

# RFK Jr. and Dr. Oz have a plan to save rural health care. Here's the catch.

Top health officials point to AI as the solution for dying hospitals, but experts from rural areas of the country say the solution isn't that simple.

March 24, 2026 at 6:00 a.m. EDT Today at 6:00 a.m. EDT

By [Lauren Weber](#) – The Washington Post

Health Secretary Robert F. Kennedy Jr. and his team want to Make Rural America Healthy again.

He has suggested that AI nurses could save dying rural hospitals. Centers for Medicare and Medicaid Services Administrator Mehmet Oz said robots could give ultrasounds to women and touted how AI avatars could help. And President Donald Trump's administration is infusing \$50 billion over five years to improve rural health, with some states proposing to use the money for drones to deliver lab samples or prescriptions.

The rural health care industry has long faced tight budgets, doctor shortages and challenges reaching patients in remote areas. But even as Trump officials pitch advanced technology to close these clinical gaps, rural health providers are worried that much of it is being oversold.

And the one-time \$50 billion injection the administration has promised for innovation, they argue, won't make up for the estimated \$137 billion in Medicaid dollars rural areas are expected to lose over the next decade due to cuts from what Trump called the "big, beautiful bill," according to an analysis by health policy research and news organization KFF.

The challenges are daunting, said George Pink, a senior research fellow at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. Nearly 200 rural hospitals have closed or converted into facilities with fewer services in the last 20 years, as patients have become more likely to be uninsured or rely on Medicare and Medicaid, which have lower reimbursement rates than private insurance.

But rural providers are also happy to see money invested into confronting the challenges they face to operate, experts said.

“There’s a healthy amount of skepticism and caution,” Pink said of the CMS infusion, noting also “there’s optimism that the money will be helpful in transitioning, or in helping rural hospitals meet the challenges that they’re going to be facing over the next few years.”

In a statement, CMS vowed that the \$50 billion Rural Health Transformation fund would close access gaps.

“The goal is not fewer services, rather more sustainable rural healthcare,” the agency said.

Though the AI nurses Kennedy mentions do not exist, some states are considering how the promise of other technological advancements could improve their rural health care systems.

North Dakota hopes to tap federal funds to use drones for “rapid delivery of supplies and laboratory samples.” Massachusetts expects to deploy “AI support systems to bring care directly to rural residents in geographically isolated communities.” And Texas officials say they hope to speed up fax processing by increasing AI-based automation.

Unlike other states, Alaska doesn’t rely on Medicaid provider taxes that Congress limited to reduce federal health care spending. As a result, the influx of nearly \$1.4 billion over five years from the Rural Health Transformation fund is a one-time opportunity to improve soft infrastructure, access and the workforce, state Health Commissioner Heidi Hedberg said.

She hopes to see drones delivering critical medical supplies, lab tests or medication — a potential game changer in a state where the vast majority of its communities aren’t connected by roads.

Women throughout the state often have to fly to Anchorage at 36 weeks pregnant to prepare to deliver babies, Hedberg said. The state hopes to invest in strategies that would deploy AI to interpret fetal heart rate patterns for those living in more remote areas, so health care providers can expedite medical care if an anomaly is detected.

“The goal is to give our providers additional tools and support so that mothers and babies receive the safest care possible, and that moms can stay in community longer,” she said.

But, Hedberg cautioned, “AI is not the panacea — it is not going to solve everything.”

Tough conversations are playing out as some rural facilities may not be able to make up for lost Medicaid funds and face closure.

Across the country in Maine, leaders bemoaned how the nearly \$1 billion they received over five years would not come close to solving the health care funding gap. The state said in December that the “one-time funding” offered by the administration “is

likely to be only a fraction of the \$5 billion that Maine is estimated to lose under the law.”

The distribution of the new funds also did not target states with high death rates among their rural populations, according to a JAMA research letter released this month.

“States with the lowest rural mortality (Hawaii, Massachusetts, Colorado) received more than twice the per-rural-resident funding as states with the highest rural mortality,” the authors wrote.

## The human touch

In many rural areas with a hospital, the health care industry is the largest employer, said Alan Morgan, CEO of the National Rural Health Association.

“AI is not going to treat a broken bone. AI is not going to treat a trauma case,” he said. “You start extracting that job out and to a national or international company, there will be an economic consequences.”

CMS stated that the agency does not want to replace physicians but to support them.

“Technology allows clinicians to extend their reach so patients can receive faster diagnoses, specialist input, and continuous monitoring without traveling hours for routine care,” a CMS spokesman said.

Experts also worry health care providers could become overly reliant on and too trusting of AI judgment, pointing out the systems aren’t always trained to detect differences between the elderly and the young, the rural and the urban, and various races.

A study last month in Nature found that ChatGPT Health can frequently miss the urgency of a medical situation, under-triaging problematic medical issues such as impending respiratory failure, and can lack the ability to detect suicidal ideation. (The Washington Post has a content partnership with OpenAI, the creator of ChatGPT.)

AI becomes risky for older adults when it’s treated as a substitute for quality geriatric care, said Anthony Zizza, a geriatrician who works as the chief medical officer of Element Care Pace, which helps older adults age in place across the greater Boston area.

He pointed to the complexity of caring for elderly patients with multiple chronic conditions — common among aging rural populations. A urinary tract infection in an elderly patient can look like confusion instead of pain with urination, which can be harder for a chatbot to adequately detect.

“It doesn’t know their medication list. It doesn’t know their home environment, their caregiver capacity and what a small change in function means for that specific person,” said Zizza, adding that chatbots risk creating potential false alarms or false reassurances.

Jennifer Bacani McKenney practices as a family physician in Fredonia, Kansas, a town of more than 2,000 people.

Would Oz treat his children with AI, she wondered?

“We’re talking about lesser, nonhuman care,” she said. “We’re not lesser humans.”

CMS officials said that there would be no difference in safety or quality standards between rural and urban health care and that they would not support one.

“Physicians in major urban health systems are already using AI-enabled tools, remote monitoring, predictive analytics, and digital assistants to improve care coordination, reduce diagnostic delays, and enhance patient safety,” the agency said in the statement.

## ‘Augment people’

There is potential to address the rural workforce shortages through innovative approaches — if presented correctly, experts said.

Jason Corso, the Toyota professor of AI at the University of Michigan, is working on a five-year, federally funded project that aims to equip vans run by physician assistants or nurses in rural areas with an AI system that can give guidance on board. The system would help direct health care providers on how to give ultrasounds and other advanced screenings and take notes to generate a health care report after the visit.

Many people in rural America have to drive an hour or more to reach care, Corso said.

“AI is not here to replace anyone. It’s here to augment people,” he said.

AI can help doctors flag things with mounds of data, freeing them up for other tasks, said Tommy Ibrahim, a physician and executive vice president and chief transformation officer at Sanford Health, a multistate rural health system network based in the Midwest. He pointed to a risk score the system has developed to identify chronic kidney disease: Since launching the tool, they’ve tripled the early-diagnosis rate and deployed a similar tool for colorectal cancer.

The group has also deployed AI voice technology through an AI-enabled chat to screen patients for high-risk conditions and get an understanding of their health status. The technology could also enable follow-ups for short-staffed hospitals.

“Humans need to continue to be intimately connected into these workflows that are enabled by technology but not actually using the technology as a replacement,” Ibrahim said. “The administration absolutely believes that, as well.”

Companies, for their part, are trying to capitalize.

Melinda Laird, the CEO and chief nursing officer of Cordell Memorial Hospital, said she receives five to 10 emails a day about how to deploy AI in her rural Oklahoma hospital.

“Now everybody’s trying to get on that bandwagon,” said Laird, whose hospital serves over 10,000 people in her county.

While she noted that the hospital had deployed some AI technology to help its staff save time documenting patients’ conditions, she’s more hesitant around AI interpreting and making judgments on their care.

“I don’t feel like anything should be done without having clear oversight on it,” she said.