

Testimony

Paula Chatterjee, MD, MPH

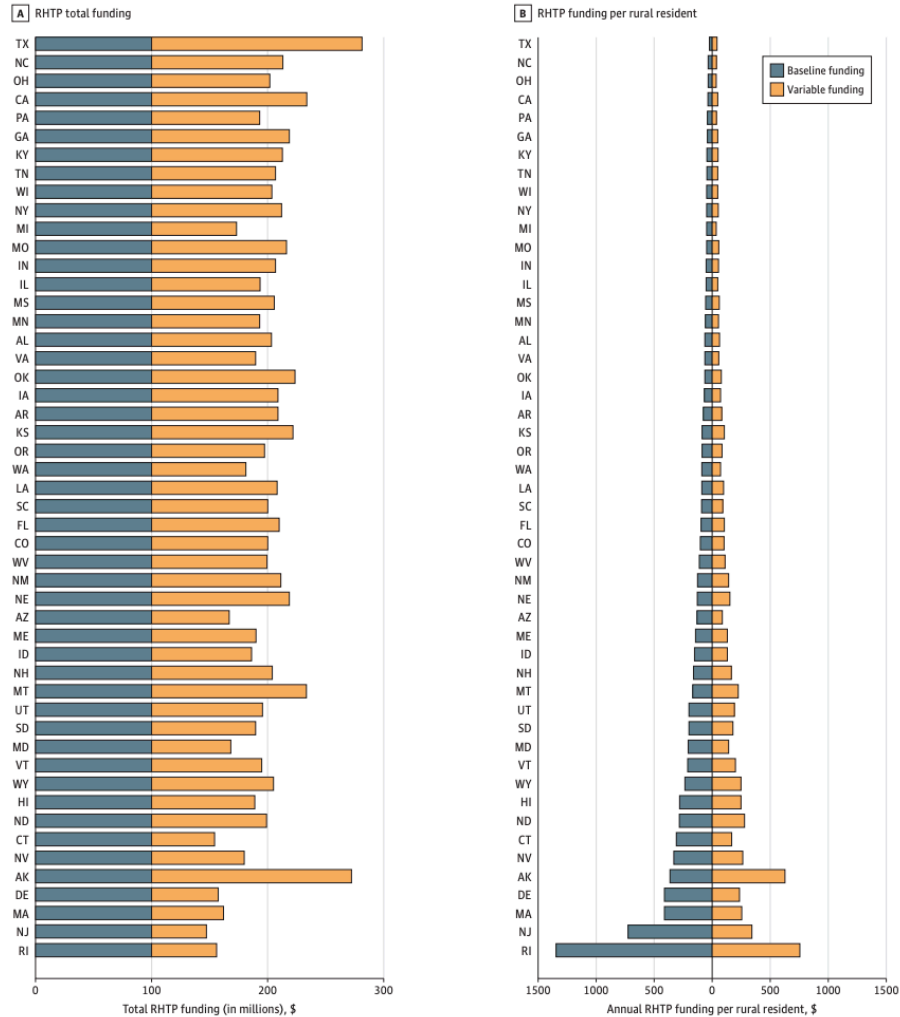
Assistant Professor, University of Pennsylvania

Attending Physician, Penn Presbyterian Medical Center

Senior Fellow & Director of Innovation, Leonard Davis Institute of Health Economics

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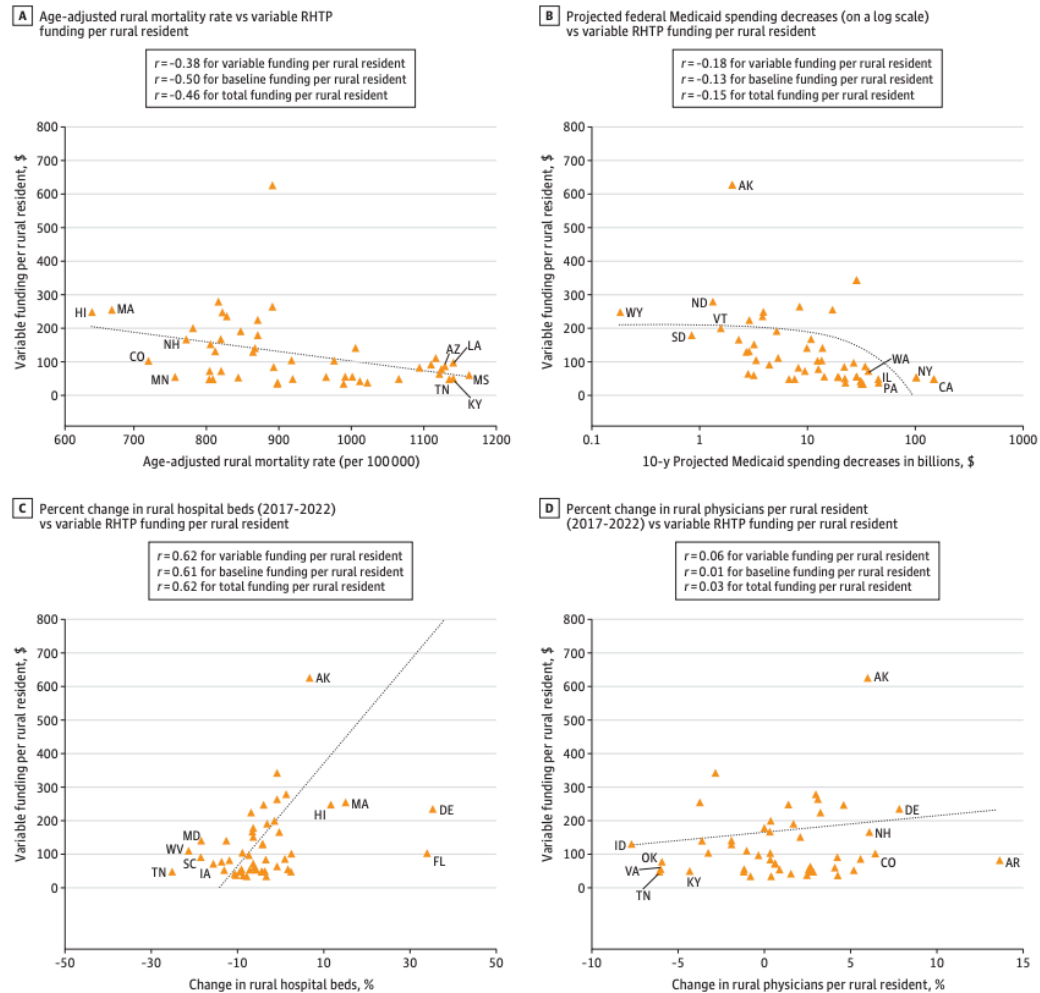
Figure 1. Bar Graphs Depicting Total and per Rural Population Rural Health Transformation Program (RHTP) Funding Across States



States are ordered from highest to lowest rural population. Estimates of rural population were based on Federal Office of Rural Health Policy-defined census tracts. Total funding is baseline funding allocated across states regardless of rural population (\$100 million per state per year) and variable workload funding is based on a weighting formula considering state characteristics and proposals.

- Total RHTP funding ranged from \$147 million (NJ) to \$281 million (TX).
- There was no no clear relationship between state RHTP funding and the size of a state’s rural population.

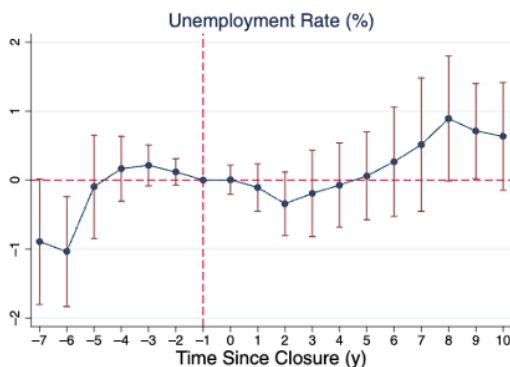
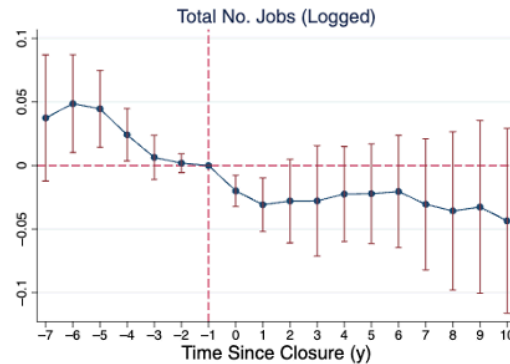
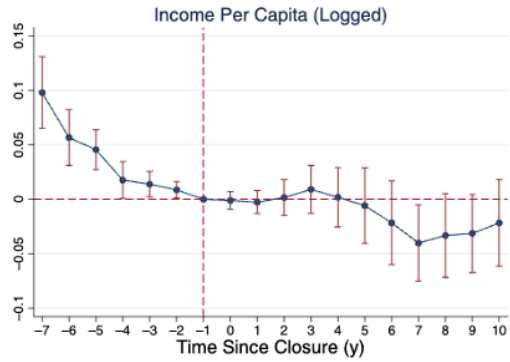
Figure 2. Scatterplots Showing Variable Rural Health Transformation Program (RHTP) Funding per Rural Resident vs State Characteristics



Total funding is baseline funding allocated across states regardless of rural population (\$100 million per state per year) and variable workload funding is based on a weighting formula considering state characteristics and proposals. Only the 5 at the highest and lowest ends of the range for each panel are

labeled. Full results by state are shown in [Supplement 2](#). Dotted lines represent linear regression lines of best fit. Regressions for B, C, and D include Rhode Island, which is not plotted due to being an outlier in variable funding per rural resident ([Supplement 1](#)).

- States with the lowest rural mortality rates received more than 2x the per-rural-resident funding vs. states with the highest rural mortality rates.
- States that lost rural hospital beds received less per-rural-resident funding vs. states that gained rural hospital beds
- There was little correlation between per-rural-resident funding and whether a state had lost vs gained rural physicians



- Local economic decline often precedes rural hospital closures.
- Declining hospital occupancy rates and worsening hospital finances may result from broader “upstream” economic drivers.
- Efforts to reduce rural hospital closures may require a broader focus on strengthening local economies in order to be successful.