Medicare for All: Healing America’s Rural Health Crisis

Rural Americans face an unprecedented health crisis. Compared to those in cities and suburbs, rural Americans are more likely to suffer worse health outcomes, lose local hospitals and doctors, and lack quality health coverage — on top of higher rates of poverty and unemployment.

Poverty and poor health outcomes

- Rural areas have higher unemployment and 25% lower household income.
- Rural residents are more likely to be disabled, with higher rates of mortality, including mothers, infants and children. Life expectancy is three years shorter.
- Rural patients suffer higher rates of excessive death from heart disease, cancer, diabetes, injury, respiratory disease, stroke, COPD, and suicide.
- In rural communities, 45% of heart disease deaths and 57% of chronic lower respiratory disease deaths could have been prevented with regular care.

Hospital and provider shortages

- Since 2005, 166 rural hospitals have closed, with 673 more — a third of rural hospitals — vulnerable to closure due to low patient volumes and uncompensated care.
- 83% of rural hospital closures occurred in states that did not expand Medicaid.
- More than half of rural counties now lack hospital obstetric services, forcing women to drive 30+ minutes for childbirth.
- Nearly a third (29%) of rural Americans must travel 30+ miles to access a trauma center.
- Rural areas face critical shortages of primary and specialty physicians as well as dentists.

Lack of quality health coverage

- Rural residents are more likely to be uninsured; 40% struggle to pay routine medical bills.
- Rural families spend a higher percentage of income on premiums and out-of-pocket medical costs. Premiums for ACA marketplace “silver” plans are 40% higher in rural areas.
- Insurers’ restrictive networks increasingly exclude local providers, forcing rural residents to travel 120+ miles for covered care.

Medicare for All: A lifeline for rural health

Medicare for All provides a lifeline to rural communities by covering everyone for all medically necessary care — including dental, vision, mental health and long-term care — without the burden of copays, deductibles, or narrow provider networks. Medicare for All transforms the way we fund hospitals: not through a fee-for-service model that punishes small community hospitals, but with annual global budgets based on regional and community health needs. The evidence is clear — comprehensive coverage improves health, saves lives, and keeps rural hospitals open. The only way we get there is with single-payer Medicare for All.