Findings Brief
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Geographic Variation in Average Salary Expense Among Rural Hospitals Nationwide, 2018–2022

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KEY FINDINGS

The purpose of this brief is to examine how hospital wages changed between 2018–2019 and 2021–2022, with a specific focus on geographic variation in these changes among Critical Access Hospitals (CAHs) and rural Prospective Payment System (PPS) hospitals. By analyzing shifts in salary expense per full-time equivalent (FTE) employee, we identify the financial pressures rural hospitals faced as the COVID-19 pandemic disrupted care delivery, labor markets, and supply chains. Because rural hospitals already operate with limited margins and chronic workforce shortages, understanding where and how wage growth intensified is essential for assessing ongoing economic vulnerability. We found geographic differences in the percentage change in average salary expense per FTE between 2018 (pre-COVID) and 2022 (during the pandemic):

- *Census region*: Salary growth was lowest in the West (11.98 percent) and highest in the South (21.77 percent). In 2022, average salary expense per full-time equivalent (FTE) employee in 2022 was highest in the West ($80,578) and lowest in the South ($67,726).
- *State*: Oregon had the lowest growth (2.05%), while Georgia had the highest (24.76%). In 2022, Mississippi had the lowest average salary expense per FTE ($60,713), and Connecticut had the highest ($92,064).
- *Medicaid expansion status*: Non-expansion states saw lower salary growth (16.4%) than expansion states (20.8%). In 2022, non-expansion states also had lower average salary expense per FTE ($68,084 vs. $74,549).
- *Core Based Statistical Area (CBSA)*: Growth was lowest in Micropolitan areas and highest in Metropolitan areas. In 2022, Non-core areas had lower average salary expense per FTE ($69,133) than Metropolitan ($75,471) and Micropolitan ($75,399) areas.
- *Frontier and Remote Area (FAR) code*: Growth was lowest in area 2 (11.28%) and highest in area 4 (23.46%). In 2022, area 3 had the highest average salary expense per FTE ($77,075).

BACKGROUND

In the U.S., rural hospitals are indispensable for providing health care to underserved and geographically isolated communities. However, these hospitals operate with limited resources, facing persistent challenges in maintaining workforce stability and working with limited financial resources.[1-3] Labor costs make up the largest share of hospital operating expenses, and the ability to offer competitive wages is key to attracting and retaining skilled health care workers. This is especially critical for rural hospitals facing chronic staffing challenges.[4,5] The COVID-19 pandemic caused major disruptions by worsening workforce shortages, raising salary pressures, and straining rural hospitals' finances.[6,7]

This analysis examines geographic variation in average salary expense per full-time equivalent (FTE) employee for rural hospitals from 2018 to 2022, focusing on how salary dynamics evolved during a period marked by significant disruption in the health care system, including the COVID-19 pandemic. While salary expenses changed notably over this time, multiple factors, such as workforce availability, regional labor market pressures, and temporary financial support from federal programs like the Provider Relief Funds and Paycheck Protection Program, likely contributed. By comparing percentage changes in salary expenses before and during the pandemic, this study identifies emerging patterns that may help inform future research on rural hospitals' workforce stability and financial resilience.

For rural hospitals, limited financial resources make it challenging to offer the competitive salaries needed to attract and retain health care workers. Especially in the context of broader workforce shortages that affect rural areas. Even when competitive wages are offered, staffing gaps may persist due to a limited labor pool. These ongoing staffing shortages, combined with constrained budgets, can compromise patient access and create gaps in care in communities where health care options are already limited. Identifying trends and variations in salaries can provide insight into staffing costs, which may influence the long-term financial sustainability of rural hospitals. This study adds to the growing body of evidence on rural hospitals' workforce and financial challenges by highlighting recent trends in salary expenses across geographic regions. By examining these patterns over time, the analysis helps contextualize rural hospitals' staffing pressures with broader efforts to understand and support rural health system sustainability.

METHODS

Financial data were obtained from the Centers for Medicare & Medicaid Services (CMS) Healthcare Cost Report Information System (HCRIS) – *often referred to as* the hospital cost report. Hospital salary expenses were sourced from Worksheet A, column 1, line 200, and total employee full-time equivalents (FTE) were sourced from Worksheet S-3, column 10, line 27. Hospital salary cost was measured by average salary expense per FTE.

To align salary expenses to the federal fiscal year, a weighted average was applied when hospital cost reports spanned multiple fiscal years. For instance, if a hospital has a cost report of July 1, 2021, to June 30, 2022, then we added 9/12 of the 2021-22 cost report (October 2021 to June 2022) and 3/12 of the 2022-23 cost report (July to September 2022). This adjustment ensures that the salary data corresponds to the federal fiscal calendar year (October 1, 2021, to September 30, 2022). To prevent the influence of outliers, we excluded average salary expenses per FTE that were below $20,000 or above $100,000. We selected these thresholds based on the typical salary ranges observed in hospital settings.

Rural hospitals include both Rural PPS hospitals and Critical Access Hospitals (CAHs). We used the 2022 definition by the Federal Office of Rural Health Policy (FORHP) to determine which PPS hospitals were located in a rural area.[8] Table 1 provides the number of CAHs and rural Prospective Payment System (PPS) hospitals for each federal fiscal year from 2018 to 2022.

Table 1. Hospital Distribution by Year and Category

Year label	Start date	End date	CAHs	Rural PPS	Total
2018	10/1/2017	9/30/2018	1,262	858	2,120
2019	10/1/2018	9/30/2019	1,254	831	2,085
2020	10/1/2019	9/30/2020	1,265	832	2,097
2021	10/1/2020	9/30/2021	1,256	808	2,064
2022	10/1/2021	9/30/2022	1,237	773	2,010
Total Hospital-year Observations [i]			6,274	4,102	10,376
Total Hospitals[ii]			1,351	920	2,271

We stratified average salary expense per FTE by state policy, such as Medicaid expansion and geographic variables, such as Census Core-Based Statistical Area codes (CBSA); U.S. Census regions; and Frontier and Remote Area (FAR) Codes. Medicaid expansion data were gathered from the Kaiser Family Foundation website.[9] Medicaid expansion allows states to extend Medicaid eligibility to more low-income adults.[10] States that adopted expansion have generally experienced increased insurance coverage, improved access to care, and more stable hospital finances, particularly in rural and underserved areas. We sourced CBSA codes from the National Bureau of Economic Research.[11] CBSA, as defined by the Office of Management and Budget based on the 2010 Census, include Metropolitan areas (urban cores of 50,000 or more), Micropolitan areas (urban clusters of 10,000 to 49,999), and Non-core areas, which lie outside of CBSA and have smaller or not urban clusters. The U.S. Census Bureau divides the country into four main regions (Northeast, Midwest, South and West), to organize and analyze demographic and geographic data.[12] FAR codes, obtained from the USDA Economic Research Service, identify ZIP codes that are both sparsely populated and remote, using 2010 Census data and

[i] Total number of hospital cost reports over all study years.
[ii] Number of unique hospitals that provided cost reports.

estimated travel times to urban areas.[13] These codes classify remoteness across four levels, with higher FAR levels indicating greater distance from population centers and more limited access to services and infrastructure. For example, a ZIP code classified as the highest FAR level may require a drive of more than an hour to reach an urban area of 50,000 or more residents, reflecting extreme geographic isolation.

We analyzed median salary expense per FTE from 2018 to 2022 and stratified results by state policy and geographic characteristics. We calculated percentage changes in median salary expense per FTE for rural hospitals between 2018–2019 (pre-COVID-19) and 2021–2022 (during COVID-19) as:

$$\left[\left(\frac{\text{2021 to 2022 median average salary expense per FTE}}{\text{2018 to 2019 median average salary expense per FTE}}\right) - 1\right] \text{X } 100$$

RESULTS

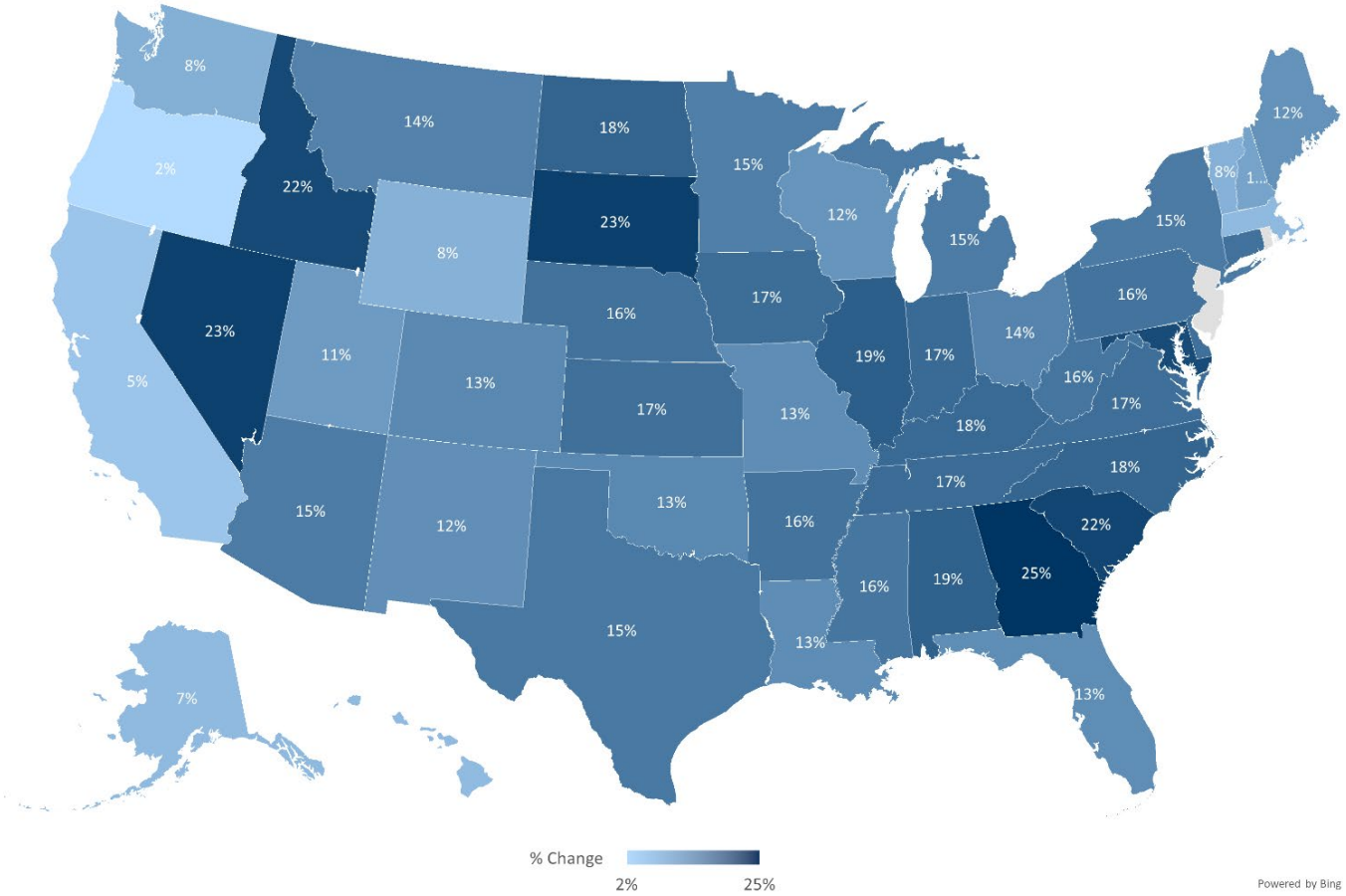
Appendix A includes the median average salary expense per FTE for rural hospitals from 2018 to 2022, stratified by geographical characteristics. Appendix B includes the median average salary expense per FTE of rural hospitals from 2018 to 2022 by state.

Percentage C*hange* in Median Average Salary Expense per FTE by State

Figure 1 displays the percentage change in the median average salary expense per FTE for rural hospitals between 2018-2019 (before COVID-19) and 2021-2021 (during COVID-19) by state. Nationally, there was a 15 percent increase in the median average salary expense per FTE during this period. Between 2018 and 2022, the percentage change in median average salary expense per FTE was:

- Lowest in the West Census region (11.98 percent) and highest in the South (21.77 percent).
- Lowest in Oregon (2.05 percent) and highest in Georgia (24.76 percent)

Figure 1. Percentage Change in Median Average Salary Expense per FTE for Rural Hospitals by State between 2018-2019 (before COVID-19) and 2021-2022 (during COVID-19)



Note: The percentage change in median average salary expense per FTE is displayed for all states. The data was unavailable for New Jersey (NJ) and Rhode Island (RI) due to the absence of rural hospitals in the state (RI) and the absence for reporting in the year 2022 (NJ).

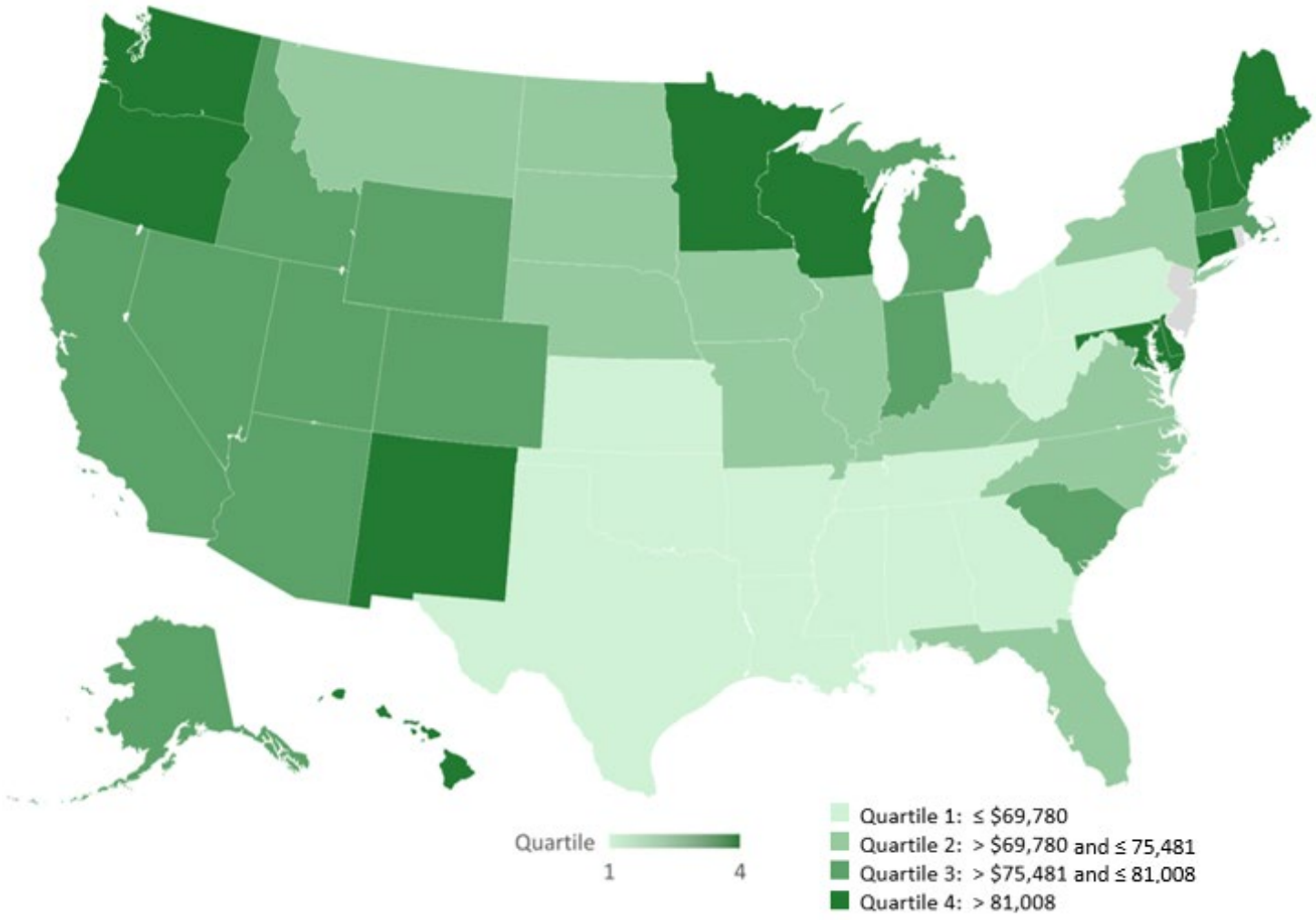
2022 Median Average Salary Expense per FTE by State

Figure 2 displays the 2022 median average salary expense per FTE for rural hospitals by state and color-coded according to quartiles. In 2022, the national median average salary expense per FTE for rural hospitals was $72,265. In 2022, the median average salary expense per FTE was:

- Lowest in the South ($67,726) and highest in the West ($80,578)
- Lowest in Mississippi ($60,713) and highest in Connecticut ($92,064).

Appendix A and B present the results for all U.S. Census Regions and states.

Figure 2. 2022 Median Average Salary Expense per FTE for Rural Hospitals by State (Measured in Quartiles)

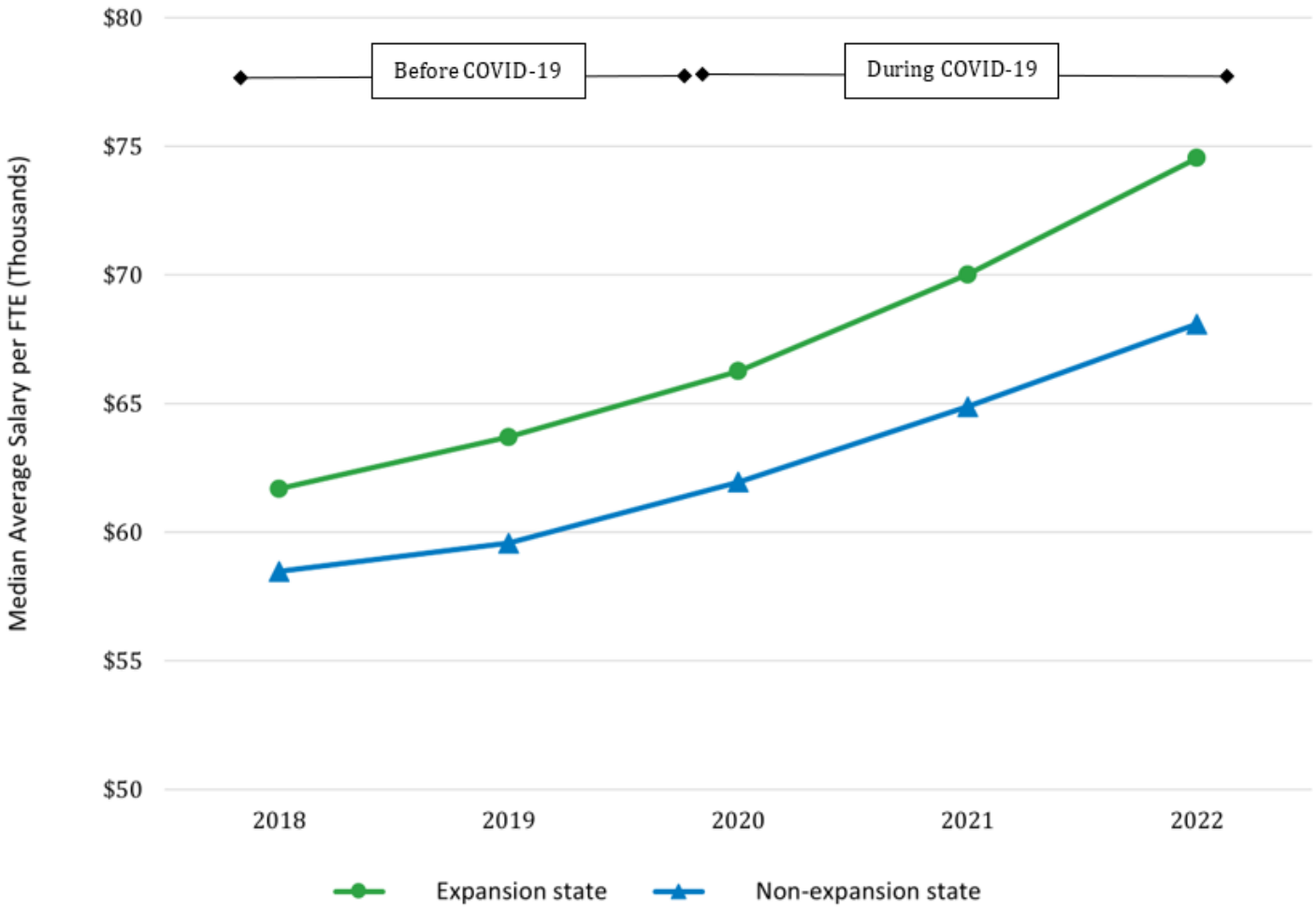


Note: Quartile 1 is ≤ 25th percentile; Quartile 2 is > 25th percentile to ≤ 50th percentile; Quartile 3 is > 50th percentile to ≤75th percentile; Quartile 4 is > 75th percentile. The 2022 data was unavailable for NJ and RI.

2018-2022 Salary Expense per FTE and Medicaid Expansion Status[10]

Appendix A shows that between 2018 (before COVID) and 2022 (during COVID), the percentage change in median average salary expense per FTE was lower in the 11 Medicaid non-expansion states (16.4%) than Medicaid expansion states (20.8%). Figure 3 displays the median average salary expense per FTE by Medicaid expansion status from 2018 to 2022. Between 2018 and 2022, the median average salary expense per FTE was higher in Medicaid expansion states than non-expansion states.

Figure 3. 2018-2022 Median Average Salary Expense Per FTE for Rural Hospitals by Medicaid Expansion Status



2018-2022 Salary Expense per FTE by Rurality

Appendix A shows that the percentage change in average salary expense per FTE before and during COVID was:

- Lowest in Micropolitan areas and highest in Metropolitan areas. In 2022, the average salary expense per FTE was lower in Non-core areas compared to Metropolitan and Micropolitan areas.
- Lowest in FAR code area 2 and highest in FAR code area 4. In 2022, the average salary expense per FTE was higher in FAR code 3 areas compared to other FAR code areas.

DISCUSSION

Between 2018 and 2022, median average salary expenses per FTE increased by 15 percent in rural hospitals, with significant variations by region and geographic location. For example, rural hospitals in Georgia experienced a 25 percent increase (rising from $50,000 to $66,000) in median average salary expenses per FTE, the largest in the nation, while Oregon saw only a 2 percent rise (from $85,000 to $89,000). These trends reflect differing starting wage levels and regional labor market dynamics. While rising salary expenses may place pressure on hospital budgets, especially in lower-wage regions, their impact on financial viability is influenced by a range of factors, including pandemic-related policy supports such as the Provider Relief Fund, Medicaid continuous coverage, and regulatory flexibilities. Rising salary expenses in rural hospitals reflect broader labor market pressures, which may present financial challenges, particularly for facilities operating in lower-wage or resource-constrained regions. These trends underscore the importance of monitoring how salary dynamics vary across rural settings.

Median average salary expenses per FTE in 2022 varied widely across states, reflecting regional differences in labor markets and hospital characteristics. For example, Mississippi reported a median average salary expense of $60,713 per FTE, among the lowest in the nation, while Connecticut reported $92,064. These disparities highlight geographic variation in staffing costs, which may influence rural hospitals' ability to remain competitive in recruiting and retaining health care workers.

We observed significant disparities in median salary expenses per FTE between rural hospitals in Medicaid expansion states and those in non-expansion states, though these differences may also reflect the influence of other state and federal policies affecting hospital funding and workforce dynamics. Rural hospitals in Medicaid expansion states experienced greater increases in salary expenses (20.9%) than those in non-expansion states (16.4%) between 2018 and 2022. This difference may reflect greater financial flexibility in expansion states, where continuous Medicaid coverage during the pandemic helped maintain insurance coverage for a larger share of the population. Our findings illustrate how state policy contexts, including Medicaid expansion, can influence rural hospitals' capacity to respond to workforce and financial pressures.

This analysis highlights the complex relationship between rural hospitals' financial performance and workforce dynamics, particularly during a period marked by heightened demand and significant policy interventions. Future research could examine whether salary expenses stabilize or return to pre-pandemic trends as temporary supports phase out. Additionally, further investigation into how salary changes relate to hospital profitability and staffing outcomes would provide valuable insight into the long-term sustainability of rural health care systems.

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10. States participating in Medicaid expansion in 2022: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, West Virginia. States that had not expanded Medicaid in 2022: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.
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12. The U.S. Census Bureau divides the United States into four regions: Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont), Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin), South (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia), and West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming).
13. US Department of Agriculture Economic Research Service. *Frontier and Remote Area Codes*. Accessed December 9, 2024. https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/

APPENDICES

APPENDIX A. 2018-2022 Median Salary Expense per FTE[i] of Rural Hospitals by Census Region, Medicaid Expansion State, CBSA, and FAR Code

Geography Measure (Hospital-year Observations)	2018	2019	2020	2021	2022	% Change from 2018 to 2022[ii]
U.S. Census Regions[iii]						
Northeast (717)	$63,786	$64,710	$68,265	$71,214	$77,071	20.83%
Midwest (4,037)	$61,100	$62,682	$65,449	$69,463	$74,358	21.70%
South (3,882)	$55,617	$57,776	$60,822	$63,908	$67,726	21.77%
West (1,740)	$71,955	$72,304	$75,098	$76,399	$80,578	11.98%
Medicaid Expansion[iv]						
Expansion state (6,317)	$61,684	$63,695	$66,258	$70,013	$74,549	20.86%
Non-expansion state (4,059)	$58,470	$59,565	$61,942	$64,881	$68,084	16.44%
Core-Based Statistical Area[v]						
Metropolitan (1,988)	$61,808	$64,275	$67,626	$70,934	$75,471	22.11%
Micropolitan (3,389)	$62,707	$64,296	$66,676	$70,780	$75,399	20.24%
Non-core (4,999)	$56,825	$58,840	$61,949	$65,681	$69,133	21.66%
FAR Codes[vi]						
No FAR Code (7,186)	$59,828	$61,788	$64,812	$68,054	$72,255	20.77%
FAR Code 1 (833)	$60,787	$62,482	$64,221	$68,242	$73,658	21.17%
FAR Code 2 (601)	$65,257	$67,080	$69,506	$71,168	$72,620	11.28%
FAR Code 3 (774)	$64,694	$67,324	$70,5567	$71,387	$77,075	19.14%
FAR Code 4 (968)	$55,715	$58,268	$60,785	$65,165	$68,787	23.46%

[i] Average salary expense per FTE <$20,000 and >$100,000 were excluded from the analysis.

[ii] % Change from 2018 to 2022 = [(2018 Median average salary expenses – 2019 Median average salary expenses)/(2018 Median average salary expenses)] x 100%.

[iii] The U.S. Census Bureau divides the United States into four regions: Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont), Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin), South (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia), and West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming).

[iv] States participating in Medicaid expansion in 2022: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, West Virginia. States that had not expanded Medicaid in 2022: Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.

[v] A Core-Based Statistical Area (CBSA) is a U.S. geographic region defined around an urban center with at least 10,000 people, designated by the Office of Management and Budget. CBSAs include Metropolitan Statistical Areas (urban cores of 50,000+ people), Micropolitan Statistical Areas (urban cores of 10,000–50,000 people), and Non-Core Areas, which lack an urban center meeting the 10,000-population threshold but are still analyzed for statistical purposes.

[vi] Frontier and Remote (FAR) Area Codes are designations created by the U.S. Department of Agriculture's Economic Research Service (ERS) to identify areas based on their distance and access to major urban centers. Code 1: Areas at least 60 minutes by car from an urban area with a population of 50,000 or more; Code 2: Areas at least 45 minutes from an urban area with a population of 25,000 or more; Code 3: Areas at least 30 minutes from an urban area with a population of 10,000 or more; Code 4: Areas at least 15 minutes from an urban area with a population of 2,500 or more.

APPENDIX B. 2018-2022 Median Salary Expense per FTE of Rural Hospitals by State

States	2018	2019	2020	2021	2022
Alabama	$49,174	$50,838	$53,727	$56,638	$61,995
Alaska	$78,011	$81,301	$87,321	$88,918	$80,800
Arizona	$64,746	$65,797	$69,871	$73,544	$76,631
Arkansas	$53,553	$56,639	$58,842	$62,436	$65,596
California	$74,176	$73,511	$71,890	$76,076	$78,984
Colorado	$72,288	$70,783	$75,942	$80,615	$81,399
Connecticut	$75,748	$78,265	$81,178	$87,132	$92,064
Delaware	$70,858	$72,473	$73,125	$78,562	$88,494
Florida	$60,326	$62,471	$65,436	$66,872	$71,453
Georgia	$50,145	$51,811	$55,255	$60,895	$66,306
Hawaii	$78,346	$80,187	$81,217	$85,589	$83,105
Idaho	$61,383	$65,772	$67,729	$75,199	$79,798
Illinois	$58,718	$60,428	$63,430	$67,223	$74,563
Indiana	$64,747	$64,492	$67,971	$72,603	$79,051
Iowa	$59,270	$61,877	$65,009	$68,188	$73,532
Kansas	$55,107	$57,246	$60,477	$64,457	$66,641
Kentucky	$57,700	$59,082	$61,327	$65,360	$71,891
Louisiana	$52,463	$57,251	$58,962	$60,633	$63,062
Maine	$70,011	$71,752	$75,420	$76,588	$82,131
Maryland	$63,411	$70,802	$73,447	$75,419	$87,822
Massachusetts	$71,809	$73,306	$84,295	$79,114	$75,481
Michigan	$64,217	$67,445	$69,260	$73,680	$77,745
Minnesota	$69,599	$71,014	$75,539	$78,963	$82,178
Mississippi	$51,110	$52,563	$55,176	$59,244	$60,713
Missouri	$61,882	$63,673	$66,077	$70,389	$71,144
Montana	$59,920	$62,972	$63,841	$67,509	$72,792
Nebraska	$61,088	$61,703	$65,063	$68,917	$74,030
Nevada	$60,471	$63,607	$70,631	$74,225	$78,533
New Hampshire	$74,729	$79,591	$79,953	$82,733	$86,433
New Jersey	$86,669	$90,246	$93,550	$99,572	-
New Mexico	$67,441	$69,493	$70,826	$72,064	$81,826

States	2018	2019	2020	2021	2022
New York	$59,438	$59,281	$62,219	$66,497	$70,217
North Carolina	$60,068	$62,168	$64,738	$69,218	$75,014
North Dakota	$58,248	$59,147	$63,270	$68,669	$70,230
Ohio	$57,606	$60,263	$61,901	$66,509	$67,733
Oklahoma	$59,267	$60,623	$63,692	$66,610	$69,259
Oregon	$85,588	$88,638	$85,464	$88,666	$89,132
Pennsylvania	$56,825	$57,970	$62,385	$64,448	$68,798
Rhode Island	-	-	-	-	-
South Carolina	$60,477	$63854	$67,059	$73,367	$78,792
South Dakota	$58,121	$60,018	$67,524	$70,576	$75,015
Tennessee	$55,797	$57,632	$60,587	$64,358	$68,555
Texas	$53,960	$56,217	$59,385	$62,664	$64,583
Utah	$65,473	$69,331	$71,108	$71,475	$77,882
Vermont	$78,740	$79,674	$84,074	$84,157	$86,510
Virginia	$60,903	$63,502	$67,700	$70,727	$74,556
Washington	$77,646	$75,786	$78,771	$81,561	$84,073
West Virginia	$55,054	$58,770	$61,811	$64,835	$67,005
Wisconsin	$72,027	$72,271	$75,681	$78,808	$82,272
Wyoming	$70,506	$69,845	$71,538	$73,682	$77,467
National Average	**$60,195**	**$62,047**	**$64,860**	**$68,182**	**$72,265**

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