Hematopoietic cell transplantation (HCT) is a potentially curative but complex and resource-intensive therapy for patients with hematologic malignancies as well as other genetic and immune disorders. In the United States, 20,000 HCTs are performed annually, with an estimated 100,000 HCT survivors living in the United States (Pasquini & Wang, 2011). The number of HCT recipients is expected to grow two-to-three times by 2020 as advances in transplantation techniques and supportive care practices lead to progressive improvements in survival for recipients of HCT (Majhail, Murphy, et al. 2012). HCT is only offered at select centers with appropriate expertise, resources, and experience (Majhail et al., 2011; Majhail, Rizzo, et al., 2012). To access specialized HCT care, recipients living in rural areas have to travel long distances for appointments or temporarily relocate closer to the center. A study by Chan, Hart, and Goodman (2006) found that rural residents had to travel two-to-three times further for healthcare than their urban counterparts. A study demonstrated that distances of 160 minutes or more negatively impacted overall survival for recipients of HCT one year after transplantation, independent of other patient-, disease-, or HCT-related variables (Abou-Nassar et al., 2006).