



Declaration to Congress

Results of the Conference on America's Rural Healthcare Crisis

WHEREAS:

On September 12, 2026, healthcare providers and organizations gathered in Tacoma, WA, to bear witness to the depth of America's rural healthcare crisis. Attendees came from Washington, Alaska, Idaho, and Oregon. More than one-dozen experts spent an entire day describing the consequences for small-town America and what actions to take in order to mitigate the crisis. Sponsoring organizations included University of Washington Office of Rural Programs, Washington Area Health Education Center, VashonBePrepared, and Vashon Island Medical Reserve Corps.

Rural America's 46 million people, one in seven Americans, are spread across 97% of the nation's land area and produce nearly all of our country's food, energy, natural resources, and recreation.

Rural healthcare is a valuable resource: a major employer, emergency service, and trusted community player. However, financial losses, long distances, a shrinking workforce, and growing demand have led to a crisis.

The challenges of rural healthcare are different from those of urban healthcare. According to the CDC, rural residents have a 20 percent higher age-adjusted death rate than urban residents. As rural populations age and chronic disease rates rise, healthcare needs keep rising. However, funding for primary care, emergency services, behavioral health, and chronic disease management has not kept pace. Rural hospitals and clinics face closure, meaning that patients will travel longer distances in life-threatening situations.

Expectant mothers cannot get obstetrical care in one-third of our nation's counties because they have become "maternity care deserts." Hundreds of obstetrics clinics have closed, and expectant mothers must travel for hours to receive basic prenatal care and to deliver their babies. When any rural health service disappears, travel increases, and risks to our patients compound.

In 2025, Congress passed HR1, which cuts about \$1.3 trillion in Medicaid funding over 10 years, hitting rural hospitals, clinics, public health infrastructure, and emergency services the hardest.

Congress included in HR1 \$50 billion over five years for the Rural Health Transformation Program (RHTP) to put money toward rural healthcare, but that is not enough to make up for HR1 cuts that total \$155 billion. Plus, this crisis is not a five-year problem. It will take a sustained commitment to heal problems that have festered for decades. The bulk of RHTP funding has gone to hospitals, but the most effective investments in rural healthcare are made at the ground level: public health, emergency responders, and primary care.

Rural resilience alone will not keep rural healthcare doors open and first responder units functioning. While healthcare is breaking down in both urban and rural America, it is breaking down faster in small town America.

THEREFORE, we declare that Congress must act to stabilize rural healthcare availability and affordability by collaborating with those who know the rural healthcare challenges and solutions firsthand.

We urge Congress to listen to those who do the hands-on work in rural healthcare: doctors and nurses, NPs and PAs, therapists and social workers, pharmacists, EMTs and paramedics, administrators, and others. We offer you our support to build a sustainable, practical approach for the future of rural healthcare.

Make Rural Healthcare Available

Improve medical education funding, including graduate medical residencies and other training programs that are rural-focused and rural-based. Provide incentives for primary care practitioners who want to work in rural communities.

Bolster federal-state coordination with first responders and local disaster preparedness agencies. Expand the work of federal agencies (e.g., DOD, USFS, BLM, NPS) to train, deploy, and support staff in rural first responder units.

Incentivize and recruit psychologists who provide the highest degree of clinical skill to reverse the lack of access to behavioral health resources available for people living in rural America. The impact of lack of access to these services is reflected in rising rates of suicide and domestic gun violence.

Remove federal barriers to virtual care so that rural patients can access telemed services across state lines. This will help remove the transportation barriers for rural patients who live hundreds of miles from urban resources.

Make Rural Healthcare Affordable

Restore funding support for federal programs that allow people to purchase insurance at affordable rates. Remove onerous work requirements for healthcare. Most recipients of healthcare assistance are already working, and job opportunities are limited in small rural communities.

Fully fund preventive care, including vaccination and screening programs. Taxpayers save billions of dollars by avoiding preventable illnesses and medical complications.

Explore alternative systems of healthcare funding including single payer and hybrid models that would reduce administrative overhead while providing coverage for all. Avoid turning rural clinics and hospitals into collection agencies for our patients who cannot pay their bills.

Utilize Science to Prepare for the Next Pandemic

Restore integrity to our federal science, medicine, public health, and healthcare departments, agencies, and institutions. Support evidence-based vaccine science, public education, community partnerships, data monitoring programs, and boots-on-the-ground.

Fund vaccine development and innovative vaccine delivery programs, to boost vaccination rates in rural communities.

Organize for the Long Haul

Establish a standing commission that includes rural healthcare providers to make bottom-up recommendations to Congress for policies and funding to strengthen rural healthcare in America. Focus on reducing paperwork, removing administrative barriers to healthcare, improving efficiencies, and reducing costs.

Strengthen the nation's Medical Reserve Corps program to recruit, train, and activate volunteer medical and public health professionals—alongside community members—to strengthen public health, improve emergency response capabilities, and build community resilience.

Support rural communities in developing nonprofit corporations to better support and advance disaster preparedness and public health within their local communities.