



H.R. 8235, Rural Physician Workforce Preservation Act *Rep. Murphy (R-NC)*

Rural areas are facing physician shortages and need a reliable physician pipeline.

- **91 percent** of rural communities face health care workforce shortages, and **65 percent** of rural areas have a shortage of primary care physicians.
- The number of medical school entrants from rural areas declined by **28 percent** from 2002-2017.
- Family medicine residents who train in a rural area are **six times** more likely to practice medicine in rural areas, yet less than **10 percent** of residents experience any rural training.
- Students from rural backgrounds are **10 times** more likely to prefer to work in rural areas, but the number of physician residents from rural areas has declined to fewer than **5 percent**.

Few hospital residency programs train physicians in rural areas.

- Medicare is the largest federal funder of medical residency training through the **Graduate Medical Education (GME) program**, but training in rural areas is lacking.
 - **Two percent** or less of residency training occurs in rural areas, and only **21 percent** of medical schools have any type of formal rural health program.
- Congress created a total of **1,200** new Medicare-funded residency slots in 2020 and 2022 with a formula intending to allocate **10 percent** of the slots to **rural hospitals**, but a loophole allows non-rural hospitals to receive these slots.
 - This loophole allows urban hospitals to reclassify their facility to be “treated as rural” if they meet certain criteria.
 - So far, **93** slots are attributed as “rural,” but in reality, only **12** of those slots went to hospitals that are truly rural, while **81** slots went to hospitals that *reclassified* as rural.

Solution: Rural Physician Workforce Preservation Act (H.R. 8235).

- Ensures that **10 percent** of the recently approved **1,200** Medicare GME slots dedicated to rural hospitals go to truly rural hospitals by striking the “treated as rural” loophole.