

# Rural Health in Washington State

*Federal investments that sustain access to care, stabilize rural providers, and strengthen the workforce.*



## Why it matters



Washington's rural communities rely on a fragile but essential health care and public health infrastructure.



Federal investments are critical to sustaining access, stabilizing providers, modernizing systems, and supporting the people who deliver care in communities where distance, workforce shortages, and thin operating margins can quickly become life-or-death barriers.

## At a Glance

- Federal Investment: HRSA State Office of Rural Health Grant + Primary Care Office Agreement + Rural Health Transformation Program.
- RHTP Year 1 Award: \$181,257,515 (5-year program totaling \$50B nationally).
- Rural Population: More than 1.1 million Washingtonians live in rural areas.
- Provider Distribution: Only 7% of WA healthcare providers practice in rural areas.
- Shortage Designation: Most of Washington is a Health Professional Shortage Area for primary care and mental health.
- Economic Impact: Every \$1 spent in rural hospitals returns \$8.21 to local economies.

## Congressional Action Needed

- Protect Medicaid financing and coverage stability that rural hospitals and clinics depend on to keep doors open and maintain essential services.
- Extend and make permanent federal telehealth flexibilities that are improving rural access to care; especially for specialty care and chronic disease management.
- Sustain and expand rural workforce investments (education pathways, loan repayment, and targeted placement programs) that keep providers in rural communities.
- Maintain predictable federal investments that allow rural systems to plan, hire, and modernize—rather than respond in crisis cycles.

## Rural health landscape: key facts

- Rural hospitals generate more than \$8 in local economic return for every \$1 spent. This supports local jobs and stability.
- At least 14 rural hospitals in Washington are considered at risk of service reduction or closure if Medicaid reductions increase uncompensated care.

## DOH role: supporting rural systems and workforce

- **Washington State Office of Rural Health (WA-SORH):** Provides technical assistance and rural expertise to help communities navigate financial instability, workforce shortages, and limited access to essential services.
- **Center for Access to Whole Person Care:** Works to align public health, health care, and social care systems so people can get the care they need—when and where they need it.
- **Workforce support:** Expands rural pathways (education and training), job placement assistance, and targeted physician placement in underserved areas.

## Workforce support that keeps care close to home

Program	How it helps rural Washington
Rural Nurse Education Program (RNEP)	A “grow-your-own” model that allows rural residents to earn nursing credentials without leaving their community. RNEP strengthens retention and continuity of care.
J-1 Visa Waiver Program	Places international medical graduates in rural and medically underserved areas when domestic recruitment has been unsuccessful. It helps clinics maintain primary care access.
Telehealth expansion (federal flexibility)	Temporary federal waivers greatly increased access to specialty and follow-up care. Uncertainty and expiration timelines can reduce appointments and force patients to travel farther.

## Federal investment: Rural Health Transformation Program (RHTP)

Washington was awarded approximately \$181 million for Year 1 of the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Program (RHTP). The program is part of H.R. 1 and provides \$10 billion annually nationwide from FY 2026–2030 to help states strengthen rural health systems.

- RHTP supports locally driven projects to stabilize rural providers, modernize care delivery, and improve long-term sustainability.
- Washington’s RHTP plan includes initiatives to prevent disease and manage care in community settings:
  - Invest in Native families.
  - Adopt technology and data solutions.
  - Grow the rural workforce.

## What’s at risk if federal funding is reduced or delayed

- Reduced Medicaid revenue can increase uncompensated care, accelerate service reductions, and heighten rural hospital closure risk.
- Loss of telehealth flexibility can increase travel time and costs for rural patients and reduce access to primary and specialty care.
- Workforce pipelines and retention efforts stall when funding is uncertain. It leaves clinics without sustainable staffing.