has been proven between vaccines and autism. More than 25 peer-reviewed scientific articles have

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“From *Animal Farm*: ‘All animals are equal, but some animals are more equal than others.’ ”

shown no link between autism and the MMR vaccine—a longtime focus of vaccine skeptics due to a 1998 study suggesting there was a link, which was later retracted. A Danish study of more than 1.2 million children published earlier this year found no link between aluminum in vaccines and neurodevelopmental harm, including autism.”

“‘It is absolutely definitive. There is no link between autism and vaccines. Zero. None,’ said Dr. Yvonne Maldonado, a professor of pediatrics, epidemiology and population health at Stanford Medicine.”

“‘We are updating the CDC’s website to reflect gold standard, evidence-based science,’ HHS spokesman Andrew Nixon said.”

Leadership Insights: “Keeping Balance”

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

Drive Success...or Foster Engagement? *Do you feel as a leader you have to choose one over the other?* In the Crucial Conversations world, that’s called the “Fool’s Choice.” Any time we put the word or between two options instead of the word and, we’ve made the Fool’s Choice, whereby the balance tips one direction or the other. We believe it’s not possible to achieve both... the and.

Let’s put some context to each of these because reality is that one is dependent upon the other. They’re not exclusive. Both are necessary to keep the balance.

SUCCESS as a leader means helping to drive results and achieve milestones. It’s about accomplishment—accomplishment of quality care delivery, financial goals, strategic objectives, market share growth,

patient satisfaction. Success is the “what” of the work. A positive end result. Metrics are often involved.

ENGAGEMENT is all about the “how.” In leadership, it’s about hiring, developing, and fostering the right attitudes and behaviors that allow for results to be accomplished. It’s guiding efficient processes, setting up the work environment in a way that supports the work rather than hinders it, addressing needs, growing people, and providing support. (*Boy, that sounds a bit like Servant Leadership!*)

There is a third element—PURPOSE—that definitely comes into play. It represents the “why.” Success and Engagement have no need to exist without Purpose. Our tug of war usually isn’t with the Purpose. We typically agree on *its* importance. Where the Fool’s Choice rears its ugly head and imbalance occurs is when deciding whether to push harder on the side of Success or the side of Engagement.

What happens when, as leaders, we focus primarily just on results—productivity, net margin, expanding services, doing more with less, implementing sweeping changes one after another, etc.? Perhaps like me you’ve seen it callous the service and compassion of those delivering care. If it goes on long, stress rises. Burnout initiates. Turnover goes up. Finger-pointing, blame, and distrust prevail. Silos develop. The “care” in healthcare suffers.

Conversely, what happens in organizations or departments where leaders elevate the importance of engagement over results? Yes, employees may be happy and feel supported. That’s good! But how is the organization doing? Financial outcomes slide, services stagnate, quality diminishes.

Accountability requires attention to both achieving results and (*notice the “and” here*) supporting the people doing the work. Organizations who learn how to balance both rise above the others. They flourish.

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“Yea, but balance without a dream is like a bird without feathers.”

Is your leadership balanced? If not, which side do you lean toward—driving Success or fostering Engagement? What would it take to shift toward the middle?

Agreed, there are times when Success or Engagement may need to take precedence over the other. Monitor how long that continues. In short periods, it may be necessary. Over long periods, be watchful for slipping from the other side.

When faced with needing to choose, ask yourself these questions (or if you are a supervisor of other leaders, coach their development with these questions):

- 1) In this circumstance, is there a need to prioritize one over the other—Success vs. Engagement? Is it indeed necessary or am I making a Fool's Choice?
- 2) If one must have priority, how long do I anticipate this to be needed?
- 3) What signs should I be looking for to tell me the focus has shifted too long?
- 4) What efforts can be taken to uphold the other side while this temporary shift is required?

- 5) When telling others which one is driving the task currently being asked of them, how can I explain the reasoning in a way to be understood and supported?
- 6) What reassurances can I offer in that moment that this is not intended to be long-term?
- 7) How can I engage them to share their concerns if they notice “slipping” from the other side?

Keeping the balance between Success and Engagement is no easy task. It's a daily tug between the two. Preventing the scales from tipping too far one direction or the other is the key to thriving organizations.

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

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.



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