

REDUCING RURAL DISPARITIES: REVITALIZING RURAL HEALTHCARE FOR THE ELDERLY

Jabari Turner

Rural elderly Americans, a rapidly growing population, face increasing challenges as national attention remains focused on urban areas. This has left rural regions under-resourced and underfunded, leading to worsening health outcomes, especially for the aging population. The rural healthcare system struggles with a diminishing infrastructure, insufficient incentives to attract healthcare providers, and is often inaccessible to elderly residents due to transportation barriers. This Note explores the complexities of rural healthcare, examining how inconsistent definitions impact funding and how federal policies and agencies shape rural health. It concludes by recommending a cohesive federal definition of “rural” and enhanced incentives to attract healthcare professionals to underserved areas, aiming to improve healthcare access and outcomes for rural elderly Americans.

Jabari Turner, Articles Editor 2024-2025, *The Elder Law Journal*; J.D. 2025, University of Illinois College of Law; H.B.A. 2021, Philosophy, Politics, and the Public, B.S. 2021, Criminal Justice, Xavier University. The author would like to thank his notes editor for their support throughout the writing process.

I. Introduction

Greely County, Kansas, has less than thirteen hundred residents,¹ and lies in the middle of America.² Ninety-four-year-old Greely County resident, Mary Kinlund, no longer drives after her doctor said that her eyesight is too poor for the road; she instead relies on her daughter to take her to necessary doctor appointments outside the county.³ Eighty-four-year-old Waive Winter also resides in Greely County.⁴ He has no children or extended family within the county.⁵ Despite being able to drive, a broken down car makes him incapable of getting to his upcoming cancer treatment at a clinic eighty-five miles away.⁶

Far away rural facilities are one of many rural health problems that continue to grow in part because of the outmigration of younger Americans from rural areas.⁷ Coinciding with this trend is an in-migration of older Americans, accelerating the growth of an already older rural population.⁸ A majority of counties in America with older populations are rural counties.⁹ Nearly fifty million Americans live in rural America.¹⁰ Within that population, nineteen percent of the population is over the age of sixty-five.¹¹ By contrast, fifteen percent of the urban population is over the age of sixty-five.¹²

1. *Quick Facts*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/greeleycountykansas/PST045222> [<https://perma.cc/FMB8-Y7P3>] (last visited Sept. 3, 2024).

2. Andrew Lopez, *In Rural Kansas, Seniors are Stranded by a Lack of Transit Options—and It's Getting Worse*, KCUR (Aug. 10, 2023, 4:00 AM), <https://www.kcur.org/2023-08-09/lack-of-transportation-strands-seniors-in-rural-kansas-a-worsening-problem-as-the-country-ages> [<https://perma.cc/G6MT-D6VK>].

3. *Id.*

4. *Id.*

5. *Id.*

6. *Id.*

7. Reid Wilson, *Rural America Shrinks Over Decade for First Time*, THE HILL (Mar. 1, 2022, 6:02 AM), <https://thehill.com/homenews/state-watch/596189-rural-america-shrinks-over-decade-for-first-time/> [<https://perma.cc/2GCL-T596>].

8. JAMES C. DAVIS, ANIL RUPASINGHA, JOHN CROMARTIE & AUSTIN SANDERS, *RURAL AMERICA AT A GLANCE*, U.S. DEP'T OF AGRIC., 2 (2022), <https://www.ers.usda.gov/webdocs/publications/105155/eib-246.pdf?v=1702> [<https://perma.cc/WX7N-NHP6>].

9. See Wilson, *supra* note 7.

10. See DAVIS ET AL., *supra* note 8.

11. John Cromartie, *Rural Aging Occurs in Different Places for Very Different Reasons*, U.S. DEP'T OF AGRIC. (Dec. 20, 2018), <https://www.usda.gov/media/blog/2018/12/20/rural-aging-occurs-different-places-very-different-reasons> [<https://perma.cc/9W3B-8DQN>].

12. *Id.*

As urban areas are getting younger,¹³ they continue to be a hub for technological advancement and booming resources, and are often the target of government policy reform.¹⁴ The focus on developing urban areas has left rural areas to the wayside, leading to increasingly wider technological gaps,¹⁵ lack of access to resources,¹⁶ and diminishing quality and control of fundamental infrastructure.¹⁷

Rural elderly Americans have a lower life expectancy with higher rates of hypertension, diabetes, cancer, heart disease, respiratory disease, depression, suicide, and drug-related deaths compared to their urban elderly counterparts.¹⁸ This gap is due in part to a diminishing rural healthcare landscape.¹⁹ Older Americans use healthcare the most out of any age group across rural and urban areas.²⁰ When rural areas have attenuated resources, access, and quality, rural elderly Americans face the brunt of the consequences.²¹ While some laws exist at the state and federal levels, along with multiple federal agencies seeking to address the growing gap in health disparities between rural and urban

13. See Swapna Venugopal Ramaswamy, *Big Cities Are a Big Draw for Gen Z: These Are the Areas that Gen Z is Rapidly Migrating to*, USA TODAY (Feb. 28, 2023, 8:29 AM), <https://www.usatoday.com/story/money/personalfinance/real-estate/2023/02/24/genz-moving-big-cities-migration/11337814002/> [<https://perma.cc/C3PM-WH22>]; Youngsung Lee, Bumsoo Lee & Md Tanvir Hossain Shubho, *Urban Revival by Millennials? Intraurban Net Migration Patterns of Young Adults, 1980-2010*, J. REG'L SCI., 538, 548 (2019).

14. See Edward Carlson & Justin Goss, *The State of the Urban/Rural Digital Divide*, NAT'L TELECOMMS. & INFO. ADMIN., <https://www.ntia.gov/blog/2016/state-urbanrural-digital-divide> [<https://perma.cc/7BGP-4HMY>] (last visited Sept. 3, 2024).

15. See *id.*

16. See *id.*

17. See *id.*

18. *About Rural Health*, CTR. FOR DISEASE CONTROL & PREVENTION (May 16, 2024), <https://www.cdc.gov/ruralhealth/about.html> [<https://perma.cc/C6QH-VCF7>]; Larry Z. Slater, *Health and Older Adults in Rural America*, HARTFORD INST. FOR GERIATRIC NURSING (Jan. 10, 2023), <https://hign.org/news/hign-news/health-and-older-adults-rural-america> [<https://perma.cc/Q4AL-APWZ>].

19. See Peter Charalambous, *Less Staff, Longer Delays and Fewer Options: Rural America Confronts a Health Care Crisis*, ABC NEWS (Mar. 18, 2023, 7:06 AM), <https://abcnews.go.com/Health/staff-longer-delays-fewer-options-rural-america-confronts/story?id=97911613> [<https://perma.cc/235X-Y3VX>]; *About Rural Health*, *supra* note 18; Kris B. Mamula, *Rural Prayer: Clinic Closure Limits Options for Residents in this Small Pa. Town*, PITTSBURGH POST-GAZETTE (Oct. 24, 2023), <https://www.post-gazette.com/business/healthcare-business/2023/10/09/rural-healthcare-force-penn-high-lands-hospital-primary-care/stories/202310080009> [<https://perma.cc/DAR2-JH73>].

20. INST. OF MED., RETOOLING FOR AN AGING AMERICA: BUILDING THE HEALTH CARE WORKFORCE 39 (2008).

21. See Charalambous, *supra* note 19.

America, more work is necessary to bring adequate quality, care, and access to healthcare for rural elderly Americans.²²

This Note explores the conundrums of rural health and its impact on rural elderly Americans. Part II of this Note looks at the varying definitions of what is considered “rural” America, the current rural healthcare landscape, and federal rural healthcare policies from legislation to the role of federal agencies. Part III analyzes how varying “rural” definitions impact state funding. It also compares two neighboring states with high rural older populations and compares rural health funding, policies, and health outcomes of the rural elderly. Part IV provides recommendations to help mitigate the healthcare gap in rural America. It recommends a more cohesive and unifying definition of what is “rural” on the federal level and increasing incentives for incoming healthcare professionals to work in rural areas. Finally, Part V provides concluding remarks on the current state of rural health and what is at stake for rural elderly Americans without proactive rural healthcare policy.

II. Background

A. Defining What Constitutes “Rural”

In its common understanding, “rural” typically means country, agricultural, or undeveloped land.²³ It is also commonly understood as the opposite of urban areas, which tend to have dense housing populations.²⁴ However, the definition of what constitutes rural varies significantly across federal agencies, state, and local actors. Therefore, the commonly understood meaning of what is rural may vary depending on who defines it.²⁵ While rural health policy reforms seek to aid rural

22. *Rural Health Policy*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/topics/rural-health-policy> [<https://perma.cc/R3WC-BVT2>] (last visited Sept. 3, 2024).

23. *Rural*, OXFORD ENG. DICTIONARY, https://www.oed.com/dictionary/rural_adj?tab=factsheet#24875506 [<https://perma.cc/C3QX-W3GB>] (last visited Sept. 3, 2024); *Rural*, MERRIAM-WEBSTER, <https://www.merriam-webster.com/dictionary/rural> [<https://perma.cc/7T23-3L4E>] (last viewed Sept. 3, 2024); *Rural*, COLLINS, <https://www.collinsdictionary.com/us/dictionary/english/rural> [<https://perma.cc/7B3K-22FE>] (last visited Sept. 3, 2024).

24. COLLINS, *supra* note 23.

25. Johnathan Ahl, *Billions Are at Stake in How the Government Defines a Place as Rural*, KCUR (Jan. 17, 2022, 7:05 AM), <https://www.kcur.org/news/2022-01-17/>

healthcare, a mere categorization of what is considered rural can exclude a small town from capitalizing on state or federal grant programs.²⁶ For example, Houston, Missouri, is a rural town comprised of 2,500 people.²⁷ It is ninety miles from Springfield, Missouri, a city of around 500,000 people.²⁸ Rolla, Missouri, is a town of 20,000 people.²⁹ Rolla is considered a regional hub, has an interstate highway, and is the home of the University of Missouri Science and Technology, which has nearly three times the population of Houston, Missouri.³⁰ However, for some federal grants—such as a federal broadband grant—Rolla is considered rural, because Rolla is over 100 miles from Springfield and St. Louis, the state’s largest metropolitan area. However, Houston is not considered rural due to the city’s proximity.³¹

States, of course, form their own definitions of what constitutes rural for their rural health policies.³² For the most part, states have varying definitions, from state statutory definitions to administrative agency definitions.³³ Scholars have noted that idiosyncratic definitions

billions-are-at-stake-in-how-the-government-defines-a-place-as-rural [https://perma.cc/23UF-28SC]; *What is Rural?*, RURAL HEALTH INFO. HUB, https://www.ruralhealthinfo.org/topics/what-is-rural [https://perma.cc/P7Z5-XN3Y] (last visited Sept. 3, 2024).

26. See Ahl, *supra* note 25; *What is Rural?*, *supra* note 25 (explaining why defining rural is important in a healthcare context); L. Gary Hart, Eric H. Larson & Denise Lishner, *Rural Definitions for Health Policy and Research*, 95 AM. J. PUB. HEALTH 1149, 1150 (2005).

27. See Ahl, *supra* note 25.

28. *Id.*

29. *Id.*

30. *Id.*

31. *Id.*

32. KEITH J. MUELLER, ANDREW F. COBURN, ALANA KNUDSON, JENNIFER LUNDBLAD, A. CLINTON MACKINNEY, TIMOTHY D. MCBRIDE, ERIN MOBLEY, FRED ULLRICH & ABIGAIL BARKER, CONSIDERATIONS FOR DEFINING RURAL PLACES IN HEALTH POLICIES AND PROGRAMS 7–8 (2020); see Hart et al., *supra* note 26, at 1153 (“There also are many rural and urban definitions developed by the states for various geographic scales.”).

33. See generally DEFINITIONS OF RURAL IN TEXAS STATUTES AND THE TEXAS ADMINISTRATIVE CODE, TEX. LEGIS. COUNCIL (2018) (discussing the different definitions of rural in Texas administrative code); *Rural Communities*, ILL. DEP’T OF HEALTH, https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/1-28-16-ohp-hiv-factsheet-rural-communities.pdf [https://perma.cc/BQ7H-BDTG] (last visited Sept. 3, 2024) (“The Illinois Department of Public Health’s Center for Rural Health defines a county as rural if it is either outside of a metropolitan area or part of a metropolitan area with a population of fewer than 60,000 persons.”); KAN. STAT. ANN. § 12-5260(e) (West) (“[R]ural county” means any county in this state with a population of less than 10,000, as certified to the secretary of state pursuant to K.S.A. 11-201, and amendments thereto, on July 1 of the preceding year.”).

of what constitutes rural across varying states may be necessary for funding purposes.³⁴ Moreover, considering that each state has different geographical areas, population densities, and policy goals, varying definitions on the state level are far more reasonable than a blanket definition.³⁵

On the federal level, agencies such as the United States Census Bureau (Bureau), the Office of Management and Budget (OMB), and the Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA) have the most widely used “definitions” of what is considered rural.³⁶ Other federal agencies and non-government entities rely on these definitions in the implementation of their own policy initiatives.³⁷

The Bureau does not have a definitive definition of what is rural.³⁸ The Bureau employs a subtractive approach to defining rural areas.³⁹ Rather than defining what is a rural area, the Bureau defines the area by what it is not—meaning a rural area is any area not considered one of the two types of urban areas: urbanized areas and urban clusters.⁴⁰ The Bureau’s initial definition had a threshold of 50,000, with the goal of differentiating between urbanized areas (having 50,000 or more people) and smaller urban areas (with a minimum of 2,500 but fewer than 500,000 people).⁴¹ In 2020, the Bureau kept the subtractive method but dispensed with the two types of urban areas—urbanized areas and urban clusters—after scholarship identified the differentiation as arbitrary.⁴² Currently, the Bureau categorizes a rural area as an area that

34. Rural Health Research Gateway, *How Does the Definition of Rural Impact Research?*, YOUTUBE (Nov. 15, 2023), <https://youtu.be/8ha4Z026hfQ?t=338>.

35. *Id.*

36. *What is Rural?*, *supra* note 25; see MUELLER ET AL., *supra* note 32, at 7–8.

37. See *What is Rural?*, *supra* note 25.

38. Pam Schallhorn, *Defining Rural: A Look at Two Popular Definitions*, U. ILL. URBANA-CHAMPAIGN COLL. OF AGRIC., CONSUMER & ENV’T SCI. (Aug. 30, 2017), <https://extension.illinois.edu/blogs/building-entrepreneurial-communities/2017-08-30-defining-rural-look-two-popular-definitions> [<https://perma.cc/P2VE-XAR9>].

39. *Id.*

40. *Id.*

41. The Census Bureau additionally had square mile requirements for “urbanized” and “urban clusters.” See MUELLER ET AL., *supra* note 32, at 7–8.

42. *Differences Between the Final 2020 Census Urban Area Criteria and the 2010 Census Urban Area*, U.S. CENSUS BUREAU, https://www2.census.gov/geo/pdfs/reference/ua/Census_UA_CritDiff_2010_2020.pdf [<https://perma.cc/2XWT-SGSG>] (last visited Sept. 3, 2024) (stating that “the threshold was, to some extent, arbitrary . . . as . . . determine[d] from scholarship, there is no reason to assume that an urban area of just over 50,000 population is fundamentally different in terms of economic and social functions and services than an area with just under 50,000

does not qualify as an urban area.⁴³ An area qualifies as “urban” when it has a minimum of 2,000 housing units or a population of 5,000.⁴⁴

Comparatively, the Office of Management and Budget, provides another definition of rural, which classifies the United States into three statistical areas: metropolitan, micropolitan, and combined.⁴⁵ The OMB’s definitions are tethered in part to “commuting ties,” a term used to describe the “degree of social and economic integration.”⁴⁶ Metropolitan statistical areas (Metro Areas) encompass one urban area of more than 50,000 inhabitants alongside an additional adjacent territory that has a high degree of commuting ties.⁴⁷ Micropolitan statistical areas (Micro Areas) have at least 10,000 individuals but no more than 50,000 in population and also have a high degree of commuting ties.⁴⁸ Combined statistical areas are the result of a mix of both metropolitan and micropolitan areas.⁴⁹ Individuals often use the terms interchangeably, with some using a subtractive interpretation—anywhere that is not a Metro Area is rural—or some referring to Micro Areas as rural areas.⁵⁰

The Economic Research Service defines rural areas through economic and social interest.⁵¹ Under this definition, the ERS classifies

population”); Urban Area Criteria for the 2020 Census-Final Criteria, 87 Fed. Reg. 16706 (Mar. 24, 2022).

43. *Differences Between the Final 2020 Census Urban Area Criteria and the 2010 Census Urban Area*, *supra* note 42 (illustrating that rural encompasses all population, housing, and territory not included within an urban area).

44. *Urban and Rural, Urban Area*, U.S. CENSUS BUREAU, <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html> [https://perma.cc/LW77-RJ5R] (last visited Sept. 3, 2024); Urban Area Criteria for the 2020 Census-Final Criteria, *supra* note 42.

45. OFF. OF MGMT. & BUDGET, EXEC. OFF. OF THE PRESIDENT, OMB BULL. NO. 23-01 (Jul. 21, 2023).

46. *Housing Patterns and Core-Based Statistical Areas, Urban Area*, U.S. CENSUS BUREAU, <https://www.census.gov/topics/housing/housing-patterns/about/core-based-statistical-areas.html> [https://perma.cc/Y9LF-NDEZ] (last visited Sept. 3, 2024).

47. OFF. OF MGMT. & BUDGET, EXEC. OFF. OF THE PRESIDENT, OMB BULL. NO. 23-01 (Jul. 21, 2023).

48. *Id.*

49. *Id.*

50. Elisa M. Childs, Javier F. Boyas, & Julianne R. Blackburn, *Off the Beaten Path: A Scoping Review of How ‘Rural’ is Defined by the U.S. Government for Rural Health Promotion*, 12 HEALTH PROMOTION PERSP. 10, 11.

51. See *Rural Economy*, U.S. DEP’T OF AGRIC. (Feb. 29, 2024), <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/rural-economy/> [https://perma.cc/QBP4-VGPM]; Kenneth M. Johnson, *Demographic Trends in Nonmetropolitan America: Implications for Land Use Development and Conservation*, 15 VT. J. ENV’T L. 31, 33 (2013).

rural counties as nonmetro counties derived.⁵² A nonmetro county has a mix of countryside—rural towns with fewer than 2,500 residents—and urban areas, provided the urban area is not part of a larger labor market area and has a population ranging from 2,500 to 49,999.⁵³ Coinciding with this definition of rural, the ERS also implements multi-level classifications with the goal of having an in-depth assessment of the economic and social interest of nonmetro America.⁵⁴

The ERS also employs the Rural-Urban Continuum Codes (RUUC), a method that differentiates metropolitan counties by size.⁵⁵ The RUUC differentiates metropolitan counties by population size and non-metropolitan counties by the size of their largest city or town.⁵⁶ Then, the ERS uses a natural amenities scale, which measures county areas by their physical characteristics such as climate and weather.⁵⁷ Finally, the ERS typology code classifies “rural counties by their economic and policy types.”⁵⁸ The ERS also has two further sub-county classifications to further differentiate levels of rurality:⁵⁹ (1) rural-urban commuting areas have “measures of population density, urbanization, and daily commuting”⁶⁰; and (2) frontier and remote areas codes “describe territory characterized by some combination of low population size and high geographic remoteness.”⁶¹ Due to the ERS’s definition relying on classification by county, the ERS created the sub-county classification to build on the Bureau’s definition of rural.⁶² In sum, various definitions by federal agencies aid in scoping broader federal rural

52. See *Rural Economy*, *supra* note 51.

53. *Rural Classifications*, U.S. DEP’T OF AGRIC. (Feb. 29, 2024), <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/> [<https://perma.cc/P7RT-WMDF>]; see *Rural Economy*, *supra* note 51.

54. *Rural Economy*, *supra* note 51.

55. *Rural-Urban Continuum Codes*, U.S. DEP’T OF AGRIC. (Jan. 22, 2024), <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/> [<https://perma.cc/PWG7-FKPJ>].

56. *Urban Influence Codes*, U.S. DEP’T OF AGRIC. (June 6, 2024), <https://www.ers.usda.gov/data-products/urban-influence-codes/> [<https://perma.cc/K2U8-7KWJ>].

57. *Natural Amenities Scale*, U.S. DEP’T OF AGRIC. (Aug. 20, 2019), <https://www.ers.usda.gov/data-products/natural-amenities-scale/> [<https://perma.cc/6WC8-GDZR>].

58. *Rural Classifications*, *supra* note 53.

59. *Id.*

60. *Id.*

61. *Frontier and Remote Area Codes*, U.S. DEP’T OF AGRIC. (Mar. 7, 2024), <https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/> [<https://perma.cc/2XU7-PR5X>].

62. *Rural Classifications*, *supra* note 53.

health policy, which can serve the varying rural populations across the country.

B. Current Rural Healthcare Landscape

1. POPULATIONS SERVED

At a minimum, forty-six million Americans live in rural America.⁶³ Within that population, nineteen percent of the population is over the age of sixty-five.⁶⁴ Rural areas are increasingly getting older; compared to urban areas, rural areas have a higher median age.⁶⁵ Out of the 1,104 “older counties” in America, eighty-five percent are considered rural counties.⁶⁶ In-migration and outmigration are one of the largest contributing factors to increasingly older populations among rural counties. For example, some older retirees move to rural counties so that they may reside in “scenic and recreation destinations.”⁶⁷ One-third of “old-age counties” classified by the ERS are “either retirement destinations or . . . hav[e] recreation-based economies.”⁶⁸ For outmigration, young adults have been moving from rural to urban areas for decades,⁶⁹ due to economic forces such as job opportunities and career advancements.⁷⁰ Moreover, for older Americans who already are in rural areas, many merely decide to stay, preferring to “age in their communities, amid familiar people and places.”⁷¹ Understanding the

63. *About Rural Health*, *supra* note 18.

64. Cromartie, *supra* note 11.

65. Steven A. Cohen & Mary L. Greaney, *Aging in Rural Communities*, 10 CURRENT EPIDEMIOLOGY REP. 1, 1; *Rural Health in America: How Shifting Populations Leave People Behind*, NAT'L INST. FOR HEALTH CARE MGMT. (Oct. 20, 2020), <https://nihcm.org/publications/rural-health-in-america-how-shifting-populations-leave-people-behind> [<https://perma.cc/DK9M-3CEY>].

66. Cromartie, *supra* note 11.

67. *Id.*

68. *Id.*

69. *See id.*

70. *See* Steven Hirsch, *Rural America by the Numbers*, 43 GENERATIONS: J. AM. SOC'Y ON AGING 9, 10–11 (2019); Kenneth Johnson & Daniel Lichter, *Rural Depopulation in a Rapidly Urbanizing America*, UNIV. OF N.H. (Feb. 6, 2019), <https://carsey.unh.edu/publication/rural-depopulation-rapidly-urbanizing-america> [<https://perma.cc/B7F9-YWP5>].

71. Martha Hostetter & Sarah Klein, *Helping Older Adults Age Well in Rural America*, COMMONWEALTH FUND (Nov. 9, 2023), <https://www.commonwealthfund.org/publications/2023/nov/helping-older-adults-age-well-rural-america> [<https://perma.cc/H79R-MHUS>].

demographics of rural elderly populations reveals unique challenges rural elderly Americans face as they age.

Rural elderly racial demographics are difficult to find.⁷² However, in the 1990s, rural white elderly made up most of the rural elderly population.⁷³ Additionally, for rural minorities, elderly Indigenous Americans made up most of the rural elderly minority population.⁷⁴ African American rural elders were the predominant minority in the South.⁷⁵ Hispanic American rural elders had significant numbers in the southwest and west of the country.⁷⁶ Census data from the 2010s shows white rural elderly maintain the largest composition of rural elderly population (83%), followed by Black or African American (8.8%), Hispanics (7.7%), and Indigenous Americans (0.5%).⁷⁷ To the extent that rural LGBTQ+ elders live in rural areas, it has been difficult to quantify.⁷⁸ However, small non-generalizable surveys have shown that although many LGBTQ+ elders live in urban areas, a substantial amount live in rural areas as well.⁷⁹ Nonetheless, rural elderly populations are reliant on rural healthcare facilities and practitioners to address growing health issues that arise with age.⁸⁰

72. See Share DeCroix Bane, *Rural Minority Populations*, 15 GENERATIONS: J. AM. SOC'Y ON AGING 63, 63 (1991).

73. See generally Carolyn C. Rogers, *Age and Family Structure, by Race/Ethnicity and Place of Residence*, ECON. RSCH. SERV., U.S. DEP'T OF AGRIC. (1997) (noting that white elderly made up most of the rural elderly population).

74. See Bane, *supra* note 72, at 63.

75. *Id.*

76. *Id.*

77. AMY SYMENS SMITH & EDWARD TREVELYAN, CENSUS BUREAU, ACS-41, THE OLDER POPULATION IN RURAL AMERICA: 2012–2016 7 (Sept. 2019).

78. See John Welsh & The John A. Hartford Foundation, *Fighting Isolation to Support Rural LGBTQ Elders*, NEXT AVENUE (June 6, 2018), <https://www.nextavenue.org/fighting-isolation-rural-lgbtq-elders/> [<https://perma.cc/P7KT-BWRS>].

79. See, e.g., Michael G. Lee & Jean K. Quam, *Comparing Supports for LGBT Aging in Rural Versus Urban Areas*, 56 J. GERONTOLOGICAL SOC. WORK 112, 113 (2013) (noting there is only some small qualitative studies that exist for understanding life for rural LGBT populations).

80. See *About Rural Health*, *supra* note 18.

2. FACILITIES & PRACTITIONERS

Although the older rural population is rising,⁸¹ rural healthcare facilities are in continual decline.⁸² Many facilities have either closed or are financially strained, leaving the population with sparse resources.⁸³ Since 2005, 195 rural hospitals have shut down across America, as 100 completely closed and ninety-five partially closed and no longer have inpatient services.⁸⁴ A 2023 report showed that nearly thirty percent of all rural hospitals in the country—over 600 rural hospitals—were at risk of closing due to financial calamity.⁸⁵

Rural nursing homes are no different; forty-seven percent of nursing homes that closed in 2023 were in rural counties.⁸⁶ Moreover, most of the counties the American Health Care Association (AHCA) list as “nursing home deserts” are in rural counties.⁸⁷ When nursing homes close, there is a substantial impact on the economy in a rural area, specifically by causing a decline in employment for that rural county.⁸⁸ Therefore, this can have an effect on maintaining an adequate amount of rural practitioners.⁸⁹

Physicians who currently work in rural areas are aging, and younger physicians are not replacing them at a level that accounts for the demand.⁹⁰ Estimates indicate that by the end of the decade, about a

81. See DAVIS ET AL., *supra* note 8.

82. Steven Ross Johnson, *States with the Most Rural Hospital Closures*, U.S. NEWS (June 22, 2023, 4:57 PM), <https://www.usnews.com/news/healthiest-communities/slideshows/states-with-the-most-rural-hospital-closures> [<https://perma.cc/A6V4-DGSD>].

83. *Id.*

84. *Id.*

85. *Id.*

86. Jessie Hellmann, *Data Shows Nursing Home Closure Often Linked to Care Issues*, ROLL CALL (Jan. 18, 2024, 6:00 AM), <https://rollcall.com/2024/01/18/data-shows-nursing-home-closure-often-linked-to-care-issues/> [<https://perma.cc/9V9Y-3DMK>].

87. See generally Amy Stulick, *‘Sirens Going Off’: Providers Warn of Mass Closures, Vast Nursing Home Deserts Due to Staffing Mandate*, SKILLED NURSING NEWS (Oct. 17, 2023), <https://skillednursingnews.com/2023/10/sirens-going-off-providers-warn-of-mass-closures-vast-nursing-home-deserts-due-to-staffing-mandate/> [<https://perma.cc/8GWF-VR7T>].

88. See Lili Xu, Hari Sharma & George L. Wehby, *The Effect of Nursing Home Closure on Local Employment in the United States*, 58 HEALTH SERV. RES. 744, 751 (2023); See generally Cheryl F. St. Clair, Gerald A. Doeksen & Fred C. Eilrich, *The Economic Impact of Rural Nursing Homes*, NAT’L CTR. FOR RURAL HEALTH WORKS (2017) (demonstrating how nursing home closure in rural areas affect rural communities).

89. See Xu et al., *supra* note 88, at 751.

90. See Lucy Skinner, Douglas O. Staiger, David I. Auerbach & Peter I. Buerhas, *Implications of an Aging Rural Physician Workforce*, 381 N. ENGL. J. MED. 299, 300 (2019).

quarter fewer of current rural physicians will still be practicing.⁹¹ The lack of younger physicians taking up the mantle of older rural physicians stems in part from the intake of medical students.⁹² Rural background medical students have been shown to be routinely strong predictors of future rural physicians.⁹³ However, in the past, rural medical students were notoriously underrepresented.⁹⁴ A 2017 study found less than five percent of all incoming medical students came from rural areas.⁹⁵

Recent statistics have shown a proactive pipeline in admitting more students with a rural background or those interested in working in rural areas.⁹⁶ Despite these efforts, the physician workforce shortage remains.⁹⁷ In 2023, sixty-five percent of rural areas still had a physician shortage.⁹⁸ Rural areas also have a disproportionately lower amount of primary care physicians (PCPs) compared to urban areas.⁹⁹ For rural areas, the ratio is 39.8 PCPs per 100,000 rural persons, compared to 53.3 PCPs per 100,000 urban persons.¹⁰⁰

The same applies to specialized care practices such as dentists.¹⁰¹ In rural areas, there are twenty-two general dentists per 100,000 people.¹⁰² In contrast, urban areas have thirty general dentists per 100,000 people.¹⁰³ Even if there were enough health practitioners in rural areas,

91. Peter Jaret, *Attracting the Next Generation of Physicians to Rural Medicine*, ASS'N OF AM. MED. COLLS. (Feb. 3, 2020), <https://www.aamc.org/news/attracting-next-generation-physicians-rural-medicine> [https://perma.cc/C7D3-YD26].

92. *See id.*

93. Scott A. Shipman, Andrea Wendling, Karen C. Jones, Iris Kovar-Gough, Janis M. Orłowski & Julie Phillips, *The Decline In Rural Medical Students: A Growing Gap in Geographic Diversity Threatens the Rural Physician Workforce*, 38 HEALTH AFF. 2011, 2011 (2019); Gary L. Beck, Dallaghan, Julie C. Spero, Julie S. Byerley, Lisa Rahangdale, Erin P. Fraher & Beat Steiner, *Efforts to Recruit Medical Students From Rural Counties: A Model to Evaluate Recruitment Efforts*, CUREUS, at 2 (2021).

94. *See* Shipman et al., *supra* note 93, at 2011.

95. *Id.*

96. Dallaghan et al., *supra* note 93, at 2.

97. Shipman et al., *supra* note 93, at 2011.

98. Hyacinth Empinado, *Treating Rural America: The Last Doctor in Town*, STAT (Sep. 25, 2023), <https://www.statnews.com/2023/09/25/rural-health-doctor-shortage-physicians/> [https://perma.cc/DP86-CUMJ].

99. *About Rural Healthcare*, NAT'L RURAL HEALTH ASS'N, <https://www.ruralhealth.us/about-nrha/about-rural-health-care> [https://perma.cc/V9YY-6KFF] (last visited Sept. 3, 2024).

100. *Id.*

101. *Id.*

102. *About Rural Healthcare*, *supra* note 99.

103. *Id.*

the lack of infrastructure for transportation in rural areas serves as a further impediment to rural elderly accessing care.

3. TRANSPORTATION

Rural areas, by nature, are comprised of populations that are spread out, in contrast to concentrated urban populations.¹⁰⁴ However, increasing rural health facility closings are lengthening the distance rural Americans must travel to receive care.¹⁰⁵ For example, after some rural hospital closures in 2018, rural Americans had to travel almost twenty miles more than they previously had to, and forty miles for inpatient services.¹⁰⁶ In 2018, a Pew Research Center survey found that rural Americans on average live 10.5 miles from the nearest hospital compared to their urban counterparts who are only 4.4 miles away.¹⁰⁷ Recent summations have also concluded this disparity continues, and hospital closures are still playing a part.¹⁰⁸

Therefore, rural elderly Americans often must travel long distances to access healthcare services.¹⁰⁹ While this is a problem for all rural residents,¹¹⁰ it can be particularly burdensome for the elderly.¹¹¹

104. Nicolaas Ackermann, *Urban vs. Rural Population Distribution*, STUDY.COM (Nov. 21, 2023), <https://study.com/learn/lesson/population-distribution-rural-vs-urban-areas.html> [<https://perma.cc/ZQ2U-Y5KG>].

105. Kendal Orgera, Siena Senn & Atul Grover, *Rethinking Rural Health*, ASS'N OF AM. MED. COLLS. (Sept. 27, 2023), <https://www.aamcresearchinstitute.org/our-work/issue-brief/rethinking-rural-health> [<https://perma.cc/JU5C-6GZL>] (noting that the median distance rural residents needed to travel for inpatient and specialized care grew after a rural hospital closure).

106. *Why Health Care is Harder to Access in Rural America*, U.S. GOV'T ACCOUNTABILITY OFF. (May 16, 2023), <https://www.gao.gov/blog/why-health-care-harder-access-rural-america> [<https://perma.cc/L68X-F7Y5>].

107. Onyi Lam, Brian Broderick & Skye Toor, *How Far Americans Live from the Closest Hospital Differs by Community Type*, PEW RSCH. CTR. (Dec. 12, 2018), <https://www.pewresearch.org/short-reads/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/> [<https://perma.cc/LR6G-M5P7>].

108. See Per Ostmo & Jessica Rosencrans, *Travel Burden to Receive Health Care*, RURAL HEALTH RSCH. GATEWAY (Oct. 2022), <https://www.ruralhealthresearch.org/assets/4993-22421/travel-burden-recap.pdf> [<https://perma.cc/LF8G-5L6J>]; NAT'L AGING & DISABILITY TRANSP. CTR., TRENDS REP. 2022 (2022).

109. See *Healthcare Access in Rural Communities*, RURAL HEALTH INFO. HUB (July 17, 2024), <https://www.ruralhealthinfo.org/topics/healthcare-access> [<https://perma.cc/4A4M-J32J>]; Lopez, *supra* note 2.

110. See Lopez *supra* note 2.

111. See *Transportation Programs*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/toolkits/aging/2/transportation-programs> [<https://perma.cc/S6Z9-9WZM>] (last visited Sept. 3, 2024).

Millions of rural elderly Americans can no longer drive.¹¹² Even when rural elderly Americans do drive, substantial literature suggests elderly drivers continue to drive even when it is no longer safe.¹¹³ Moreover, studies have shown that as they age, health conditions make it substantially more difficult to travel.¹¹⁴ In urban America, seventy-five percent of metro-core places have public transportation.¹¹⁵ Urban-elderly residents often rely on public transportation to access health services.¹¹⁶ However, rural elderly residents, who often have more chronic conditions requiring multiple visits for treatment and health services, frequently lack access to public transportation.¹¹⁷

Only thirty-three percent of rural areas have public transportation, and these options are limited.¹¹⁸ Take, for example, rural Lowndes County, Georgia; after Floretta Timmons was diagnosed with breast cancer, she had to receive treatment by seeing an OB-GYN five days a week.¹¹⁹ Lowndes County has zero OB-GYNs, so she was forced to travel to Montgomery, Alabama, a forty-minute drive away.¹²⁰ Fortunately, she could drive and afford gas to make it to her treatments.¹²¹

However, rural elderly residents who can no longer drive must rely on public transportation. Unfortunately, the only public transportation system in Lowndes County is the West Alabama Transportation Shuttle.¹²² To use it requires a twenty-four hours' notice.¹²³ When taking the shuttle, a rural elderly resident could be waiting several hours

112. Deon J. Hampton, *Transportation Gaps May Persist for Rural Older Adults Despite Infrastructure Dollars*, NBC NEWS (May 24, 2022, 2:18 PM), <https://www.nbcnews.com/news/us-news/transportation-gaps-may-persist-rural-older-adults-infrastructure-doll-rcna30264> [<https://perma.cc/EE5U-GXD5>].

113. Jonathan M. Vivoda, Steven G. Heeringa, Amy J. Schulz, Joe Grengs & Cathleen M. Connell, *The Influence of the Transportation Environment on Driving Reduction and Cessation*, 57 GERONTOLOGIST 824, 824 (2017).

114. *See id.*

115. *See Transportation Programs*, *supra* note 111.

116. Afnan M. Gimie, Andrea Melgar Catillo, C. Daniel Mullins & Jason R. Falvey, *Epidemiology of Public Transportation Use Among Older Adults in the United States*, 70 J. AM. GERIATRIC SOC. 3549, 3550 (2022).

117. *See Healthcare Access in Rural Communities* *supra* note 109.

118. *See Transportation Programs*, *supra* note 111.

119. Floretta H. Timmons, *Transportation in Rural Communities is a Barrier to Cervical Cancer Care*, MONTGOMERY ADVERTISER (Dec. 23, 2022, 11:25 AM), <https://www.montgomeryadvertiser.com/story/opinion/contributors/2022/12/23/transportation-in-rural-communities-a-barrier-to-cervical-cancer-care/69753998007/> [<https://perma.cc/7JSB-FPZD>].

120. *Id.*

121. *Id.*

122. *Id.*

123. *Id.*

before making it back home.¹²⁴ Moreover, a round-trip travel costs eighteen dollars, which can be particularly burdensome for a Lowndes County resident.¹²⁵ The median household income for the county is \$52,821,¹²⁶ nearly \$20,000 less than Georgia's annual median income¹²⁷ and the national household median income.¹²⁸ Therefore, a lack of transportation options only further amplifies difficulty for the rural elderly.¹²⁹

The lack of transportation to health services for rural elderly residents can have detrimental effects on their overall health and treatment.¹³⁰ Missed appointments can delay needed treatments or necessary health services, which can then increase or exacerbate poor health outcomes.¹³¹ Longer commutes can also stress patients, and if the longer commutes come at such a cost, it plays a substantial role in how patients make health decisions.¹³² Furthermore, for rural elderly who cannot drive, this places a burden on friends and family who have to take them to and from appointments, which can also play a factor in health decisions.¹³³

Health insurance is sometimes unhelpful, with health insurance companies limiting the number of trips and miles for healthcare

124. *Id.*

125. *Id.*

126. *Quick Facts: Lowndes County, Georgia*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/lowndescountygeorgia/PST045223> [<https://perma.cc/7YN8-L7L5>] (last visited Sept. 3, 2024).

127. *Quick Facts: Georgia*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/GA/INC110222> [<https://perma.cc/TVC9-GTKP>] (last visited Sept. 3, 2024).

128. Gloria Guzman & Melissa Kollar, *Income in the United States: 2022*, U.S. CENSUS BUREAU (Sept. 12, 2023), <https://www.census.gov/library/publications/2023/demo/p60-279.html> [<https://perma.cc/5RDL-QPMW>].

129. Alander Rocha, *The Long Decline: Health Care Access Grows Difficult in Shrinking Rural Communities*, ALA. REFLECTOR (Jan. 18, 2024), <https://alabamareflector.com/2024/01/18/the-long-decline-health-care-access-grows-difficult-in-shrinking-rural-communities/> [<https://perma.cc/9D33-6XEU>].

130. Tasha Brown, Kay Miller Temple & Josie Rudolphi, *NRHA Policy Paper: Rural America's Senior Citizens: Considerations for Transportation, Healthcare Access, Connectedness, Nutrition and Economics*, NAT'L RURAL HEALTH ASSOC., <https://www.ruralhealth.us/getmedia/4f912dad-6a85-4714-9e19-83aadf85d5f5/2020-NRHA-Policy-Documents-Rural-America's-Senior-Citizens.pdf> [<https://perma.cc/Z2TR-468H>] (last visited Sept. 3, 2024); *Transportation to Support Rural Healthcare*, RURAL HEALTH INFO. HUB (Dec. 4, 2023), <https://www.ruralhealthinfo.org/topics/transportation#consequences> [<https://perma.cc/2P7N-Q7K6>].

131. *Transportation to Support Rural Healthcare*, *supra* note 130.

132. *Id.*

133. See Hampton, *supra* note 112; see, e.g., Lopez, *supra* note 2 (describing a daughter having to drive her elderly mother to appointments).

appointments.¹³⁴ However, in all, health insurance status plays a role in the facilities, practitioners, and quality of care rural elderly get access to.

4. HEALTH INSURANCE

Most elderly Americans are privately insured,¹³⁵ with many supplementing private health insurance with Medicare.¹³⁶ Over sixty-five million Americans are enrolled in Medicare.¹³⁷ Most Medicare users are sixty-five and older per the eligibility requirements, with a small number falling under the exception of if they have a disability or specific disease.¹³⁸ Some rural elderly have Original Medicare, which is paid for by the federal government.¹³⁹ Others have Medicare Advantage, offered by a private company (an HMO or PPO) but backed by the federal government which pays the company to cover the Medicare benefits.¹⁴⁰

Additionally, most rural elderly who have Medicare are enrolled in Original Medicare—this is in stark contrast to national data, where Medicare Advantage (31.8%) among the elderly outpaces Original Medicare (12.1%) users.¹⁴¹ However, despite most rural elderly having Original Medicare, Medicare Advantage enrollees are increasing.¹⁴² In 2010, only eleven percent of rural elderly were enrolled in Medicare

134. Rocha, *supra* note 129.

135. AMY E. CHA & ROBIN A. COHEN, DEMOGRAPHIC VARIATION IN HEALTH INSURANCE COVERAGE: UNITED STATES, 2020 7 (2022).

136. See Jill Seladi-Schulman, *Medicare and Private Insurance: Can You Have Both?* HEALTHLINE (Apr. 17, 2024), <https://www.healthline.com/health/medicare/can-you-have-private-insurance-and-medicare> [https://perma.cc/2V2B-KERG].

137. *Medicare Enrollment Numbers*, CTR. FOR MEDICARE ADVOC. (June 29, 2023), <https://medicareadvocacy.org/medicare-enrollment-numbers> [https://perma.cc/6TK9-422H].

138. For the most part, most elderly Americans are automatically enrolled after turning sixty-five, so long as they are getting Social Security, which kicks in at sixty-two. *Medicare for People Under 65*, CTR. FOR MEDICARE ADVOC., <https://medicareadvocacy.org/under-65-project/> [https://perma.cc/4TRX-U3F3] (last visited Sept. 3, 2024).

139. See *Your Coverage Options*, MEDICARE.GOV, <https://medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options> [https://perma.cc/U8E4-NJMW] (last visited Sept. 3, 2024).

140. See *id.*

141. Cha & Cohen, *supra* note 135, at 6.

142. Jeannie Fuglesten Biniek, Gabrielle Clerveau, Anthony Damico & Tricia Neuman, *Medicare Advantage Enrollment, Plan Availability and Premiums in Rural Areas*, KAISER FAM. FOUND. (Sept. 7, 2023), <https://www.kff.org/medicare/issue-brief/medicare-advantage-enrollment-plan-availability-and-premiums-in-rural-areas/> [https://perma.cc/4RSH-2773].

Advantage.¹⁴³ This number has nearly quadrupled to forty percent.¹⁴⁴ This jump is seemingly in large part due to (1) more companies offering Medicare Advantage in rural areas, (2) the increasing number of Medicare Advantage plans, which have grown from nine in 2018 to twenty-seven in 2023, and (3) the overall additional benefits Medicare Advantage offers such as supplemental benefits at no additional premium for the enrollee, including “coverage of dental, vision, and hearing services, as well as reduced cost sharing compared to traditional Medicare without a supplemental plan.”¹⁴⁵ For example, for drug prescription coverage, under Original Medicare, an insurer may have to buy a separate prescription drug plan and pay a separate premium, whereas under Medicare Advantage, drug prescription coverage can be included at no additional cost.¹⁴⁶

On the other hand, Medicaid is a joint state and federal health insurance program whose expansion plays a large part in the rural health landscape.¹⁴⁷ In total, 7.2 million low-income elderly Americans use Medicaid.¹⁴⁸ Specifically, Medicaid expansion benefits low-income elderly Americans who may be less healthy and in need of more medical care.¹⁴⁹ However, some of the states with the highest rural elderly population—Mississippi, Alabama, Wyoming, and Tennessee—have declined to expand Medicaid coverage over the years.¹⁵⁰ States with high

143. *Id.*

144. *Id.*

145. *Id.*

146. *Medicare Advantage vs. Original Medicare: Which Option Should I Choose?*, HUMANA, <https://www.humana.com/medicare/medicare-resources/original-medicare-vs-medicare-advantage> [<https://perma.cc/2WRY-GGSF>] (last visited Sept. 3, 2024).

147. *Medicaid Expansion Provides Lifeline in Rural Areas*, HEART.ORG., <https://www.heart.org/en/around-the-aha/medicaid-expansion-provides-life-line-in-rural-areas> [<https://perma.cc/8T7V-J9RN>] (last visited Sept. 3, 2024).

148. *Seniors & Medicare and Medicaid Enrollees*, MEDICAID.GOV, <https://www.medicare.gov/medicaid/eligibility/seniors-medicare-and-medicare-enrollees/index.html> [<https://perma.cc/C53J-UASU>] (last visited Sept. 3, 2024).

149. See Melissa McInerney, Ruth Winecoff, Padmaja Ayyagari, Kosali Simon & M. Kate Bundorf, *ACA Medicaid Expansion Associated With Increased Medicaid Participation and Improved Health Among Near-Elderly: Evidence From the Health and Retirement Study*, INQUIRY, Jan.–Dec. 2020, at 1, 5–6 (2020); Melissa McInerney, Grace McCormack, Jennifer M. Mellor & Lindsay M. Sabik, *Association of Medicaid Expansion With Medicaid Enrollment and Health Care Use Among Older Adults With Low Income and Chronic Condition Limitations*, JAMA HEALTH F., June 2022, at 1, 2.

150. See Amy Symens Smith & Edward Trevelyan, *In Some States, More Than Half of Older Residents Live in Rural Areas*, U.S. CENSUS BUREAU (Oct. 22, 2019), <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html>

rural elderly populations that have expanded Medicaid have seen immediate results.¹⁵¹

Mississippi's neighboring state, Louisiana, expanded Medicaid in 2016.¹⁵² Since the Medicaid expansion, Louisiana saw lower mortality rates and a fifty-five percent reduction in uncompensated care costs for rural hospitals.¹⁵³ Proponents of expanding Medicaid in Mississippi cite the hyper-politicization of Obamacare, and the philosophical arguments over private or public payer health insurers.¹⁵⁴ Opponents of Medicaid expansion cite its burden on Mississippi taxpayers because of the national debt Medicaid expansion incurs and the estimated number of Medicaid enrollees eclipsing one-third of the state's population.¹⁵⁵

Rural elderly Americans are often dually eligible for both Medicare and Medicaid. Around twenty percent of dually enrolled Americans—who are likely elderly due to Medicare eligibility—live in rural areas.¹⁵⁶ Dual eligibility covers expenses that one health insurance may not cover,¹⁵⁷ however, full Medicare is not available to dual eligible users.¹⁵⁸

[<https://perma.cc/W3Z4-VRW3>]; *Status of State Medicaid Expansion Decisions: Interactive Map*, KAISER FAM. FOUND. (May 8, 2024), <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> [<https://perma.cc/EDS4-QQV3>].

151. See, e.g., Q&A: *What is Medicaid Expansion, Really?*, MISS. TODAY (Nov. 9, 2022), <https://mississippitoday.org/2022/11/09/what-is-medicaid-expansion> [<https://perma.cc/JE7A-NYWB>].

152. *Id.*

153. *Id.*

154. *Id.*

155. Russ Latino, *The Impact of Medicaid Expansion on Mississippi*, MAGNOLIA TRIB. (Nov. 5, 2023), <https://magnoliatribune.com/2023/11/05/the-impact-of-medicaid-expansion-on-mississippi/> [<https://perma.cc/XJY6-NGGV>].

156. See *How the Program of All-Inclusive Care for the Elderly Can Meet the Needs of Dually Eligible Individuals in Rural Communities*, THE PLAYBOOK (Dec. 2023), <https://bettercareplaybook.org/resources/how-program-all-inclusive-care-elderly-can-meet-needs-dually-eligible-individuals-rural> [<https://perma.cc/A74C-9KK3>].

157. *How to Qualify for Both Medicare and Medicaid*, HUMANA, <https://www.humana.com/medicare/medicare-resources/qualifying-for-medicare-and-medicaid> [<https://perma.cc/3CN2-7B2H>] (last visited Sept. 3, 2024).

158. Maria T. Peña, Maiss Mohamed, Jeannie Fuglesten Biniek, Juliette Cubanski & Tricia Neuman, *How Do Dual-Eligible Individuals Get Their Medicare Coverage?*, KAISER FAM. FOUND. (July 31, 2023), <https://www.kff.org/medicare/issue-brief/how-do-dual-eligible-individuals-get-their-medicare-coverage/> [<https://perma.cc/BSX8-ZLAZ>].

5. HEALTH OUTCOMES

Rural Americans tend to have worse health outcomes than their urban counterparts.¹⁵⁹ Notably, the National Institute of Minority Health and Health Disparities classifies rural populations as a “health disparity group” due to the higher rates of health concerns.¹⁶⁰ Rural Americans tend to have higher rates of mental health concerns, chronic diseases, and other poor health outcomes.¹⁶¹ Rural adults have higher rates of hypertension, diabetes, heart disease, strokes, smoking, obesity, pneumonia, COVID-19, and chronic obstructive pulmonary.¹⁶² Additionally, rural adult Americans have a higher mortality rate, with a life expectancy nearly two years lower than that of their urban counterparts.¹⁶³

Moreover, health outcomes are significantly worse for rural older Americans.¹⁶⁴ For older adults, rural-urban health disparities are gaping. Rural older adults are more likely to: (1) have a disability (39%) compared to their urban counterparts (34%),¹⁶⁵ (2) have a heart attack (11.8%) or stroke (8.3%) compared to their urban counterparts (8.6% and 5.8%),¹⁶⁶ (3) be a current smoker (19.4%) than urban older adults (14.7%),¹⁶⁷ and (4) report being told by a health professional “that they have heart disease, stroke, diabetes, cancer, or obesity, with obesity showing the widest difference.”¹⁶⁸ Furthermore, rural older adults specifically have higher hospitalizations, mortality, risk of stroke, and infectious diseases compared to their urban counterparts.¹⁶⁹ Mental health outcomes are no better, with rural adults having “higher rates of depression, suicide, and drug-related deaths.”¹⁷⁰ The current rural

159. Cohen & Greaney, *supra* note 65, at 2.

160. *Id.*

161. *Rural Health in America: How Shifting Populations Leave People Behind*, *supra* note 65; Cohen & Greaney, *supra* note 65, at 9.

162. Cohen & Greaney, *supra* note 65, at 2.

163. CODY TUTTLE, JILL TANEM, MEGAN LAHR, JONATHAN SCHROEDER, MARIANA TUTTLE & CARRIE HENNING-SMITH, RURAL -URBAN DIFFERENCES AMONG OLDER ADULTS, UNIV. MINN. RURAL HEALTH RSCH. CTR. 7 (2020).

164. Elizabeth Carter, *Rural–Urban Health Disparities Among US Adults Ages 50 and Older*, AARP (Oct. 27, 2021), <https://www.aarp.org/pri/topics/health/prevention-wellness/rural-urban-health-disparities-among-us-adults-ages-50-and-older.html> [<https://perma.cc/54PE-HNDK>].

165. TUTTLE ET AL., *supra* note 163, at 3.

166. *Id.*

167. *Id.*

168. Carter, *supra* note 164.

169. See Cohen & Greaney, *supra* note 65, at 2.

170. Slater, *supra* note 18.

health landscape is shaped by decades of federal policy implemented by federal agencies to combat growing discrepancies in rural health, particularly for the elderly.¹⁷¹

C. Evolution of Federal Rural Healthcare Policy

In the early 1800s, only 6.1% of the American population lived in an urban area.¹⁷² However, populations shifted with the rise of industrial America in the late 1800s to 1900s, which attracted rural Americans to cities with the opportunity for employment and higher wages.¹⁷³ According to the Bureau, 1910 was the last year that most Americans resided in a rural community.¹⁷⁴

As early as 1911, the public health community began noticing health disparities between urban and rural residents.¹⁷⁵ Federal rural health policy has sought to remedy these health disparities through legislation and by creating and empowering federal agencies.¹⁷⁶

1. PIVOTAL FEDERAL LAW FOR RURAL HEALTHCARE IN THE 1970-90S

One of the first steps Congress took in building the foundation of today's rural healthcare policy was the 1973 Farm Bill.¹⁷⁷ Ensuring America's food supply and typically renewed every five years, the Farm Bill also included the Rural Development title.¹⁷⁸ The title reauthorizes the USDA to create programs and address issues in rural communities.¹⁷⁹ For example, the USDA started the Distance Learning and Telemedicine Program, which provides grants to rural communities to provide them with the necessary technology and training for medical

171. See generally *Rural Health Policy*, *supra* note 22 (citing various federal agencies that participates in the rural health policy process).

172. Hirsch, *supra* note 70.

173. *City Life in the Late 19th Century*, LIBR. OF CONG., <https://www.loc.gov/classroom-materials/united-states-history-primary-source-timeline/rise-of-industrial-america-1876-1900/city-life-in-late-19th-century/> [https://perma.cc/D8YJ-AHC8] (last visited Sept. 3, 2024).

174. *Farm Bill 101: Delivering for Rural America*, U.S. SENATE COMM. ON AGRIC., NUTRITION, & FORESTRY (July 18, 2023), <https://www.Agric.senate.gov/newsroom/dem/press/release/farm-bill-101-delivering-for-rural-america> [https://perma.cc/ZE3L-ZA9U].

175. Erika Ziller & Carly Milkowski, *A Century Later: Rural Public Health's Enduring Challenges and Opportunities*, 110 AM. J. PUB. HEALTH 1678, 1680 (2020).

176. See *Rural Health Policy*, *supra* note 22.

177. CONG. RSCH. SERV., IF12038, FARM BILL PRIMER: RURAL DEVELOPMENT TITLE (2023).

178. *Id.*

179. *Id.*

professionals to connect with rural patients.¹⁸⁰ More recently, the 2018 Farm Bill increased funding for the program regarding projects for substance treatment under the Rural Development title.¹⁸¹

Three years after Congress added the title to the 1973 Farm Bill, Congress passed the Indian Health Care Improvement Act of 1976 (IHCIA) in part to address rural healthcare challenges for Indigenous people within America.¹⁸² The law allowed the Indian Health Service—tasked with giving federal health services to indigenous areas¹⁸³—to bill Medicare and Medicaid for services,¹⁸⁴ and provide financial education incentives for practitioners to work in rural Indigenous areas.¹⁸⁵ Moreover, the law contained a specific provision for two pilot projects with the goal of providing outreach services to eligible Indigenous people in rural areas.¹⁸⁶

After the IHCIA was signed into law, the legislation extended through amendments in 1980, 1990, 1992, and 2000 to keep appropriations.¹⁸⁷ However, in 2010, Congress made the legislation permanent as part of the Patient Protection and Affordable Care Act (ACA), also known as ObamaCare.¹⁸⁸ The First Nations Development Institute (FNDI) states that currently, fifty-four percent of American Indian and Alaska Natives (AIAN) live in rural or small-town areas.¹⁸⁹ Moreover, surveys suggest that indigenous rural areas have an increasingly older

180. *Id.*

181. *Id.*

182. Pub. L. No. 94-437, 90 Stat. 1400 (1976).

183. *About IHS*, INDIAN HEALTH SERV., <https://www.ihs.gov/aboutihs/> [<https://perma.cc/5Y8Z-QNFA>] (last visited Sept. 3, 2024).

184. *Id.*

185. Pub. L. No. 94-437, 90 Stat. 1400 (1976) (codified as 25 U.S.C. 1611).

186. Pub. L. No. 94-437, 90 Stat. 1400 (codified as 25 U.S.C. 1658).

187. *See* Pub. L. No. 102-573, 106 Stat. 4526; Pub. L. 96-537; Pub. L. No. 100-713; Pub. L. No. 101-630, tit. V; Omnibus Indian Advancement Act, Pub. L. No. 106-568, 114 Stat. 2868, 2918.

188. *See* CONG. RSCH. SERV., R41630, THE INDIAN HEALTH CARE IMPROVEMENT ACT REAUTHORIZATION AND EXTENSION AS ENACTED BY THE ACA: DETAILED SUMMARY AND TIMELINE 1 (2014); *Indian Health Care Improvement Act*, INDIAN HEALTH SERV., <https://www.ihs.gov/IHCIA/> [<https://perma.cc/27EB-U7WW>] (last visited Sept. 3, 2024).

189. The First Nations Development Institute dispute the proportions that commonly held that more Indigenous people live in urban areas compared to rural. Sarah Dewees & Benjamin Marks, *Twice Invisible: Understanding Rural Native America*, FIRST NATIONS DEV. INST. (Apr. 2017), <https://www.usetinc.org/wp-content/uploads/bvenuti/WWS/2017/May%202017/May%208/ Twice%20Invisible%20-%20Research%20Note.pdf> [<https://perma.cc/6TXA-VSNP>].

population.¹⁹⁰ The incorporation of IHCA into the ACA made permanent: (1) educational incentives for working in rural areas,¹⁹¹ (2) a contract with the California Rural Indian Health Board for funding health related services,¹⁹² and (3) the pilot outreach projects in rural communities from the 1976 legislation.¹⁹³

In 1977, Congress passed the Rural Health Clinic Services Act (RHCSA) in response to rural America becoming more elderly.¹⁹⁴ Among the growing concerns were a declining number of clinics, the increasing cost of rural healthcare, aging clinicians, and a lack of younger clinicians to replace those who had retired.¹⁹⁵ The law tied government funding to supporting rural healthcare through existing Medicare and Medicaid programs.¹⁹⁶ Rural Healthcare Clinics (RHCs) are clinics that: (1) are in rural areas per the definition of the Census Bureau, (2) are in a medically underserved area, and (3) employ non-physician practitioners qualified for funding.¹⁹⁷ For patients with Medicare, RHCs are reimbursed through a cost-based reimbursement system.¹⁹⁸ Under this system, RHCs are paid based on the cost incurred for the services rendered to the Medicare patient.¹⁹⁹ Medicaid reimbursements

190. R. Turner Goins, *Aging in Indigenous Communities: An Overview*, GENERATIONS: AM. SOC. ON AGING (Sept.–Oct. 2021), <https://generations.asaging.org/aging-indigenous-communities-overview> [<https://perma.cc/XJ8D-KL43>]; R. TURNER GOINS, MARC B. SCHURE, JOLIE CROWDER, DAVE BALDRIDGE, WILLIAM BENSON & NANCY ALDRICH, *LIFELONG DISPARITIES AMONG OLDER AMERICAN INDIANS AND ALASKA NATIVES* 15 (2015) (figure 13).

191. Pub. L. No. 111–148, tit. X, § 10221(a), 124 Stat. 935 (2010) (codified as amended at 25 U.S.C. § 1615).

192. Pub. L. No. 111–148, tit. X, § 10221(a), 124 Stat. 935 (2010) (codified as amended at 25 U.S.C. § 1621(j)) (“Agreement with California Rural Indian Health Board”).

193. *Id.*

194. Gail Nickerson, *Rural Health Clinics*, NAT’L RURAL HEALTH ASSOC. (Apr. 2014), [https://www.ruralhealth.us/getmedia/c23ee3df-0e87-49c6-ad10-31d540b1d9dd/RHCApril20143-\(1\).pdf](https://www.ruralhealth.us/getmedia/c23ee3df-0e87-49c6-ad10-31d540b1d9dd/RHCApril20143-(1).pdf) [<https://perma.cc/E62G-BN2N>].

195. *Id.*

196. *See id.*; *What is the RHC Program?*, NAT’L ASSOC. OF RURAL HEALTH CLINICS (Jan. 18, 2019), https://www.narhc.org/narhc/RHC_Overview1.asp. [<https://perma.cc/7V24-S753>].

197. *See* Nickerson, *supra* note 194.

198. *See id.*

199. *Use of Funds: How did Cost-Based Reimbursement Relate to My Provider Relief Fund and/or ARP Rural Payment?*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/about/faqs/use-funds-how-did-cost-based-reimbursement-relate-my-provider-relief-fund-andor-arp-rural-payment> [<https://perma.cc/ZX7Q-EQ6A>] (last visited Sept. 3, 2024); *Cost-Based Payment*, SAVING RURAL HOSPS., https://ruralhospitals.chqpr.org/Cost-Based_Payment.html [<https://perma.cc/X4K6-BM2N>] (last visited Sept. 3, 2024).

vary by state but are generally cost-based.²⁰⁰ By tying government funding to RHCs, the goal is to provide patients with public health insurance and better access to rural healthcare while also ensuring RHCs financial stability, which can then increase the amount of RHCs across rural communities.²⁰¹

Since the RHCSA's inception in 1977, RHCs have increased.²⁰² In 2014, there were approximately 4,000 RHCs;²⁰³ currently, there are 5,200 RHCs in America as of August 2023.²⁰⁴ Rural elderly Americans with Medicare have benefited from this increase.²⁰⁵ They have steadily used RHCs, with the last reported average age of a Medicare patient at an RHC being seventy-one.²⁰⁶ Moreover, seventy-eight percent of Medicare patients at RHCs were over the age of sixty-five.²⁰⁷

The last legislation for rural health passed by Congress in the twentieth century was the Balanced Budget Act of 1997 (BBA). The law is mostly known for its reductions in federal spending.²⁰⁸ Specifically, Medicare and Medicaid funds were cut.²⁰⁹ While the BBA cut spending, it created the Rural Hospital Flexibility Program,²¹⁰ allowing small rural hospitals the opportunity to receive favorable cost-based reimbursements from Medicare.²¹¹ With the intent to fund aid for rural communities, a small rural hospital could qualify through obtaining Critical Access Hospital (CAH) status under the BBA.²¹² Facilities can obtain CAH status through being a certain distance from hospitals and residing in a rural area.²¹³ In 2013, around 1,300 facilities had CAH status,

200. See Nickerson, *supra* note 194.

201. *What is the RHC Program?*, *supra* note 196.

202. Nickerson, *supra* note 194.

203. *Id.*

204. *Rural Health Clinics (RHCs)*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/topics/rural-health-clinics> [<https://perma.cc/7U95-9GYQ>] (last visited Mar. 1, 2024).

205. *See id.*

206. *Id.*

207. *Id.*

208. *TrendWatch: The Impact of the BBA and the BBRA*, AM. HOSP. ASSOC. (2000), <https://www.aha.org/system/files/research/reports/tw/twmarch2000.pdf> [<https://perma.cc/6426-9EPL>].

209. *Id.*

210. *The Financial Effects of Critical Access Hospital Conversion*, UNIV. OF MINN. RURAL HEALTH CTR. 1 (2003).

211. *Id.*

212. *Id.*

213. DANIEL R. LIVINGSTON, DEP'T OF HEALTH & HUM. SERVS., MOST CRITICAL ACCESS HOSPITALS WOULD NOT MEET THE LOCATION REQUIREMENTS IF REQUIRED TO RE-ENROLL IN MEDICARE 1 (2013).

and in 2011, they provided care to around 2.3 million beneficiaries.²¹⁴ Presently, there are 1,367 CAHs across forty-five states.²¹⁵

In sum, the twentieth century was the inception of rural health policy as Congress began to address some rural health issues. These advancements set the stage for legislation that would expand health insurance coverage, solidify rural health funding, and try to create new approaches to rural healthcare disparities.²¹⁶

2. PIVOTAL FEDERAL LAW FOR RURAL HEALTHCARE FROM THE 2000S TO PRESENT

In the 1900s, between the IHCA, RHCSA, and the BBA, critical rural health policy was enacted through a Medicare or Medicaid reimbursement.²¹⁷ However, the ACA further expanded twentieth century-era rural health policy, including increasing Medicare/Medicaid coverage, incentivization programs for clinicians, future clinicians, and clinical facilities, and adjusting discrepancies between Medicare reimbursements for urban and rural areas.²¹⁸

First, the ACA contained the “Part II Rural Protections” section, which generally gave rural hospitals aid in different measures for the next two to five years. For example, Part II expanded the outpatient hold harmless provision—protecting rural hospitals from financial losses²¹⁹ and giving sole community hospitals adjustments.²²⁰ It also reinstated cost reimbursements for lab services provided by small rural hospitals.²²¹ Finally, it also extended and expanded the Rural Community Hospital Demonstration program—which tested using cost-based reimbursements for small rural hospitals.²²²

Second, the ACA created a provision that gave preferences in grants to academic programs that “establish formal relationships and

214. *Id.*

215. *Historical CAH Data: 2024 Critical Access Hospitals*, FLEX MONITORING TEAM, <https://www.flexmonitoring.org/historical-cah-data-0> [https://perma.cc/HF63-YPJ6] (last visited Sept. 3, 2024).

216. See LIVINGSTON, *supra* note 213, at 1.

217. Nickerson, *supra* note 194; Pub. L. No. 94-437, 90 Stat 1400 (1976); *Rural Health Clinics (RHCs)*, *supra* note 204.

218. *The Patient Protection and Affordable Care Act*, DEMOCRATS.SENATE.GOV <https://www.dpc.senate.gov/healthreformbill/healthbill04.pdf> [https://perma.cc/GH3S-PKXH] (last visited Sept. 3, 2024).

219. *Id.*

220. *Id.*

221. *Id.*

222. Medicare Program; Rural Community Hospital Demonstration Program: Solicitation of Additional Participants, 75 Fed. Reg. 52960 (Aug. 30, 2010).

submit joint applications with . . . rural health clinics.”²²³ Moreover, it authorized the use of awards for preparing healthcare professionals to work in underserved areas and federally qualified rural health clinics.²²⁴

Third, the ACA sought to improve rural healthcare through contracts.²²⁵ The legislation removed any inhibitors for contracts between federally certified rural health clinics and community health centers.²²⁶ Regarding the granting of contracts for healthcare training, the ACA created preferences for working with rural healthcare facilities and rural practitioners.²²⁷ For example, priorities in grants were made for entities that “have a record of training individuals who are from a rural . . . background.”²²⁸ The statute also prioritized grants for entities who “establish[ed] formal relationships with . . . rural health centers.”²²⁹

However, the United States Supreme Court ruling in *National Federation of Independent Business (NFIB) v. Sebelius* constrained the ACA’s goals for rural areas in its decision.²³⁰ As previously noted, Medicaid has a substantial impact on rural healthcare and its policy aims were only further amplified when the ACA became law.²³¹ However, in *NFIB*, states alongside the NFIB challenged in part the constitutionality of the ACA expanding Medicaid.²³² The ACA conditioned states receiving Medicaid funding on expanding eligibility under their Medicaid programs.²³³

And so, in *NFIB*, the Supreme Court held that the ACA’s requirement that states must expand Medicaid or lose federal funds was unconstitutional.²³⁴ The Court reasoned that the federal government cannot threaten states with the loss of federal funding for their existing

223. COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT, OFF. OF THE LEGIS. COUNS. 546 (2010).

224. *Id.*

225. *Id.*

226. *Id.*

227. *Id.*

228. *Id.*

229. *Id.*

230. Vann Newkirk & Anthony Damico, *The Affordable Care Act and Insurance Coverage in Rural Areas*, KAISER FAM. FOUND. (May 2014) <https://www.kff.org/wp-content/uploads/2014/05/8597-the-affordable-care-act-and-insurance-coverage-in-rural-areas1.pdf> [<https://perma.cc/4C9K-WV5K>].

231. *See id.*

232. *Nat’l Fed’n of Indep. Bus. v. Sebelius*, 567 U.S. 519, 577–578 (2012).

233. *Id.* at 531.

234. *Id.* at 588.

Medicaid programs if they choose not to expand Medicaid under the ACA.²³⁵ Chief Justice Robert's majority opinion stated that the Supreme Court has routinely held that federal legislation cannot "commandeer a State's legislative or administrative apparatus for federal purposes."²³⁶ Moreover, doing so would "threaten . . . political accountability" because state officials would face the repercussions or public backlash, even though they were merely following the regulations created by federal officials.²³⁷ The result of this ruling essentially made the Medicaid expansion optional under the ACA.²³⁸

In May 2014, twenty-four states chose not to expand Medicaid.²³⁹ This resulted in rural areas being disproportionately affected—specifically, many rural Americans were left in a "coverage gap," meaning their income was above Medicaid eligibility but below tax credit eligibility.²⁴⁰ Estimates showed that around fifteen percent, or over a million rural individuals, would fall into this coverage gap.²⁴¹ Moreover, this coverage gap is significantly greater than the nine percent coverage gap for individuals living in metropolitan areas.²⁴² More specifically, in 2014, two-thirds of the rural uninsured population lived in a state that did not expand Medicaid.²⁴³ Currently, forty-one states and the District of Columbia expanded Medicaid.²⁴⁴ The ACA, though softened by the Supreme Court's decision in *NFIB*, is still pivotal in rural health policy in the twenty-first century.²⁴⁵ However, the manner in which federal rural health policy is and has been implemented from the Farm Bill to the ACA is through federal agencies.²⁴⁶

235. *Id.*

236. *Id.* at 577.

237. *Id.* at 578.

238. *Id.* at 588. (stating states may choose to reject the Medicaid expansion).

239. Newkirk & Damico, *supra* note 230.

240. *Id.*

241. *Id.*

242. *Id.*

243. *Id.*

244. *Status of State Medicaid Expansion Decisions: Interactive Map*, *supra* note 150.

245. *The Biden-Harris Administration is Taking Actions to Improve the Health of Rural Communities and Help Rural Health Care Providers Stay Open*, DEP'T OF HEALTH & HUM. SERVS., <https://www.hhs.gov/about/news/2023/11/03/department-health-human-services-actions-support-rural-america-rural-health-care-providers.html> [<https://perma.cc/MZT7-WNF2>] (noting that the ACA has helped reduce rates of uninsured rural Americans).

246. See Julie Rovner, *Congress and Executive Branch and Health Policy*, KAISER FAM. FOUND. (May 28, 2024), <https://www.kff.org/health-policy-101-congress-and-the-executive-branch-and-health-policy/?entry=table-of-contents-introduction> [<https://perma.cc/F3EK-KJFG>].

3. ROLE OF FEDERAL AGENCIES IN RURAL HEALTHCARE

Federal agencies play a substantial role in rural healthcare policy and elderly access to healthcare, primarily through research and funding.²⁴⁷ The Agency for Healthcare Research and Quality (AHRQ), housed under the U.S Department of Health and Human Services (HHS), leads research investment in healthcare.²⁴⁸ Specific to rural healthcare, the AHRQ has conducted research on rural telehealth,²⁴⁹ the Rural Healthcare Chartbook,²⁵⁰ and improving rural healthcare with technology.²⁵¹ With regard to the rural elderly, the AHRQ invested in research regarding telehealth kiosks in rural community-based senior centers.²⁵²

Furthermore, the Health Resources and Services Administration (HRSA) houses the Federal Office of Rural Health Policy (FORHP), which facilitates rural care throughout the country from policy research

247. See *Federal Agencies Addressing Rural Health*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/organizations/federal-agencies> [https://perma.cc/2857-SGHM] (last visited Sept. 3, 2024) (listing all the federal agencies involved in rural health).

248. *Agency for Healthcare Research and Quality: A Profile*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://www.ahrq.gov/cpi/about/profile/index.html> [https://perma.cc/3PND-GNE4] (last visited Sept. 3, 2024).

249. *Improving Rural Health Through Telehealth-Guided Provider-to-Provider Communication*, AGENCY FOR HEALTHCARE RSCH. & QUALITY (Jan. 15, 2021), <https://effectivehealthcare.ahrq.gov/products/rural-telehealth/protocol> [https://perma.cc/N8AH-AVCJ].

250. See *Chartbook on Rural Healthcare*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/ruralhealth/index.html> [https://perma.cc/ZG49-2SSJ] (last visited Sept. 3, 2024); *Telemonitoring in Rural Elder Nutrition Centers: Demonstration Project of Hypertension Management—2010*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://digital.ahrq.gov/ahrq-funded-projects/telemonitoring-rural-elder-nutrition-centers-demonstration-project-hypertension/annual-summary/2010> [https://perma.cc/33WZ-V36U] (last visited Sept. 3, 2024).

251. *Improving Rural Healthcare with Technology*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://digital.ahrq.gov/ahrq-funded-projects/improving-rural-healthcare-technology> [https://perma.cc/9SS9-PPZY] (last visited Sept. 3, 2024); *Health Information Technology Value in Rural Hospitals*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://digital.ahrq.gov/ahrq-funded-projects/health-information-technology-value-rural-hospitals> [https://perma.cc/8N9J-P9HY] (last visited Sept. 3, 2024).

252. *Telemonitoring in Rural Elder Nutrition Centers: Demonstration Project of Hypertension Management*, AGENCY FOR HEALTHCARE RSCH. & QUALITY, <https://digital.ahrq.gov/ahrq-funded-projects/telemonitoring-rural-elder-nutrition-centers-demonstration-project-hypertension> [https://perma.cc/33WZ-V36U] (last visited Sept. 3, 2024).

to grant programs.²⁵³ The FORHP provides funding to states through four grant programs: (1) the State Offices of Rural Health (SORH) Program, (2) the Medicare Rural Hospital Flexibility (Flex) Program, (3) the Small Rural Hospital Improvement Program (SHIP), and (4) the Rural Veterans Health Access Program (RVHAP).²⁵⁴ For example, the SORH program grants funds to all fifty states to address their general rural health issues.²⁵⁵

However, funding has decreased significantly over the past few years. In 2023, the SORH program had \$11,394,687 in funding, a decrease of over \$500,000 in funding from 2021.²⁵⁶ Next, SHIP exclusively funds states who have rural hospitals with less than fifty beds.²⁵⁷ In total, SHIP provides funding to improve operations of 1,600 small rural hospitals throughout the country.²⁵⁸ The program had \$16,364,000 in funding in 2023, which was over \$150,000,000 less than 2020's allocation, and equal to the funding from five years ago.²⁵⁹ Finally, the Flex program funds states who have CAHs and also RVHAP.²⁶⁰ The RVHAP works alongside CAHs in serving rural veterans by allowing expanded access to CAHs and healthcare services.²⁶¹ In 2023, funding for the

253. *Federal Office of Rural Health Policy*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/about/organization/bureaus/forhp> [<https://perma.cc/DT5W-CQL3>] (last visited Sept. 3, 2024).

254. *Rural Hospital Programs*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/rural-health/grants/rural-hospitals> [<https://perma.cc/K7FU-ZNGQ>] (last visited Sept. 3, 2024).

255. *State Offices of Rural Health (SORH) Program*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/rural-health/grants/rural-hospitals/sorh> [perma.cc/RF4Y-FB CV] (last visited Sept. 3, 2024).

256. *Grants to States for Operation of State Offices of Rural Health*, TRACKING ACCOUNTABILITY IN GOV'T GRANT SYS., https://taggs.hhs.gov/Detail/CFDADetail?arg_CFDA_NUM=93913 [<https://perma.cc/CN23-N529>] (last visited Sept. 3, 2024).

257. *Small Rural Hospital Improvement Program (SHIP)*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/rural-health/grants/rural-community/ship> [<https://perma.cc/4TDU-FUT4>] (last visited Oct. 9, 2024).

258. *Id.*

259. *Small Rural Hospital Improvement Grant Program*, TRACKING ACCOUNTABILITY IN GOV'T GRANT SYS., https://taggs.hhs.gov/Detail/CFDADetail?arg_CFDA_NUM=93301 [<https://perma.cc/Y74A-2WT4>] (last visited Sept. 3, 2024).

260. *Medicare Rural Hospital Flexibility Program (Flex)*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/rural-health/grants/rural-hospitals/flex> [<https://perma.cc/6S22-93J4>] (last visited Sept. 3, 2024); *Rural Veterans Health Access Program*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/grants/find-funding/HRSA-22-058> [<https://perma.cc/9DCC-U7S4>] (last visited Sept. 3, 2024).

261. See *Rural Hospital Programs*, *supra* note 254.

program was at its all-time high, \$38,916,772, an over \$2.4 million dollar increase from the prior year.²⁶²

Next, the Bureau of Health Workforce (BHW) of the HRSA works to improve underserved areas such as rural areas, by training healthcare professionals.²⁶³ The BHW funds federal programs such as the Rural Health Clinic Program, which focuses resources on underserved and health professional shortage areas.²⁶⁴ Moreover, through its Health Professions Training grants, the BHW grants incentivize practitioners to work in rural areas.²⁶⁵ For example, the Rural Residency Planning and Development Program provides funding to rural health entities—such as rural hospitals and federally qualified health centers—to develop physician residency programs in different areas of medicine.²⁶⁶ The BHW also works in recruiting and retaining healthcare providers in rural areas, specifically by growing the Nurse Corps clinician workforce in rural areas.²⁶⁷

Fourth, the Center for Disease Control (CDC) Office of Rural Health coordinates and connects resources and knowledge between rural health public infrastructures.²⁶⁸ The CDC informs Americans on rural health and rural health disparities.²⁶⁹ Moreover, the CDC provides resources on research, tools, and policy hubs that address rural health.²⁷⁰

262. *State Rural Hospital Flexibility Program*, TRACKING ACCOUNTABILITY IN GOV'T GRANT SYS., https://taggs.hhs.gov/Detail/CFDADetail?arg_CFDA_NUM=93241 [<https://perma.cc/SB7U-RRYE>] (last visited Sept. 3, 2024).

263. *Who We Are*, HEALTH RES. & SERVS. ADMIN., <https://bhw.hrsa.gov/> [<https://perma.cc/XFH3-B9L6>] (last visited Sept. 3, 2024).

264. *Our Work*, HEALTH RES. & SERVS. ADMIN., <https://bhw.hrsa.gov/about-us> [<https://perma.cc/R6KW-JMGS>] (last visited Sept. 3, 2024).

265. *Id.*

266. *Rural Residency Planning and Development (RRPD) Program*, HEALTH RES. & SERVS. ADMIN., <https://www.hrsa.gov/rural-health/grants/rural-health-research-policy/rrpd> [<https://perma.cc/YT4U-TN7K>] (last visited Sept. 3, 2024).

267. *Growth of the Nurse Corps Workforce*, HEALTH RES. & SERVS. ADMIN., <https://bhw.hrsa.gov/about-us/nurse-corps-growth> [<https://perma.cc/R6KW-JMGS>] (last visited Sept. 3, 2024).

268. *CDC Office of Rural Health*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/organizations/4395> [<https://perma.cc/77RD-NCKE>] (last visited Sept. 3, 2024).

269. *See About Rural Health*, *supra* note 18.

270. *Featured Rural Health Resources*, CTR. FOR DISEASE CONTROL, (May 15, 2024), <https://www.cdc.gov/rural-health/php/section-name/index.html> [<https://perma.cc/5NFC-WSZ3>].

The USDA's Rural Development program operates numerous financial assistance programs for different rural applications.²⁷¹ Some grants address rural health by approving funding for programs that address safe drinking water and waste disposal.²⁷² However, some address specific rural health needs in workforce shortage, education, and research in rural areas.²⁷³ For example, the Delta Health Care Services Grant gives financial assistance in the delta region,²⁷⁴ which includes "252 counties and parishes within eight states" in the south.²⁷⁵ Eligible grantees are (1) "[r]egional institutions of higher education," (2) "[a]cademic health and research institute, and/or" (3) "[e]conomic development entities located within the Delta Region."²⁷⁶ The goal of the grant is to "develop . . . healthcare services, health education programs, healthcare job training programs, or the development and expansion of public health-related facilities in the Delta region."²⁷⁷

The Veterans' Health Administration's Office of Rural Health (ORH) serves rural veterans.²⁷⁸ In 2022, the ORH's budget was \$311,000,000.²⁷⁹ The OHR grants funding through two programs: (1) the Enterprise-Wide Initiatives, and (2) the Rural Promising Practices.²⁸⁰ The Enterprise-Wide Initiatives seek to expand the VA's healthcare efforts for rural veterans in primary care, specialty care, mental health,

271. *Programs & Services*, U.S. DEP'T OF AGRIC., <https://www.rd.usda.gov/programs-services> [<https://perma.cc/E62R-HT3C>] (last visited Sept. 3, 2024).

272. *Water and Waste Facility Loans and Grants to Alleviate Health Risks for Colonias*, U.S. DEP'T OF AGRIC., <https://www.rd.usda.gov/programs-services/water-environmental-programs/water-and-waste-facility-loans-and-grants-alleviate-health-risks-colonias> [<https://perma.cc/YYV9-9ZVF>] (last visited Sept. 3, 2024).

273. *See Rural Development*, U.S. DEP'T OF AGRIC., <https://www.rd.usda.gov/programs-services/all-programs> [<https://perma.cc/4Y52-3FN7>] (last visited Sept. 3, 2024).

274. *Delta Health Care Services Grant*, U.S. DEP'T OF AGRIC., <https://www.rd.usda.gov/programs-services/business-programs/delta-health-care-services-grant> [<https://perma.cc/476U-NGU9>] (last visited Sept. 3, 2024).

275. *States*, DELTA REGION. AUTH., <https://dra.gov/states/> [<https://perma.cc/QQK5-8TKE>] (last visited Sept. 3, 2024).

276. *See Delta Health Care Services Grant*, *supra* note 274.

277. *Id.*

278. *Office of Rural Health Programs*, U.S. DEP'T OF VETERAN AFFS., <https://www.ruralhealth.va.gov/aboutus/programs.asp> [<https://perma.cc/48AK-PW28>] (last visited Sept. 3, 2024).

279. *VA Health Care: Office of Rural Health Efforts and Recommendations for Improvement*, U.S. GOV'T ACCOUNTABILITY OFF. (Jan. 11, 2024), <https://www.gao.gov/products/gao-24-107245> [<https://perma.cc/9XUN-TGUZ>].

280. *See Office of Rural Health Programs*, *supra* note 278.

workforce training and education, transportation, and more.²⁸¹ Funding is available to support these initiatives.²⁸² Next, the Rural Promising Practices identify local projects that address rural veteran care and access.²⁸³ If a project meets the ORH's criteria and is selected, it receives mentoring, training, supporting documents, technical consultations, and seed funding.²⁸⁴

The Centers for Medicare & Medicaid Services (CMS) administers Medicare and Medicaid, and determines what qualifies as RHCs and Federally Qualified Health Centers (FQHCs).²⁸⁵ As discussed, Medicare and Medicaid are crucial to rural healthcare.²⁸⁶ The CMS promulgates regulations determining the standards and requirements for each, and serves as a resource hub for each rural health facility.²⁸⁷ In sum, varying federal agencies play varying roles in implementing laws passed by Congress that sought to increase funding and research for rural healthcare.²⁸⁸ However, as later discussed, differing definitions and state/local rural policy can thwart well-intentioned federal funding.²⁸⁹

281. *Enterprise-Wide Initiatives*, U.S. DEP'T OF VETERAN AFFS., https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp [https://perma.cc/XS84-R5PU] (last visited Sept. 3, 2024).

282. *Office of Rural Health Program Funding*, U.S. DEP'T OF VETERAN AFFS., <https://www.ruralhealth.va.gov/providers/funding.asp> [https://perma.cc/N8QJ-PSE9] (last visited Sept. 3, 2024).

283. *Rural Promising Practices*, U.S. DEP'T OF VETERAN AFFS., https://www.ruralhealth.va.gov/providers/promising_practices.asp [https://perma.cc/8D5M-F4UL] (last visited Sept. 3, 2024).

284. *Id.*

285. See *Rural Health Clinics Center*, CTRS. FOR MEDICARE & MEDICAID SERVS. (Nov. 7, 2022, 12:19 PM) <https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center> [https://perma.cc/S6K6-JN78]; *Federally Qualified Health Centers (FQHC) Center*, CTRS. FOR MEDICARE & MEDICAID SERVS. (Sept. 21, 2023, 11:40 AM), <https://www.cms.gov/medicare/payment/prospective-payment-systems/federally-qualified-health-centers-fqhc-center> [https://perma.cc/363Y-AE73].

286. See *supra* Section II.B.4.

287. See *Rural Health Clinics Center*, *supra* note 285; *Federally Qualified Health Centers (FQHC) Center*, *supra* note 285.

288. *Rural Health Policy*, *supra* note 22.

289. See *infra* Section III.A.

III. Analysis

Rural elderly health disparities do not stem from one specific policy failure.²⁹⁰ Instead, they are from multiple policy failures on the federal, state, and local levels.²⁹¹ Two major points of issue with rural elderly health policy are: (1) how rural is defined and (2) how states with high rural populations and state and local policies address rural healthcare.²⁹²

A. How Varying Rural Definitions Impacts State Funding

It is necessary to analyze the effect of how the varying definitions of what is rural affect rural health policy. How areas are defined impacts their funding, the application of relevant law, and research consistency.²⁹³

1. CENSUS BUREAU AND OMB'S DEFINITION DISCREPANCIES

As stated previously, the Bureau has a subtractive approach to what is considered rural by merely identifying what is urban.²⁹⁴ This definition, which does not actually define what is rural, has direct grant funding implications despite its flaws.²⁹⁵ For example, when a rural healthcare provider is seeking eligibility for grant funding, the FORHP utilizes in part the Bureau's definition in its definition of "rural."²⁹⁶ However, the definition focuses too much on population density, leading to the misclassification of small towns far from major cities as urban and suburban areas near major cities as rural.²⁹⁷ Take, for example, two cities in Virginia: Clifton Forge and Clifton.

290. Danielle C. Rhubart, Shannon M. Monnat, Leif Jensen & Claire Pendergrast, *The Unique Impacts of U.S. Social and Health Policies on Rural Population Health and Aging*, 31 PUB. POL'Y & AGING REP. 24, 24 (2021).

291. *See id.* at 27–28.

292. *See infra* Section III.A.

293. *See What is Rural?*, *supra* note 25.

294. *See discussion supra* Section II.A.

295. *Defining Rural Population*, HEALTH RES. & SERVS. ADMIN. (Jan. 2024), <https://www.hrsa.gov/rural-health/about-us/what-is-rural> [<https://perma.cc/CM3D-ELQF>] [hereinafter *Defining Rural Population*, HRSA].

296. *See id.*

297. *See id.*

Clifton Forge is a small town located in Alleghany County, in Western Virginia.²⁹⁸ The city has a population of 3,541.²⁹⁹ Thirty-four percent of the city is between the age of sixty and eighty and above.³⁰⁰ The nearest major city from Clifton Forge is Roanoke, which is around forty-seven miles away and up to an hour drive.³⁰¹ Clifton is a town and suburb in Fairfax County located in Northern Virginia closer to Washington, D.C.³⁰² Nineteen percent of the city is between the age of sixty and eighty and above.³⁰³ The town has a population of 358.³⁰⁴ However, Clifton is located near major urban cities like Arlington and Alexandria, and overall, a highly dense area.³⁰⁵ Under the Bureau's definition, Clifton Forge is urban³⁰⁶ and Clifton is rural.³⁰⁷ Therefore, Clifton Forge, a city with a high elderly population loses out on receiving rural health funding if the federal agency or private company uses solely the Bureau's definition to define what is rural. Luckily, the HRSA, which, as previously discussed, provides funding for rural health through four different rural health grant programs,³⁰⁸ uses the Bureau's, OMB's, and ERS's definitions in its analysis for rural health grants.³⁰⁹ Since Clifton Forge is in Alleghany County,³¹⁰ which, under the OMB's definition, is nonmetropolitan,³¹¹ it is eligible for funding despite being considered

298. *Clifton Forge, VA*, CENSUS REP., <https://censusreporter.org/profiles/16000US5117440-clifton-forge-va/> [<https://perma.cc/4VUL-LY8B>] (last visited Sept. 3, 2024).

299. *Id.*

300. *Id.*

301. *Roanoke to Clifton Forge*, ROME2RIO, <https://www.rome2rio.com/s/Roanoke/Clifton-Forge> [<https://perma.cc/S8T5-G2WF>] (last visited Sept. 3, 2024).

302. *Clifton, VA*, CENSUS REP., <https://censusreporter.org/profiles/16000US5117376-clifton-va/> [<https://perma.cc/9U7H-BYWD>] (last visited Sept. 3, 2024).

303. *Id.*

304. *Id.*

305. *Id.*

306. *Urban and Rural*, U.S. CENSUS BUREAU (Sept. 26, 2023), <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html> [<https://perma.cc/LW77-RJ5R>] (located in the excel sheet, "[a] list of all 2020 Census Urban Areas for the U.S., Puerto Rico, and Island Areas sorted by Urban Area Census (UACE) code," Clifton Forge is listed).

307. *See id.* (located in the excel sheet, "[a] list of all 2020 Census Urban Areas for the U.S., Puerto Rico, and Island Areas sorted by Urban Area Census (UACE) code," Clifton is not listed); Hamilton Lombard, *What is Considered a Rural Area?*, UNIV. OF V.A. WELDON COOPER CTR. FOR PUB. SERV. (May 30, 2018), <https://www.coopercenter.org/research/what-considered-rural-area> [<https://perma.cc/WA2T-K3NP>].

308. *Rural Hospital Programs*, *supra* note 254.

309. *Defining Rural Population*, HRSA, *supra* note 295.

310. *Clifton Forge*, *supra* note 298.

311. *Rural-Urban Continuum Codes*, *supra* note 55.

urban under the Census's definition.³¹² However, that may not be the case for private organizations or any other agency that solely relies on the Census's definition in considering rural health funding.

The OMB's statistical area definition is touted as one of the ways rural areas are defined.³¹³ Similar to the Bureau's definition, the OMB does not definitively define what is a rural area;³¹⁴ yet, the OMB's definition is frequently used as a reference for rural areas, categorizing them as nonmetropolitan.³¹⁵ The OMB model uses counties as geographical units to differentiate between urban and rural, but it neglects to factor in population density.³¹⁶

For example, under the OMB's definition, the Dallas–Fort Worth–Arlington metropolitan statistical area (DFW) in Texas,³¹⁷ includes the counties of Dallas, Tarrant, Johnson, Collin, Denton, Rockwall, Wise, Parker, Ellis, Kaufman, and Hunt.³¹⁸ However, within this metropolitan statistical area, there are clear rural counties.

First, the counties Dallas and Tarrant are undoubtedly “urban,”³¹⁹ as the actual cities of Dallas, Fort Worth, and Arlington are located within them. Second, there are counties that, although they do not contain any of the three cities, have significant urban areas, such as Rockwall.³²⁰ Therefore, Rockwall would also be appropriately classified as metropolitan.³²¹

However, some counties are far more rural than urban³²² yet are considered part of the DFW metropolitan statistical area thus

312. *Rural Health Grants Eligibility Analyzer*, DATA.HRSA.GOV, <https://data.hrsa.gov/tools/rural-health> [https://perma.cc/97JM-PVVX] (last visited Sept. 3, 2024) (choose “VA” in “By State/County”; then, choose “Alleghany County” in “County”; then click “Search”).

313. *Defining Rural Population*, HRSA *supra* note 295.

314. As discussed earlier, the OMB defines metropolitan and micropolitan areas and then uses those definitions to associate areas as rural or not rural. If it is a metropolitan area, it is considered non-rural; if it is not, then it is rural. Similarly, the Census has a subtractive approach to defining rural and non-rural. *See Childs et al., supra* note 50, at 17.

315. Nicole Huberfeld, *Rural Health, Universality, and Legislative Targeting*, 13 HARV. L. & POL'Y REV. 241, 245–46 (2018); MUELLER ET AL., *supra* note 32, at 8.

316. *See Childs et al., supra* note 50, at 13.

317. U.S. CENSUS BUREAU, UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT USERS OF DATA FOR RURAL AREAS NEED TO KNOW 6 (2020).

318. *See id.*

319. *See id.*; *Rural-Urban Continuum Codes, supra* note 55.

320. U.S. CENSUS BUREAU, *supra* note 317, at 6.

321. *See id.*

322. *See id.*

considered urban under the OMB's definition.³²³ Counties like Parker, Wise, and Kaufman are classified as metropolitan—and therefore urban—because they are partially included in the DFW area.³²⁴ Despite their size and the OMB's consideration of “commuting ties”³²⁵ in its analysis, counties that are predominantly rural are misclassified as metropolitan. The most egregious example is Hunt County which has a significant rural area and barely borders a county that encompasses one of the major cities. Still, it is classified as metropolitan due to the OMB's definition.³²⁶ This discrepancy can have tangible effects on funding for rural health, directly affecting the rural elderly. Specifically, both Wise and Parker counties have an elderly population of over fifteen percent.³²⁷ Thus, a grantor that exclusively uses the OMB's definition can limit counties from receiving grants.³²⁸

As stated earlier, the reason for this ongoing discrepancy lies in the OMB's definition, which does not account for population density. Although these large counties are more rural than urban³²⁹ per unit of land area, they are classified as metropolitan or “urban” because they are neighbored by highly metropolitan areas.³³⁰

The OMB has repeatedly and explicitly advised against using its statistical area definition in any sort of urban/rural analysis.³³¹ The

323. *Rural-Urban Continuum Codes*, *supra* note 55; *Defining Rural Population*, U.S. DEP'T OF HEALTH & HUM. SERVS., <https://www.hhs.gov/guidance/document/defining-rural-population> [<https://perma.cc/Q58Z-NPMB>] (last visited Oct. 9, 2024) (“All counties that are not part of a Metropolitan Statistical Area (MSA) are considered rural.”) [hereinafter *Defining Rural Population*, HHS].

324. U.S. CENSUS BUREAU, *supra* note 317, at 6 (“[I]t would not be appropriate to classify population and territory in Wise County—a predominantly rural county on the fringe of a metropolitan statistical area—as ‘urban.’”).

325. See *Housing Patterns and Core-Based Statistical Areas*, *supra* note 46.

326. *Rural-Urban Continuum Codes*, *supra* note 55.

327. See *Quick Facts Wise County, Texas*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/wisecountytexas/PST045223> [<https://perma.cc/M9N2-HALC>] (last visited Sept. 3, 2024); *Quick Facts Parker County, Texas*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/parkercountytexas/PST045223> [<https://perma.cc/52PW-S88V>].

328. See, e.g., *Rural Designations in the Summer Meal Programs—Revised*, U.S. DEP'T OF AGRIC. (Jan. 19, 2024), <https://www.fns.usda.gov/sfsp/rural-designations-memo> [<https://perma.cc/D44N-T3LM>] (stating meal lunch program hinges on if a county is a metropolitan area under the OMB's definition).

329. See U.S. CENSUS BUREAU, *supra* note 317, at 6 (Figure 1.4).

330. *Rural-Urban Continuum Codes*, *supra* note 55.

331. See OFF. OF MGMT. & BUDGET, EXEC. OFF. OF THE PRESIDENT, OMB BULL. NO. 23-01 (July 21, 2023) (“The Metropolitan and Micropolitan Statistical Area Standards do not equate to an urban-rural classification; many counties

OMB has advised against using its definition because the statistical area differentiation cannot account for urban and rural differences, as counties included in metropolitan and micropolitan statistical areas contain both urban and rural territory and/or populations.³³² The OMB even notes that using its statistical area definition for urban/rural classifications could “potential[ly] . . . affect the ability of a program to effectively target either urban or rural areas if that is the program goal” because rural and urban areas can exist in both metropolitan or micropolitan area.³³³ However, government entities continually use the OMB’s definition of rural despite warnings from the OMB itself and scholars.³³⁴ For example, the HHS, in an effort to provide rural definitions to aid “rural stakeholders, grantees, researchers and policymakers,” synonymizes micropolitan with rural, stating that according to the OMB, “[m]icropolitan counties are considered non-[m]etropolitan or rural.”³³⁵

2. LACK OF UNIFORMITY ON THE FEDERAL LEVEL FOR WHAT IS RURAL

Overall, there is zero uniformity in defining rural on the federal level.³³⁶ Federal agencies, programs, and centers across the federal government have different definitions of rural—some with grant funding implications.³³⁷ The USDA has eleven definitions of rural across its departments.³³⁸ The FORHP uses multiple definitions to decide on grant funding for rural areas. For example, it relies on the Bureau’s and the

included in Metropolitan and Micropolitan Statistical Areas, and many other counties, contain both urban and rural territory and populations.”).

332. *See id.*

333. 2020 Standards for Delineating Core Based Statistical Areas, 86 Fed. Reg. 37770 (July 16, 2021) (describing how the Core Based Statistical Area Standards do not correspond to an urban-rural classification, as many counties and county equivalents within Metropolitan and Micropolitan Statistical Areas, as well as many other counties, contain both urban and rural territory and populations).

334. *See Defining Rural Population*, HHS, *supra* note 323; Childs et al., *supra* note 50, at 10–11; *How Does the Definition of Rural Impact Research?*, NC RURAL HEALTH RSCH. PROGRAM (Nov. 15, 2023), <https://www.ruralhealthresearch.org/assets/5534-25487/definition-of-rural-slides-111523.pdf> [https://perma.cc/MVZ5-FMCY] (slide 41 noting that the North Carolina Rural Health Research Program uses the OMB’s definition); *Rural Definitions and Measuring Tools*, FED. COMM. ON STAT. METHODOLOGY, https://nces.ed.gov/fcsm/edt/rural_definitions.html [https://perma.cc/AUJ3-W5AH] (last visited Sept. 3, 2024).

335. *Defining Rural Population*, HHS *supra* note 323 .

336. Childs et al., *supra* note 50, at 10–11.

337. *See id.*

338. *See id.* at 16.

OMB's definitions.³³⁹ Notably, the HHS notes that the ERS's definition of rural helps them "overcome" the challenge of the Bureau's and the OMB's definitions.³⁴⁰

The lack of uniformity extends to legislation.³⁴¹ For example, the Farm Security & Rural Investment Act of 2002 had four definitions of rural.³⁴² Additionally, definitions of rural are incorrectly interchanged with terms that do not explain the rurality of an area.³⁴³ Under the OMB's definition, "micropolitan" is associated with rural;³⁴⁴ similarly, under the USDA's continuum codes definition, "a nonmetro area" is also associated with "rural."³⁴⁵

3. INCONSISTENT NUMBERS ON WHAT IS RURAL

The federal government also has a growing trend within all the definitions of an incongruity with the population parameters for a rural area.³⁴⁶ While population limits should not be the sole factor of a rural area, the federal government is inconsistent regarding what population size equates to a rural area.³⁴⁷ A quantitative thematic analysis found that within the federal government, "[o]f the 30 definitions that included population parameters, there were nine different population limits."³⁴⁸ In turn, these non-uniform and incongruent definitions make it hard to determine funding.³⁴⁹

With various sets of criteria for what constitutes rural or urban, it is difficult to know where and how to properly allocate resources, which then exacerbates health disparities.³⁵⁰ Non-uniform definitions of what is rural affect how the federal government can properly plan,

339. *Defining Rural Population*, HHS, *supra* note 323.

340. *Id.*

341. Childs et al., *supra* note 50, at 13–16.

342. Farm Security and Rural Investment Act of 2002, Pub. L. 107–171, 116 Stat. 134 (2002) (amended under 7 U.S.C § 1991) (describing four definitions: (1) a general definition; (2) definition under water and disposal grants; (3) for rural business investments; and (4) for national rural development partnerships); Childs et al., *supra* note 50, at 13.

343. *See* Childs et al., *supra* note 50, at 10–17.

344. *See id.*

345. *See What is Rural?*, *supra* note 25.

346. *Rural-Urban Continuum Codes*, *supra* note 55.

347. Childs et al., *supra* note 50, at 13–14.

348. *Id.* at 13.

349. *Id.* at 20.

350. *Id.*

apply, and monitor the status of policy interventions when resources are allocated.³⁵¹

Different definitions of what is rural lead to different calculations of how many rural Americans exist. For example, based on the Bureau's definition, there are sixty-two million rural Americans.³⁵² However, under the OMB's definition ascribing metro areas as urban and nonmetro as rural, there are 45.4 million rural Americans.³⁵³ Essentially, the OMB and the Census only agree that 27.5 million Americans are indeed in rural areas.³⁵⁴ This discrepancy extends to the state level as well.³⁵⁵ Under the Bureau's definition, "rural Virginia has 2 million residents and a poverty rate of 11.5[%.]"³⁵⁶ However, under the OMB's definition, "rural Virginia has 1 million residents and a poverty rate of 17[%.]"³⁵⁷ Different definitions can lead to significant gaps, such as a fifteen-million-person discrepancy at the national level between the Bureau and the OMB's definitions.³⁵⁸ At the state level, there can be a difference of one million in population and a 5.5% variation in poverty rates.³⁵⁹

Moreover, if a standard for what constitutes rural is "lax," it can pose difficulties in justifying resources for rural areas.³⁶⁰ As Dr. Jan Probst, an associate director at the Rural & Minority Health Research Center, said in a webinar discussing the impact on research, varying definitions "all over the place [are] great for literature and music [but] it's not so good for science, where the whole purpose is to be replicable, so that other people can see, learn, and build on what you have done."³⁶¹ Inconsistencies on the federal level are among the many culprits in the current state of America's rural healthcare landscape. However, states also play a major role.³⁶²

351. *See id.*

352. *Defining Rural America: The Consequences of How We Count*, CTR. ON RURAL INNOVATION (July 20, 2022), <https://ruralinnovation.us/blog/defining-rural-america/> [<https://perma.cc/54VG-LE6C>] (figure 1).

353. *See id.*

354. *See id.*

355. *See id.*

356. Lombard, *supra* note 307.

357. *Id.*

358. *Defining Rural America: The Consequences of How We Count*, *supra* note 352.

359. Lombard, *supra* note 307.

360. Childs et al., *supra* note 50, at 10.

361. Rural Health Research Gateway, *supra* note 34.

362. *See infra* Section III.B.

B. Comparing States with High Rural and High Elderly Populations

Outside of macro-level federal agencies and legislation, states and local government have a unique insight into rural healthcare's effect on the elderly.³⁶³ Beyond private rural healthcare facilities and organizations, it is usually small-town mayors who apply for rural grants.³⁶⁴ However, Vermont and Maine are particularly instructive for rural health. Rural elderly and even rural health data are generally not sufficiently researched at the state level.³⁶⁵ Therefore, using Vermont and Maine provides a glimpse into rural elderly data, because most counties in each state are considered rural under most definitions. The states' significant elderly populations mean that statistics discussing the elderly (sixty-five and older) primarily describe rural elderly residents.³⁶⁶ Thus, the section below compares neighboring states with high older rural populations: Vermont and Maine.

Vermont is one of the most rural states in the country.³⁶⁷ Eleven out of the fourteen counties in Vermont are considered non-metropolitan under the OMB's definition.³⁶⁸ Vermont has the second highest percentage of Americans aged fifty and over.³⁶⁹ Twenty-one percent of residents are aged sixty-five and older.³⁷⁰ In terms of rural facilities, the state has eight critical access hospitals, ten rural health clinics, sixty-one

363. See, e.g., *State Offices of Rural Health*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/organizations/state-office-of-rural-health> [<https://perma.cc/M3PT-UUSM>] (last visited Sept. 3, 2024).

364. See, e.g., Ximena Bustillo, *Rural Communities Want to Tap Federal Funding But It's Hard to Know Where to Start*, NPR (Mar. 8, 2023), <https://www.npr.org/2023/03/08/1161284053/biden-rural-funding> [<https://perma.cc/W77F-M3QC>].

365. See, e.g., T. Thao Pham, *Book Review: Aging in Rural Places: Policies, Programs, and Professional Practice*, 36 ANTHROPOLOGY & AGING 214 (2015), <https://anthro-age.pitt.edu/ojs/anthro-age/article/view/117/160> [<https://perma.cc/YB86-9S3P>].

366. See *Most Rural States 2024*, WORLD POPULATION REV., <https://worldpopulationreview.com/state-rankings/most-rural-states> [<https://perma.cc/96A6-R5PD>] (last visited Sept. 3, 2024).

367. *Id.*

368. *Vermont*, RURAL HEALTH INFO. HUB, <https://www.ruralhealthinfo.org/states/vermont> [<https://perma.cc/HTU7-4WNT>] (last visited Sept. 3, 2024).

369. *Vermont Senior Living Stat. & Facts*, SENIORLIVING.ORG (April 5, 2024), <https://www.seniorliving.org/assisted-living/vermont> [<https://perma.cc/EQF2-N83H>].

370. *Quick Facts: Vermont*, U.S. CENSUS BUREAU, <https://www.census.gov/quick-facts/table/VT/PST045223> [<https://perma.cc/7H3X-M799>] (last visited Sept. 3, 2024).

federally qualified health centers, and five short term hospitals.³⁷¹ Moreover, four percent of rural Vermonters lack health insurance.³⁷²

Through the FORHP, the HRSA gave Vermont \$5.5 million in rural health funding in 2023³⁷³ — a half-million-dollar decrease from 2022.³⁷⁴ Three rural counties received funding and six grants were awarded in total.³⁷⁵ One grant funded the Vermont’s state office for rural health.³⁷⁶ Three grants funded rural mental health and substance abuse programs—the Rural Behavioral Health Workforce Coordinating Centers, the Rural Communities Opioid Response Program: Mental and Behavioral Health, and the Regional Centers of Excellence in Substance Use Disorder Education Program.³⁷⁷ Two grants funded rural health facilities—the Medicare Rural Hospital Flexibility and the Small Rural Hospital Improvement Program.³⁷⁸

Within Vermont’s state control, the Vermont Program for Quality in Health Care (VPQHC) “administers quality improvement activities with the state’s rural and critical access hospitals.”³⁷⁹ In 2021, VPQHC began health equity training for healthcare providers and professionals in the state.³⁸⁰ Between 2021 and 2022, these trainings reached 448 healthcare professionals.³⁸¹ Moreover, VPQHC receives grants through the USDA to increase telemedicine usage for rural Vermonters.³⁸² VPQHC is also at the forefront of data analysis in Vermont on improving quality, access, and care through “increasing healthcare quality data reporting, and then driving improvement activities based on the data.”³⁸³

371. *Vermont*, *supra* note 368.

372. *Id.*

373. *FY 2023: HRSA’s Rural Health Grants: Vermont Fact Sheet*, HEALTH RES. & SERVS. ADMIN. (Nov. 2023), <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/fy-2023-vermont-fact-sheet.pdf> [<https://perma.cc/BE8U-QSYL>].

374. *See FY 2022: HRSA’s Rural Health Grants: Vermont Fact Sheet*, HEALTH RES. & SERVS. ADMIN. (Nov. 2022), <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/FY2022-Vermont-Fact-Sheet.pdf> [<https://perma.cc/3RV5-E657>].

375. *FY 2023: HRSA’s Rural Health Grants: Vermont Fact Sheet*, *supra* note 373.

376. *Id.*

377. *Id.*

378. *Id.*

379. VT. PROGRAM FOR QUALITY IN HEALTH CARE, INC., *IMPACT REPORT 2022*, (2023), https://static1.squarespace.com/static/564f3d4fe4b06abfbce08b63/t/63ebe0cb1c0b544c642a8999/1676402895048/2022+VPQHC_Impact_Report_FINAL.pdf [<https://perma.cc/6PR3-NU9E>].

380. *Id.* at 16.

381. *Id.*

382. *Id.* at 28.

383. *Id.*

Vermont has also adopted and expanded Medicaid in 2014.³⁸⁴ Twenty-four percent of Vermont's population is enrolled in Medicare, higher than the national average of nineteen percent.³⁸⁵ Twenty-seven percent are enrolled in Medicare Advantage and seventy-three percent are enrolled in Original Medicare.³⁸⁶

The neighboring state, Maine, is also one of the most rural states in the country.³⁸⁷ Eleven out of the sixteen counties in Maine are considered nonmetro areas under the OMB's definition.³⁸⁸ Around 22.5% of Maine's population is over sixty-five.³⁸⁹ For rural facilities, the state has sixteen CAHs, thirty-seven RHCs, seventy-six FQHCs, and nine short-term hospitals.³⁹⁰ Moreover, 6.5% of Maine residents lack health insurance.³⁹¹

Maine received \$8.3 million in rural health funding from the HRSA in 2023³⁹²—a \$300,000 increase from 2022.³⁹³ Six counties received funding and twenty-one grants were awarded.³⁹⁴ Notably, one grant funded the Maine's state office for rural health.³⁹⁵ Six grants funded rural mental health and substance abuse programs.³⁹⁶ Two grants funded rural health facilities.³⁹⁷ One granted funds for research.³⁹⁸ Then another granted funding under the Rural Residency Planning and Development (RRPD) Program which provides "fund[s]

384. *Status of State Medicaid Expansion Decisions: Interactive Map*, *supra* note 150.

385. *Medicare in Vermont*, HEALTHINSURANCE.ORG, <https://www.healthinsurance.org/medicare/vermont/> [<https://perma.cc/R8FK-PEKS>] (last visited Sept. 3, 2024).

386. *Id.*

387. *Most Rural States 2024*, *supra* note 366.

388. *See Maine*, RURAL HEALTH INFO. HUB (Feb. 7, 2024), <https://www.ruralhealthinfo.org/states/maine> [<https://perma.cc/DA57-EMP6>].

389. *Population—Adults Ages 65+ by State*, UNITED HEALTH FOUND., https://www.americashealthrankings.org/explore/measures/pct_65plus/ME [<https://perma.cc/Y2RD-38NG>] (last visited Sept. 3, 2024).

390. *Maine*, *supra* note 388.

391. *Id.*

392. *FY 2023: HRSA's Rural Health Grants: Maine Fact Sheet*, HEALTH RES. & SERVS. ADMIN. (Nov. 2023), <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/fy-2023-maine-fact-sheet.pdf> [<https://perma.cc/7KS9-P29U>].

393. *See FY 2022: HRSA's Rural Health Grants: Maine Fact Sheet*, HEALTH RES. & SERVS. ADMIN. (Nov. 2022), <https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/FY2022-Maine-Fact-Sheet.pdf> [<https://perma.cc/Z4MN-2MTK>].

394. *FY 2023: HRSA's Rural Health Grants: Maine Fact Sheet*, *supra* note 392.

395. *Id.*

396. *Id.*

397. *Id.*

398. *Id.*

to create new rural residency programs.”³⁹⁹ Within the control of Maine’s Department of Health and Human Services, Maine allocates the funding received from federal grants.⁴⁰⁰

For health outcomes between the states, 38% of Vermonters with “Alzheimer’s [d]isease or [r]elated [d]ementia have five or more chronic diseases.”⁴⁰¹ For Maine, statistics show 26.3% of individuals between sixty-five to seventy-four have three or more chronic conditions and 35.3% among individuals seventy-five or older—compared to the state average of 15.4%.⁴⁰² In Vermont, 13,000 people over the age of sixty-five have Alzheimer’s,⁴⁰³ while Maine has 30,000 individuals with the condition.⁴⁰⁴

Moreover, urban practitioners still outnumber rural practitioners.⁴⁰⁵ Of the rural practitioners that responded to a small survey in Vermont, eighty-five were physicians (47%), fifty-three were specialist physicians (28.3%), and thirteen were nurse practitioners (7%).⁴⁰⁶ In contrast, for non-rural practitioners, there were 138 physicians (41.7%), 120 specialist physicians (36.3%), and thirteen nurse practitioners (3.9%).⁴⁰⁷ Maine was previously ranked the second highest in the country for the most primary care physicians practicing in rural counties

399. *Rural Residency Planning and Development (RRPD) Program*, *supra* note 266.

400. See *Workforce Development*, MAINE.GOV, <https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/programs.shtml> [https://perma.cc/LH7L-F5WN] (last visited Sept. 3, 2024).

401. *Age Strong Vermont: Our Roadmap for an Age-Friendly State*, VT. DEP’T OF HEALTH, <https://www.healthvermont.gov/wellness/brain-health-dementia/age-strong-vermont-our-roadmap-age-friendly-state> [https://perma.cc/MB2C-W7PL] (last visited Sept. 3, 2024).

402. *Health in Maine: Older Adults*, MAINE.GOV (2022), <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/Older%20Adults%20HE%20Data%20Sheet%206.27.2022.pdf> [https://perma.cc/4YRY-UNRR].

403. *Vermont*, ALZHEIMER’S ASSOC’N., <https://www.alz.org/professionals/public-health/state-overview/vermont> [https://perma.cc/S6VC-FL6S] (last visited Sept. 3, 2024).

404. *Maine*, ALZHEIMER’S ASSOC’N., <https://www.alz.org/professionals/public-health/state-overview/maine> [https://perma.cc/U3NY-NNEH] (last visited Sept. 3, 2024).

405. See *Availability of Healthcare Providers in Rural Areas Lags that of Urban Areas*, USDA (Apr. 3, 2023), <https://www.uvmcora.org/data-reports/vermont-baseline-needs-assessment-rural-and-non-rural-practitioners-report/> [https://perma.cc/K6EF-LX6F].

406. UNIV. OF VT. CTR. ON RURAL ADDICTION, VT. BASELINE NEEDS ASSESSMENT RURAL AND NON-RURAL PRACTITIONER 8 (June 5, 2023) <https://www.uvmcora.org/data-reports/vermont-baseline-needs-assessment-rural-and-non-rural-practitioners-report/> [https://perma.cc/328K-BVE3].

407. *Id.* at 8.

(99.5 per 1,000);⁴⁰⁸ however, there was an all-time low of 67.32 healthcare practitioners per 1,000 residents in 2022.⁴⁰⁹ With the highest rural elderly populations, Vermont and Maine still lack practitioners and health outcomes to reflect the amount of federal funding received, as well as the population served. Therefore, legislation is needed to accurately quantify the rural elderly population that federal funding seeks to serve.

IV. Resolution and Recommendation

No single piece of legislation remedies the multi-layered issue of rural healthcare. Of course, increasing funding and grants is the most glaring potential solution to addressing rural healthcare. However, the uninformed ‘throw money at something’⁴¹⁰ approach is one that merely superficially appease lawmakers. Without well-intentioned defined goals, guidelines, and definitions, funding will deplete, and rural health disparities will grow.⁴¹¹

A. Uniformed Definition of What Is Rural

Given the lack of uniformity on what is rural, one solution is a uniform standardized definition of what is rural to guide the hand of future lawmakers and federal and state agencies.⁴¹² A first step is recognizing the flaws of the current definitions, which are subtractive, neglect population density, and result in excluding blatant rural areas while including clearly suburban or urban areas.⁴¹³

Next is developing a standard definition that provides policymakers better footing in creating targeted policymaking.⁴¹⁴ A standard

408. *Rural Health in Maine: Facts*, MAINE.GOV, <https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/rural-health.shtml> [https://perma.cc/Q8WX-JJCP] (last visited Sept. 3, 2024).

409. Joe Lawlor, *Having a Harder Time Accessing Health Care? You're Not Alone—and It's Making Us Sicker*, PORTLAND PRESS HERALD (Oct. 22, 2023), <https://www.pressherald.com/2023/10/22/maine-has-a-health-care-access-crisis-and-its-making-us-sicker/> [https://perma.cc/4RKX-JQB3].

410. *Throw Money at Something*, CAMBRIDGE DICTIONARY, <https://dictionary.cambridge.org/us/dictionary/english/throw-money-at> [https://perma.cc/SSW2-83KR] (last visited Sept. 3, 2024).

411. See Keith Gibbons, *The Perils of Throwing Money at a Problem*, THE SAVVY LIFE, <https://www.thesavvy-life.com/the-savvy-life/the-perils-of-throwing-money-at-a-problem> (last visited Sept. 3, 2024).

412. See Childs et al., *supra* note 50, at 19–20.

413. See discussion *supra* Section III.A.

414. Childs et al., *supra* note 50, at 19–20.

definition allows for better research; rural healthcare is heavily under-researched, and a strong definition of what is rural helps researchers provide focused results and, thus, focused policy on important areas, such as the rural elderly health outcomes.⁴¹⁵ Policymakers would be better informed in creating rural health grants, and federal agencies would be better able to target and disburse resources to the rural areas in need.⁴¹⁶ In fact, federal agencies are seemingly open to this solution; a former U.S. Secretary of Agriculture, who testified before Congress in 2019, said, “We would love to have a comprehensive definition of rural,” imploring Congress to create one.⁴¹⁷

After a comprehensive definition is developed, legislation can begin to tackle pieces of the larger rural healthcare problem. An example of such legislation is the Rural America Health Corps Act, which addresses the creation of a properly grounded rural healthcare practitioner pool with a steady churn of rural health practitioners.⁴¹⁸

B. Rural America Health Corps Act

A step toward addressing the ongoing rural healthcare workforce shortage is passing the Rural America Health Corps Act (RAHCA), which aims to combat the lack of healthcare professionals in rural areas.⁴¹⁹ As previously noted, rural elderly Americans use rural healthcare the most and are most affected by shortages.⁴²⁰ If RAHCA is passed, \$50,000,000 would be appropriated annually to fund the program.⁴²¹ Then, the legislation would begin a student loan repayment program for individuals who decide to work full time for five years in Health Professional Shortage Areas (HPSA); by working in these rural areas, individuals are eligible for up to \$200,000 in student loan repayments after the five years lapse.⁴²² Considering that the average medical school debt is around \$200,000, medical students could potentially have their debt eliminated in five years under the program.⁴²³

415. *Id.*

416. *Id.*

417. *Id.*

418. *See* Rural America Health Corps Act, S. 940, 118th Cong. (2023).

419. *Id.*

420. *See* discussion *supra* Section II.A.

421. Rural America Health Corps Act, S. 940, 118th Cong. (2023).

422. *Id.*

423. Melanie Hanson, *Average Medical School Debt*, EDUC. DATA INITIATIVE (Aug. 28, 2024), <https://educationdata.org/average-medical-school-debt> [https://perma.cc/8LUA-JLKG].

V. Conclusion

Compared to their urban counterparts, the challenges faced by the rural elderly in accessing the quality healthcare they deserve remain continually pervasive as the rural elderly population increases.⁴²⁴ A cohesive definition of what is rural at the federal level, along with new legislation and adjustments to the functions of federal government agencies, can help prevent growing disparities among rural elderly residents.⁴²⁵ Many rural elderly residents merely seek to live out the rest of their lives with family, community, and scenic views only rural pastures can provide.⁴²⁶ As rural areas become increasingly older, policies, legislation, and their implementation should become increasingly rapid, innovative, and practical to ensure that these rural elderly Americans do not become afterthoughts in our ever-changing, fast-paced world.⁴²⁷

424. See discussion *supra* Parts II, III.

425. See discussion *supra* Part IV.

426. See Cromartie, *supra* note 11.

427. See discussion *supra* Part IV.

