Alabama

Executive summary: Rural Alabama residents face significant healthcare access barriers, particularly with access to maternal care. The state proposes 11 interrelated initiatives that include digital obstetric care, cancer prevention, integrated behavioral health, and building the workforce pipeline.

Funding FY26

$203M

Goals & Key Themes

- Identifies high rates of maternal mortality, uncompensated care, chronic disease, and Medicaid coverage as issues.
- Touch on all strategic goals, with a focus on Making Rural America Healthy Again.
- Focus on healthcare quality, access, and outcomes.
- Allow individuals to easily access affordable, high-quality healthcare close to home.
- Improve overall population health.

Spotlight Initiatives

- **Maternal and Fetal Health Initiative—** Comprehensively responds to poor maternal and infant health outcomes identified by the State. Provides digital maternity care by using telerobotic ultrasound devices and labor and delivery carts to rural hospitals.
- **Cancer Digital Regionalization Initiative—** Building upon a previously successful program for reducing rates of cervical cancer, this initiative aims to increase access to cancer prevention and detection via local referral hubs for detection services, mobile cancer screening units, and partnerships to provide social mobilization and education.

Expected Impact

Proposed Outcomes:

- Increase care access by having 5 IT, telehealth, maternal and fetal health, and cancer prevention and treatment hubs established by Year 5 of the program
- Reduce unnecessary healthcare expenses and improve outcomes by increasing the number of screenings, ER diversions, and treatment-in-place events

State Policy Actions:

- Commitment to SNAP waiver

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Alaska

Executive summary: Alaska is one of the most rural and frontier states, with vast geographic scale, extreme climate, and a widely dispersed population. Alaska's application centers on serving vulnerable populations by rightsizing primary care delivery and expanding obstetric care access.

Funding FY26

$272M

Goals & Key Themes

- Make Rural America Healthy Again by focusing on preventative health and chronic disease management given high burden of chronic disease (75% of Alaskan adults).
- Improving sustainable access for vulnerable patient populations, (e.g., high-risk maternity, behavioral health/substance use disorder, Alaska Natives) by leveraging technology and building partnerships across communities.
- Developing Alaska's workforce, including upskilling the current workforce and training programs for high school students to become Community Health Workers or techs, and EMS workforce development.
- Leveraging technology to increase access through different modalities. They are specifically focused on aligning with the CMS Health Tech Ecosystem, which is a movement to set new industry technology standards.

Spotlight Initiatives

- Enhancing statewide pharmacy capacity by establishing and expanding access to pharmacy services, pharmacist training and licensure, and alternative payment models for reimbursing pharmacists. Alaska also proposes to pilot unique, emerging health technology to solve pharmacy challenges, including leveraging drone delivery, remote pharmacy dispending units, and portable diagnosis tools to expand access to care.
- Expanding technology-enabled maternal care infrastructure, including investing in remote fetal monitoring devices, coordinated case management systems, and telehealth technology to support high-risk pregnancies.

Expected Impact

Proposed Outcomes:

- Close the urban-rural gap in infant and maternal mortality/morbidity by 50%
- Expand access to community-based, culturally aligned care (e.g., more adults with a PCP, increase follow-up for Medicaid youth after mental health hospitalization, greater availability of Tribal & Traditional Healing services, greater use of community-based behavioral health)
- Increase participation in Alaska's Fresh Start programs to prevent diabetes and lower blood pressure
- Increase providers voluntarily participating in new alternative payment models (APMs), adopting telehealth and AI

State Policy Actions:

- Commitment to remove CON restrictions for ancillary services; pursue physician, nursing, EMS, psychology, and PA licensure compacts; pharmacist and dental hygienist scope of practice; SNAP waiver, Presidential Fitness Test, nutrition courses in CME, and Medicaid payment for remote patient monitoring (RPM)

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Arizona

Executive summary: Arizona addresses its rural health challenges across all 15 rural counties through workforce development and expanded access via telehealth and mobile clinics.

Funding FY26

$167M

Goals & Key Themes

- Accessibility: telehealth, mobile, and satellite care models.
- Resiliency: shared service models, subsidization of electronic health record licenses, reducing administrative barriers.
- Workforce: targeted incentive programs, scholarships, rural clinical rotations, retention programs, and career and technical education programs.
- "Priority Health Initiatives:" a variety of programs focused on behavioral health, chronic disease prevention and management, and maternal, fetal, and infant health.

Spotlight Initiatives

- Arizona proposes the establishment of new rural clinical rotations and residency slots at multiple universities and community colleges. The state plans to offer educational incentives and expanded opportunities for a variety of healthcare professionals, prioritizing students from rural communities who commit to working in rural communities.
- Infrastructure gaps limit Arizonans' telehealth participation, forcing rural residents to travel an average of 20 miles to reach a hospital or PCP. Arizona aspires to close access gaps by deploying mobile and satellite clinics, expanding telehealth hubs, and investing in digital modernization such as electronic billing capabilities and telehealth equipment.

Expected Impact

Proposed Outcomes:

- Increased rural provider recruitment, retention, and satisfaction
- Expanded telehealth adoption statewide
- Improved maternal/infant outcomes, chronic disease management, behavioral health outcomes
- Increased participation in preventive care services, leading to:
  - Fewer hospitalizations
  - Less reliance on emergency services

State Policy Actions:

- Commitment to join PA and EMS compacts by 2028

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Arkansas

Executive summary: Arkansas has the third highest rate of heart disease and the highest rate of hospital closures in the nation. Arkansas tackles these challenges through prevention, integrated care networks, workforce expansion, and telehealth across 63 counties.

Funding FY26

$209M

Goals & Key Themes

- Improve access and outcomes by expanding hospital, primary, specialty, and behavioral care. Includes expansion of maternal health, school-based centers and community wellness programs.
- Use telehealth, conversational AI-enabled monitoring and coaching, dashboards, and HIE integration to expand access and improve care coordination.
- Recruit, train, and retain rural clinicians and students; expand residencies, preceptorships, and scopes of practice.
- Form Clinically Integrated Networks that share staff, purchasing, data, and best practices.
- Right-size care through value-based payment models.

Spotlight Initiatives

- Arkansas' rural hospitals face the highest rate of closure in the nation, with 79% operating at a loss on patient services. The state's "SAFE" Initiative (System Acquisition & Facility Enhancement Fund) promises to maintain essential services and stabilize financially vulnerable facilities through shared service agreements, regional staffing partnerships and coordinated reporting systems.
- With the third highest rate of heart disease mortality in the nation, Arkansas proposes to Make Rural Arkansas Healthy Again through the "HEART" initiative, a six-pronged undertaking that aims to reduce chronic diseases and improve behavioral health through investments in local food access, recreation infrastructure, and child mental health.

Expected Impact

Proposed Outcomes:

- 12,500 residents engaged in health education, screening, and wellness events with 100 partners
- 15% reduction in EMS response times; 13,000 telehealth visits via 50 modernized facilities
- 100 new residency, fellowship, and preceptor positions; 100 clinicians recruited and 150 pursuing advanced training

State Policy Actions:

- Commitments to implement the Presidential Fitness Test, nutrition CME requirements, expand scope of practice for pharmacists, join the physician compact, and pursue SNAP waiver

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

California

Executive summary: California's rural areas make up 82% of the state's land area and face persistent challenges in access, workforce stability, and infrastructure. California presents a statewide application focused on Medical Service Study Areas (MSSAs) and Primary Care Health Professional Shortage Areas (PCHPSAs).

Funding FY26

$234M

Goals & Key Themes

- Make Rural America Health Again and sustainable access to care, with a focus on rural family/maternity care, chronic disease prevention, primary care, and Tribal and agricultural communities.
- Improving the rural clinical workforce via retention and relocation opportunities, allied professional training, statewide workforce mapping to track demand trends and pinpoint capacity gaps.
- Innovating with technology by placing an emphasis on regional partnerships as a key part of program taking shape as an integrated network through HIE, common dashboard, etc.

Spotlight Initiatives

- State-wide hub-and-spoke model (with a particular focus on maternal and primary care), with hospitals as hubs and FQHCs, RHCs, Tribal health programs, county behavioral health, birth centers, rural hospitals, CBOs, and local health jurisdictions as spokes. These hub-and-spoke models will feature telehealth nodes to further increase access to care.
- Encouraging the adoption of evidence-based care models such as Project ECHO to develop chronic disease management and specialty-care models that apply telementorship and case-based learning to upskill clinicians and improv capacity; OB Nest model, which reduces in-person visits through virtual nurse contacts and home monitoring; CalMAP (basic training for behavioral health); and Perinatal Psychiatry Access Program (PPAP).

Expected Impact

Proposed Outcomes:

- Better health outcomes including more rural residents receiving primary, maternity, chronic disease, and specialty services locally and reduced rural hospital bypass
- Fewer preventable maternal complications
- Expanded local clinician and provider capacity
- Increased use of telehealth and e-Consults, improved health information exchange, and stronger cybersecurity
- Higher patient engagement

State Policy Actions:

- No state policy commitments made

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Colorado

Executive summary: With its varied and difficult terrain, Colorado's rural and frontier areas face barriers to accessing specialty care, primary care, and all care during the winter months. Colorado focuses on overcoming geographic and systematic barriers to rural healthcare.

Funding FY26

$200M

Goals & Key Themes

- Touches on all five strategic goals with an emphasis on Make Rural America Healthy Again (MRAHA).
- Overcome geographic and financial barriers to improve access to chronic disease treatment and prevention.
- Aims to strengthen rural hospitals via improving delivery systems, encouraging partnership, increasing technology use, and preparing for value-based care implementation.
- Prioritizes value-based care throughout application.

Spotlight Initiatives

- **Hospitals and Chronic Disease Prevention**—Works to address high prevalence of chronic disease in rural areas via educational, disease prevention, and care coordination services for high-priority chronic conditions.
- **Expand Rural Telehealth and Technology Integration—**Aims to expand the adoption of technological health tools by rural patients and providers to improve quality and access. Involves expansion of mobile health programs, improved and integrated dashboards and networks to maintain data tools, and a statewide tech readiness assessment.

Expected Impact

Proposed Outcomes:

- Expanded rural hospital telehealth capability and patient access
- Increased number of formalized regional partnerships
- Improved variety of healthcare services available to rural populations
- Stabilized rural hospital system due to diversified revenue streams and strengthened operational capacity

State Policy Actions:

- No policy commitments made

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Connecticut

Executive summary: Connecticut focuses on care coordination and population health management through strategic partnerships and 31 initiatives centered on maternal and child health, community-based services, and value-based care.

Funding FY26

$154M

Goals & Key Themes

- **Expand local access** through mobile services in primary, dental, and behavioral health care.
- **Strengthen rural maternal health** and early-childhood support through home visiting.
- **Improve chronic disease control** and prevention.
- **Build crisis-stabilization capacity** to reduce rural ED behavioral health burden.
- **Advance value-based care** through team-based, coordinated rural delivery models.
- **Ensure care continuity** through the development of modernized data and digital tools that support enhanced referral capacity and bed tracking.

Spotlight Initiatives

- Connecticut proposes to **expand universal nurse home-visits** across its rural regions so that new and expecting families receive consistent maternal and newborn support in their homes that fosters long-term health and wellbeing across their lifespan.
- Recognizing how frequently rural ED's have become de facto mental health systems, Connecticut proposes to stand up **23-hour crisis-stabilization centers** linked to rural hospitals, coupled with real-time psychiatric expertise across clinics, EDs, schools, and mobile crisis teams.

Expected Impact

Proposed Outcomes:

- Increased number of rural families utilizing coordinated maternal health services; reduced ED utilization related to chronic disease and behavioral health
- 5% increase in interstate licensure compact year-over-year; higher retention rates and faster credentialing system
- Establishment of a statewide bed tracking system and shared predictive analytics platform; increased utilization of telehealth and remote monitoring

State Policy Actions:

- Commitment to Presidential Fitness Test and SNAP waivers

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Delaware

Executive summary: Delaware addresses its last-place national ranking in primary care through workforce development including establishing its first four-year medical school, mobile health units, and Hope Centers for unhoused and rural populations.

Funding FY26

$157M

Goals & Key Themes

- Expand access through the establishment of Hope Centers for the unhoused, deployment of mobile health units and school and library services that eliminate transportation barriers.
- Strengthen Delaware's workforce by creating a medical school education program with a "train here, stay here" program, and expanded nurse and midlevel training opportunities.
- Drive innovation through IT infrastructure that offers real-time insurance verification and prior authorization and a Catalyst Fund for telehealth and Remote Patient Monitoring.
- Improve outcomes through "Food is Medicine" programs, a diabetes wellness pilot, and value-based care arrangements.

Spotlight Initiatives

- Delaware ranks last nationally in meeting primary care needs. To address this shortage, workforce initiatives comprise a sizeable share of the state's 15 initiatives and include the establishment of its first four-year medical school and a variety of programs that offer financial incentives for rural practice and enhance rural clinical training.
- Proposes deploying mobile health units, health pods, libraries, and school-based health centers as low-cost, technology-enabled care sites that support value-based payment models.
- "Hope Centers" for unhoused and rural populations will offer integrated housing, primary care, behavioral health, and social services.

Expected Impact

Proposed Outcomes:

- By Year 5, Delaware expects to see:
  - 1500 people reached annually through the mobile health units
  - 50% of those who complete medical school in DE stay in-state for residency in DE

State Policy Actions:

- Commitment to CON reforms, Presidential Fitness Test, nutrition CME for physicians, and expanded scope of practice for several providers

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Florida

Executive summary: Florida has one of the largest populations in the country with 1.2 million rural residents. Florida's proposed initiatives span care delivery, resource-sharing collaboratives, remote patient monitoring, and community paramedicine.

Funding FY26

$210M

Goals & Key Themes

- Modernize, stabilize, and sustain rural health systems, ensuring consistent access to quality, affordable care.
- Support rural Floridians managing chronic disease and comorbidities and enable sustainable access to care.
- Invest in modern data systems, retaining services within rural communities, and promoting financial sustainability through value-based purchasing strategies.
- Leverage community partnerships to achieve goals of the RHT Program.

Spotlight Initiatives

- Proposal emphasizes mobile healthcare delivery, remote patient monitoring for blood pressure, glucose, and weight tracking, and telehealth for stroke, behavioral health, and psychiatry.
- Regional Collaboratives – a core component of Florida’s proposal is the development of regional collaboratives to share planning among local rural health care providers to improve efficiency, strengthen infrastructure, and elevate care in rural regions, while leveraging specialty services in urban areas to bolster resources.
- Community Paramedicine – allows paramedics to provide on-site support for minor illnesses within the scope of practice and deliver post-discharge care for high-risk patients to reduce avoidable admissions.

Expected Impact

Proposed Outcomes:

- Metrics measuring improvements in access, outcomes, workforce capacity, innovation, and technology across Florida’s rural healthcare system

State Policy Actions:

- No state policy commitments made

This document reflects the CMS Office of Rural Health Transformation’s high-level summarization of the State’s application. It is intended to be a simplified summary and is not exhaustive.

Georgia

Executive summary: Georgia describes striking gaps in rural maternal and primary care: 82 rural counties have no OB-GYN and 53 lack a hospital. Georgia focuses on obstetric carts, AHEAD model adoption, mobile health units, and telehealth infrastructure.

Funding FY26

$219M

Goals & Key Themes

- Use evidence-based models for value-based care to innovate and strengthen the rural healthcare delivery system, with a particular focus on adopting the AHEAD model.
- Make Rural Georgia Healthy Again through nine strategies which focus on behavioral health, EMS, and nutrition support for newborns and children with autism.
- Increase and sustain access to healthcare by deploying mobile health units, telehealth expansion, obstetric carts.
- Build and sustain the rural workforce.
- Leverage technology to improve healthcare access, delivery, and information.

Spotlight Initiatives

- 53 rural Georgia counties do not have a hospital, and several rural counties rely heavily on a limited number of FQHCs and EMS to provide emergency care. Georgia proposes to address this through infrastructure improvements and the adoption of the AHEAD model.
- There are no OBGYNs in more than half of Georgia's rural counties. Georgia proposes to place obstetric carts in rural, non-delivering emergency departments. These carts will contain essential medications and supplies for hemorrhage management, neonatal resuscitation, and preeclampsia treatment. Georgia also plans to create patient safety bundles in all 66 birthing hospitals across the state, with an emphasis on the 15 hospitals that are rural.

Expected Impact

Proposed Outcomes:

- Georgia anticipates increased:
  - Nursing faculty earning advanced degrees;
  - Number of procedures performed by surgical robots in rural hospitals.
- Georgia aims for decreased:
  - Wait times for required newborn screening test results;
  - Inappropriate emergency department utilizations.

State Policy Actions:

- Commitment to nutrition CME for all providers
- Commitment to regulatory changes for remote monitoring

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Hawaii

Executive summary: Hawaii's rural population faces challenges due to the difficult archipelago geography and natural terrain. Hawaii focuses on bolstering healthcare infrastructure and workforce and supporting providers in value-based care models.

Funding FY26

$189M

Goals & Key Themes

- Transform the rural health care delivery system in a sustainable manner that will improve healthcare access, quality and outcomes.
- Address prioritized challenges affecting rural populations including health IT infrastructure, the EMS system, access to behavioral health care, overreliance on hospitals and emergency care, workforce shortages, and the inability of rural providers and networks to adopt innovation care models.

Spotlight Initiatives

- **Rural Health Information Network** – a statewide digital backbone connecting rural hospitals, clinics, and health centers to the rest of the State through interoperable EHRs, wireless networks, and integrated data hubs, enabling care coordination and practice transformation.
- **Rural Value-Based Innovation & AHEAD Readiness Fund** – a competitive fund enabling rural providers to adopt innovative care models and succeed under the CMMI AHEAD Model by financing local value-based innovations.
- **Rural Respite Network** – an expansion of the effective medical respite model to rural areas to reduce preventable hospital use among unhoused or post-acute patients with low medical acuity.

Expected Impact

Proposed Outcomes:

- Enable care coordination, practice transformation, and dual eligible enrollment
- Enable rural residents to access primary, behavioral, and specialty care remotely
- Build a resilient rural health infrastructure by transforming Hawaii's emergency-dependent care model into a coordinated, preventive, and community-based system of access
- Build workforce necessary for rural healthcare transformation
- Reduce avoidable emergency service utilization, hospital readmissions, and average length of stay among those who are unstably housed
- Enable rural providers and networks to adopt innovative care models and succeed

State Policy Actions:

- Commitments to Presidential Fitness Test, SNAP Waiver submitted to USDA, nutrition Continuing Medical Education, and nurse licensure compact, psychology compact, and PA compact

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Idaho

Executive summary: Idaho addresses the financial and geographic barriers facing its sparsely populated rural communities and outlines five initiatives prioritizing healthcare workforce growth, health access improvement, and chronic disease prevention.

Funding FY26

$186M

Goals & Key Themes

- Grow the healthcare workforce, improve local health access, and prevent chronic disease.
- Catalyze rural health transformation through targeted, sustainable investments to support the health, safety, and independence of Idahoans.
- Localized solutions addressing geographic and financial barriers.

Spotlight Initiatives

- **Improving Rural Access to Care Through Technology** – Comprehensive plan to expand care access via telehealth and other technological tools to provide care, particularly in hard-to-reach areas. Includes EHR upgrades, remote tele-pharmacy dispensing, and health management and data analytics tools.
- **Investing in rural health infrastructure and partnerships** – Focus on necessary infrastructure updates and renovations to bring healthcare facilities into compliance with current federal, State, and local safety codes, improve facility efficiency, and increase access to facilities. There is also 3.5% set aside for Tribal nations to develop their own RHT plan.

Expected Impact

Proposed Outcomes:

- Improve care access for rural individuals
- Reduce emergency department visits for ambulatory care
- Recruit and retain physicians to rural Idaho
- Increase the number of rural individuals participating in chronic disease prevention programs, and decrease barriers to receiving needed care

State Policy Actions:

- No policy commitments made

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Illinois

Executive summary: Illinois expects to benefit 1.6 million rural residents, particularly in the southern and western parts of the state, through the RHT Program. Illinois emphasizes the use of regional partnerships between healthcare providers and community-based organizations.

Funding FY26

$193M

Goals & Key Themes

- Incentivize the creation of hospital and provider partnerships; increase the use of technology and mobile health services; and expand the healthcare workforce within the State.
- Hospital transformation grants, team-based care, integrated primary and behavioral health care, chronic disease prevention planning, and expand telehealth.
- Grow and improve the healthcare workforce through the investment in new training programs.

Spotlight Initiatives

- **Community Care Infrastructure** – provide targeted funding to rural primary care and behavioral health providers to develop the infrastructure, staffing, and workflows necessary for implementing integrated models of care.
- **Healthcare Workforce Expansion** – expand and establish new training and certification programs tailored to local, rural needs. Funding will also help develop the workforce for roles such as CHWs, doulas, lactation consultants, and peer support professionals by offering education and training opportunities that will allow rural learners to remain in their rural communities.
- **EMS** – Illinois builds on a number of existing initiatives, including a recently submitted state plan amendment (SPA) to expand "treat-not-transport" services allowing Medicaid payment for eligible medical care by EMS providers when patients are not transported to hospitals.

Expected Impact

Proposed Outcomes:

- Metrics related to access to care, patient health outcomes, total cost of care, rural facility financial stability, access to emergency services, provider to patient coverage ratios, and patient access to health data

State Policy Actions:

- Commitment to nurse licensure compact and PA compact

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Indiana

Executive summary: Indiana faces several rural health challenges, including rural health care accessibility and transit barriers, workforce shortages, and poor financial health of rural facilities. Indiana addresses these challenges with 12 initiatives focused on "Making Rural America Healthy Again" and sustainable.

Funding FY26

$207M

Goals & Key Themes

- Focused on Make Rural America Healthy Again; proposes sub-granting RHT Program funds to regions within the state.
- Initiatives include care coordination and referral enhancements, IT system strengthening and data interoperability efforts, innovative care models for chronic conditions and pediatric and obstetric readiness in emergency departments, strengthening telehealth access and infrastructure, and workforce development and retention

Spotlight Initiatives

- **Growing Care Coordination: Medical Operations Coordination Center —** Improves care coordination across various types of facilities and 911 system by establishing a Medical Operations Coordination Center. The Center will assist with patient transfer coordination, emergency department diversion, and centralized data reporting.
- **Growing Access to Hospital Post-Discharge Medications—**Reduce hospital readmissions by providing patients with their medications prior to leaving the hospital and charging outpatient prices. Encourages treatment adherence and reduces transportation barriers.

Expected Impact

Proposed Outcomes:

- Reduced chronic disease rates
- Increased access to appropriate levels of care for emergency, chronic, and acute conditions
- Improved interoperability and coordination between providers

State Policy Actions:

- Commitment to nutrition Continuing Medical Education

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Iowa

Executive summary: Iowa addresses significant geographic and transportation barriers facing rural residents, many of whom are part of agricultural and farming communities. Addressing skin cancer, the second leading cause of death in Iowa, is a key focus.

Funding FY26

$209M

Goals & Key Themes

- Promote innovation, strategic partnerships, and infrastructure development to support rural population health care, promote preventive care, and address root causes of disease.
- Hub-and-spoke model, Centers of Excellence, preventive cancer care, colocation of care, chronic disease prevention, health information exchange, mobile integrated health, rural strategic partnerships, workforce investment.

Spotlight Initiatives

- **Connections to Care** – investment to help improve digital health literacy in rural communities to increase the number of individuals accessing and using telehealth and other online services.
- **Tech Catalyst Fund** – investment in rural health technology startups and community-based innovations to drive long-term health and economic improvements.
- Iowa proposes purchasing and distributing **dermatoscopes to rural providers to improve early detection of melanoma** and other skin cancers, accompanied by training and educational materials to help providers identify skin cancer and refer patients to dermatology specialists.

Expected Impact

Proposed Outcomes:

- Significant reduction in ED hospital visits for ambulatory-care sensitive conditions (ACSCs) in rural areas
- Increase in the number of rural residents receiving care locally through new or expanded service lines
- Increase provider to population ratios
- Increase in the number of telehealth consultations delivered to rural residents
- Increase in the number of rural providers or facilities participating in HIE with active data exchange

State Policy Actions:

- Commitments to CON reforms for behavioral outpatient, Presidential Fitness Test, nutrition CME, join PSYPACT compact

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Kansas

Executive summary: Kansas faces rural healthcare challenges including provider shortages, limited preventive services access, and barriers to value-based care participation. Kansas proposes initiatives focused on hospital financial support, workforce incentives, PACE expansion, and a statewide network for value-based care participation.

Funding FY26

$222M

Goals & Key Themes

- Focus on a well-rounded approach to addressing the rural health needs of Kansas, with emphasis on supporting hospitals and healthcare facilities.
- Emphasis on promoting sustainable access including leveraging the State's existing rural clinically integrated network (CIN) and promoting provider coordination.
- Developing Kansas's clinical workforce, including incentivizing rural healthcare providers to provide qualified rural practice nurses to serve as adjunct clinical instructors for area nursing programs.
- Making Rural America Healthy Again (MRAHA) and expanding primary and secondary prevention programs.
- Investing in emerging technology and value-based care (VBC).

Spotlight Initiatives

- Expand proven PACE programs in two regions with the highest concentration of PACE-eligible beneficiaries.
- Accountable Food is Medicine and Community Health Worker (CHW) Development program, consumer-facing technologies behavioral health services, and expanding dual-eligible services to promote MRAHA.
- Back-office rural clinically integrated network (CIN) support centralized at the state for joint contract negotiations, credentialing support, and facilitating direct-to-employer contracts.
- "Shadow" VBC program for providers not currently in MSSP or ACO REACH, with goal of transitioning to the full programs.
- Emerging technology program where the State will convene a panel of experts to vet and recommend emerging tech solutions

Expected Impact

Proposed Outcomes:

- Meaningful reductions in chronic disease rates and avoidable hospitalizations for complications related to chronic disease.
- Substantially reduce number of rural KS hospitals with negative operating margins.
- Improve provider-to-population ratios for primary care, dental, behavioral health services. Ease nursing and allied health shortages in rural KS.
- 100% of Medicare and Medicaid beneficiaries in rural Kansas in accountable care relationships by 2031.
- Enable rural providers to engage in data sharing/analysis, expanded use of telehealth/RPM, AI, consumer-facing tech

State Policy Actions:

- Commitment to require Presidential Fitness Test
- Commitment to requiring Nutrition in Continuing Medical Education (already in implementation phase)

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Kentucky

Executive summary: Kentucky faces significant healthcare barriers in rural areas, with Appalachian regions experiencing particularly acute challenges. Kentucky addresses these barriers through four dimensions of health quality: engagement, access, prevention, and delivery.

Funding FY26

$213M

Goals & Key Themes

- Healthcare barriers include limited care access, chronic disease burden (especially diabetes), and gaps in preventative services and care delivery.
- Four dimensions of health quality: Engagement, Access, Prevention, and Delivery.
- Five Rural Health Priority Focus Areas: Chronic Disease, Maternal Health, Behavioral Health, Oral Health, and Emergency Medical Services and Trauma Systems.
- Major focus on patient access.
- Focus on hub-and-spoke delivery models.

Spotlight Initiatives

- **Rural Community Hubs for Chronic Care Innovation**—Develops coordinated system to create interventions across chronic disease continuum (i.e., involves initial prevention, disease progression prevention, and access to care). Initially will focus on diabetes with plans to expand.
- **PoWERing Rural Maternal and Infant Health: Community-Based Teams**—Creates local teams to provide support for pregnant women from pregnancy confirmation through first year post-partum. Also includes remote monitoring and provision of telehealth.

Expected Impact

Proposed Outcomes:

- Reduced rates of chronic disease (particularly obesity and diabetes)
- Improved access to perinatal care and reduced maternal and infant mortality
- Expanded integrated behavioral crisis care and long-term support
- Increased access to preventative dental care
- Improved capacity for pre-hospital care and treatment in place interventions

State Policy Actions:

- No policy commitments made

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Louisiana

Executive summary: Louisiana ranks last nationally on health outcomes, with chronic disease, maternal mortality, and behavioral health burdens disproportionately concentrated among the one-quarter of residents who dwell rurally. Louisiana addresses these challenges through improving digital infrastructure, reducing workforce shortages, and closing gaps in community-based prevention.

Funding FY26

$208M

Goals & Key Themes

- Strengthen health and emergency systems through workforce expansion and integration.
- Modernize technology infrastructure and capacity for efficiency and care coordination.
- Reinforce innovative, outcomes-based care delivery in rural areas.
- Expand physical activity and nutrition interventions through community-based partnerships.
- Strengthen care integration for high-needs populations through coordinated, multi-modal models.
- Strengthen access to essential health services through capital investments.

Spotlight Initiatives

- Louisiana's workforce development strategy centers around a Rural Clinician Credit Bank, targeted tax-credit incentives for high-need parishes, and education partnerships spanning from middle school career programs through clinical training.
- The Rural Technology Capacity Fund will provide free or subsidized smartphones with health apps and data plans for rural residents; establish a shared IT Help Desk for smaller sites; and deploy AI-enabled mobile platforms and telehealth solutions. The State compliments this initiative with digital literacy programs at sites such as FQHCs, libraries, and schools.

Expected Impact

Proposed Outcomes:

- 15-percentage point increase in adults receiving behavioral health or substance use care within 30 days of screening;
- 10-15% reduction in distance travelled to specialized care;
- 10% decreased EMS response time;
- 30% uptake increase in piloted care models
- 2% improvement in BP and A1c control and 40% increased participation in fitness programs

State Policy Actions:

- Commitments to Presidential Fitness Test, SNAP waiver restrictions, and nutrition CME

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Maine

Executive summary: Maine faces healthcare fragmentation across its rural provider landscape, with disconnected hospitals, clinics, EMS, behavioral health providers, and community organizations, all of which limit care coordination and efficiency. Maine addresses the fragmentation through a rural provider partnership model linking these entities and incorporates innovative AI strategy and payment model reform.

Funding FY26

$190M

Goals & Key Themes

- Empower rural Mainers to achieve their own healthy living goals through expanded population health solutions.
- Expand the supply of care by growing a rural workforce and spreading technologies that connect every community to advanced care.
- Ensure care will be available and affordable long into Maine's future by pairing affordability measures with strategies that advance quality, efficiency, and fiscal durability such as value-based payments.

Spotlight Initiatives

- Establish alternative sites of care such as CCBHCs and school-based health centers that offer mental health and dental care in addition to preventative health services. Maine plans to solicit contractors to reduce inefficiency and improve coordination.
- Maine's EMS licensure rules are conducive to a community paramedicine model, which they propose to strengthen through new reimbursement models, sustainable career pathways, and joint workforce structure.
- In partnership with Duke University, establish the Maine Rural AI Hub and Rural Health AI Innovation Institute to create hub and spoke model with rural providers.

Expected Impact

Proposed Outcomes:

- Increase controlled high BP in rural residents by 10%
- Reduce 30-day readmissions for rural patients by 10%
- Reduce delayed care (non- cost reasons) in rural areas by 10%
- Achieve 75%+ of Maine rural hospitals with sustainable operating margins

State Policy Actions:

- No policy commitments made

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Maryland

Executive summary: Maryland's rural areas, which comprise nearly 30% of the state's population (almost a quarter of whom are over 60), face disproportionate rates of diabetes, heart disease, and behavioral health challenges compared to their urban counterparts. Maryland's addresses these shortcomings through three strategic aims: workforce access, care delivery, and rural food system improvement.

Funding FY26

$168M

Goals & Key Themes

- Transform the rural health workforce through new apprenticeships, improved IT, and expansion of Area Health Education Centers, and pipeline programs.
- Promote sustainable access and innovative care through new and expanded capacity for primary care, specialty practices, school-based health centers, and behavioral health expansion.
- Empower rural Marylanders to "Eat for Health" through post-harvest infrastructure for farmers, support for grocers and mobile markets, nutrition education, coordinated regional planning, and new organizational purchasing strategies.

Spotlight Initiatives

- Maryland's population is aging, with those over 85 being the fastest growing segment of the population. With this in mind, the State proposes intensive case management programs for older adults with substance use disorders. They also propose hiring a contractor to collaborate with Area Agencies on Aging to develop a more streamlined process for engaging with insurance companies.
- Maryland's rural residents face a lower life expectancy than their urban counterparts and higher rates of obesity, diabetes, and heart disease. The State proposes to deploy tech-enabled chronic disease management (remote monitoring, wearable devices) to address this.

Expected Impact

Proposed Outcomes:

- Sustainable infrastructure improvements related to workforce
- Data-sharing partnerships with educational institutions and health tracking systems
- Increased rural provider participation in advanced care models
- Increased number of participants in targeted nutrition education programs with increased knowledge regarding healthy eating

State Policy Actions:

- "Open to" extending remote care services, CON reforms, licensure compacts, and enhanced scope of practice but no concrete policy actions noted

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Massachusetts

Executive summary: Massachusetts' rural residents face poorer health outcomes in hypertension, diabetes, cancer, and behavioral health than their urban counterparts. The recent closure of three rural hospitals has left significant gaps across large catchment areas. Massachusetts addresses these challenges with six domains and 20 activities, emphasizing information exchange, remote patient monitoring, mobile units and home visits, and payment system modernization.

Funding FY26

$162M

Goals & Key Themes

- Expand access to essential healthcare services for rural residents.
- Improve health and well-being through targeted initiatives and partnerships.
- Strengthen systems, policies, and investments to meet the unique needs of rural communities.
- Advance population health through improved clinical infrastructure, increased coordination.
- Strengthen the full continuum of the healthcare workforce with targeted activities focused on workforce development, recruitment, and retention.
- Improve technological infrastructure to increase connectivity and support better outcomes.

Spotlight Initiatives

- Rural Massachusetts communities experience alarmingly high rates of ED utilization for ambulatory-sensitive chronic conditions. The state proposes deploying tech-enabled Mobile Health Units equipped with diagnostic equipment, telemedicine software, and AI support systems to bring care directly to rural residents in geographically isolated communities, with a projected ROI of $36 for every $1 invested through avoidable emergency department visits.
- Placement delays for youth with complex behavioral, developmental, and medical needs leads to long ED boarding times, costly out of region placements, and capacity mismatches with beds sitting empty while others are over capacity. The State proposes a live cross-agency data platform to track bed and service availability across rural providers ("beds not buildings").

Expected Impact

Proposed Outcomes:

- Reduce hypertension and diabetes ED visits by 10,000 per 100,000 people
- Increase preventative care visits by 25 visits per 1,000 population
- 5% reduction in food insecurity in targeted rural communities
- Increased utilization of telehealth
- Increase of 50 organizations per 50 patients utilizing innovative care models

State Policy Actions:

- Commitment to nursing compact, psychology licensure compact, and PA compact

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Michigan

Executive summary: Michigan's 75 rural counties face healthcare workforce shortages, limited digital infrastructure, and barriers to accessing care close to home, especially for aging populations and Tribal communities. Michigan addresses these challenges by building partnerships between healthcare, public health, and community-based organizations and focusing on workforce shortages, interoperability, and access to care.

Funding FY26

$173M

Goals & Key Themes

- Strengthen the foundation of rural health systems through integrated, community-driven solutions that expand access to care, modernize health information exchange, build workforce capacity, and address key community supports that influence health and well-being.
- Transform rural health delivery, workforce development, and data exchange capacity.

Spotlight Initiatives

- **High School to Health Care Pipeline**– grant program to provide funding to create a talent pipeline that will transition interested high school students to health care professions in their home rural communities.
- **Health Aging in Rural Communities Blueprint**– focused on expanding community-based care for older adults in the Upper Peninsula to allow them to age in place.

Expected Impact

Proposed Outcomes:

- Strengthen chronic disease management, behavioral health, prenatal care, and preventive services through CHW-support interventions, team-based care, and evidence-based programs
- Address rural health workforce shortages
- Increase the number of providers using EHRs to support information sharing
- Increase access to care through telehealth
- Reduce emergency department utilization for preventable conditions

State Policy Actions:

- Commitment to pharmacist scope of practice

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Minnesota

Executive summary: Minnesota's rural population, including 11 sovereign Tribal nations, faces challenges in cardiometabolic health outcomes, healthcare workforce development, care access, provider partnerships, and rural provider stability. Minnesota addresses these through community-based care for chronic disease, health care workforce pathways and expanded rural clinical training, telehealth, mobile care delivery, mental health crisis centers and services for children and adults, and modernizing rural health data infrastructure.

Funding FY26

$193M

Goals & Key Themes

- Improve cardiometabolic health outcomes.
- Sustainably expand healthcare workforce.
- Expand preventative care access via tech-enabled care delivery, mobile care, and community-based workers.
- Strengthen provider partnerships to expand services.
- Strengthen and stabilize rural provider financial health.
- Focused on expanding care access via telehealth, community-based services, and mobile care delivery.

Spotlight Initiatives

- **Recruit and Retain Talent in Rural Communities**—Supports provider recruitment and retention with strategies to expose more rural high school students to healthcare careers, fostering medical training and education in rural areas, and identifying and reducing drivers of burnout among rural health providers.
- **Create Regional Care Models to Improve Whole-Person Health**—Supports the establishment of collaborative regional activities to improve timely and appropriate access to care. Involves several potential activities, including developing mental health urgent care centers for those in crisis, strengthening telehealth connections between rural providers and specialists/subspecialists, and more.

Expected Impact

Proposed Outcomes:

- Reduction in avoidable hospital utilization
- Improved capacity for providers to implement value-based care
- Increased use of technology to support patient health and provider decision-making

State Policy Actions:

- No policy commitments made

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Mississippi

Executive summary: Mississippi faces the highest rates of both maternal mortality and poverty in the nation, with rural areas also contending with challenges in emergency medical services coordination, outdated technology infrastructure, and healthcare workforce shortages. Mississippi addresses these challenges through creation of a Coordinated Regional Integrated Systems (CRIS), technology initiatives, new telehealth hubs, workforce expansion, and care coordination strategies.

Funding FY26

$206M

Goals & Key Themes

- Conduct a statewide assessment of rural health needs.
- Transform rural healthcare delivery across the State through a Coordinated Regional Integrated Systems Initiative.
- Strengthen the rural healthcare workforce through recruitment and retention strategies as well as training and career pathway development.
- Modernize rural healthcare systems by strengthening the digital backbone, increasing virtual care access, and helping providers utilize telehealth.
- Strengthen rural infrastructure by improving access to specialized care and supporting innovative pilot programs.

Spotlight Initiatives

- Mississippi's major initiative is the **Coordinated Regional Integrated Systems Initiative** (CRIS) which encompasses a wide array of strategies, partnerships, and interventions to create a connected and data driven network that avoids fragmentation and encourages care continuity. Built around the framework of creating regionalized Rural Healthcare Districts, the scope encompasses:
  - Two pilot programs, EMS **treat-in-place** and **AI algorithmic decision support.**
  - Post-discharge care coordination and wraparound services.
  - Remote care and 24/7 access to clinical guidance.

Expected Impact

Proposed Outcomes:

- Reduced unnecessary hospital transports through Treat in Place EMS protocols
- Improved interoperability between hospitals, EMS, public health, and social service providers and increased adoption of interoperable EHRs
- Higher retention rates for healthcare staff due to awards, stipends, and professional development
- More providers offering telehealth services without financial loss

State Policy Actions:

- Commitments to Presidential Fitness Test and SNAP waiver restriction

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Missouri

Executive summary: Missouri's rural population, nearly 2.5 million individuals spread across 104 rural and rural-adjacent counties, faces longstanding challenges with access to care and operational sustainability. Missouri focuses on a hub-and –spoke model to promote regional and local collaboration

Funding FY26

$216M

Goals & Key Themes

- Missouri's application focuses on building a statewide network of rural healthcare hubs to expand access to care, improve healthcare outcomes, strengthen provider sustainability, and empower rural communities to design and lead locally tailored health care solutions.
- Unify and standardize technology and data sharing across rural providers and convene multiple partners to deliver integrated care.
- Improve rural health outcomes through value-based payment models.
- Strengthen the rural health workforce and operations through remote patient monitoring, ambient AI, and strategic facility renovations

Spotlight Initiatives

- **Transformation of Rural Community Health Care (ToRCH Care)** – hub-and-spoke model that establishes 7 regional coordinating networks and 30 local community hubs to coordinate care, expand access points, and tailor rural health interventions.
- **Alternative Payment Model** – designs an alternative payment model (APM) with financial incentives tied to reductions in emergency department (ED) visits and inpatient admissions, requires all Medicaid MCOs to adopt this APM.
- **Digital Backbone** – establishes a Rural Health Data Collaborative to integrate rural health data, supports electronic health record (EHR) interoperability updates and data standards.

Expected Impact

Proposed Outcomes:

Selected key metrics include:

- Meaningful increase in rural primary care visits, increased number of behavioral, maternal, chronic care touchpoints supported with hub partners.
- Reductions in ED visits, percentage of adults with uncontrolled hypertension, and percent of births with low birth weight; increase in percentage of adults with controlled diabetes and use of pharmacotherapy for opioid use disorder.
- High completion rate of workforce initiative programs, strengthened and optimized EMS network and associated reductions in administrative costs.

State Policy Actions:

- Commitment to PA compact, Presidential fitness test, SNAP waiver, nutrition requirement for continuing medical education (CME), telehealth license and registration process.

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Montana

Executive summary: Montana has a very low population density, and nearly all counties are considered rural. Montana focuses on strengthening the healthcare workforce, securing financial solvency for rural providers, embedding prevention and community health at the center of care, and expanding technology use.

Funding FY26

$234M

Goals & Key Themes

- Strengthening healthcare workforce, securing financial solvency for rural providers, embedding prevention and community health at the center of care, expanding technology use via improved interoperability and EMR upgrades.
- Focus on access, outcomes, and financial issues.
- Specific plans for sustainability associated with each individual initiative.

Spotlight Initiatives

- **Rural Facility Sustainability and Access**—Proposes creation of a Montana Rural Center of Excellence (CoE) to oversee restructuring of care availability and access. Utilizing a board system of various stakeholders, it will focus on developing recommendations, along with incentives for providers/organizations who implement the recommendations, to increase access while eliminating negative operating margins.
- **Launch Innovative Care Delivery and Payment Models**—Aims to increase care access and quality while decreasing costs by supporting innovative payment models such as value-based care, modernizing emergency medical services, and extending access to lower-cost care from pharmacists.

Expected Impact

Proposed Outcomes:

- Increase number and skill level of clinicians in rural areas
- Reduce emergency department utilization
- Lower levels of chronic disease
- Higher rate of participation in Health Information Exchange

State Policy Actions:

- SNAP Waivers
- Nutrition CME
- EMS Compact
- Dental hygienist—Diagnosis and Treatment Planning
- Medicaid Payment—Store and Forward and Remote Patient Monitoring

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Nebraska

Executive summary: Nebraska's rural areas face challenges stemming from an agriculture-dominated economy, ranking 10th highest nationally for obesity and 5th highest for maternity deserts. Nebraska addresses these challenges through food-as-medicine programs, workforce development, technology initiatives, and right-sizing the healthcare system.

Funding FY26

$219M

Goals & Key Themes

- Focus on "Make Rural America Healthy Again," particularly given agriculture-dominated economy.
- Increase care access in rural communities through the establishment of a state-wide hub and spoke model
- Developing Nebraska's rural clinical workforce and right sizing the delivery system through transformative practices.
- Building partnerships across industry, stakeholders, to bring RHTP initiatives to life.

Spotlight Initiatives

- **School Food Learning Lab** with school-farm interconnectivity and partnerships.
- Workforce development features unique training programs at all levels, including an innovative initiative using the SNAP E&T program **to assist SNAP-eligible individuals in finding healthcare industry jobs**.
- Technology initiatives include **VR/AR-based training for rural providers** and **remote patient monitoring** across patient populations, including prenatal and chronic disease patients.
- **Co-locating community health workers** (CHWs) and patient navigators with local health departments (LHDs) and agricultural extension offices and **converting at-risk CAHs to rural emergency hospitals**.

Expected Impact

Proposed Outcomes:

- Measurements focus more on process than outcomes metrics (e.g., number of clinical partners enrolling patients in RPM)

State Policy Actions:

- Commitment to Presidential Fitness Test, remove CON restrictions for long-term care facilities

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Nevada

Executive summary: Nevada's rural areas face challenges in chronic disease management, behavioral health, maternal health, healthcare infrastructure, workforce shortages, and digital connectivity. Nevada has four main initiatives to address these challenges: Make Rural Nevada Healthy Again, improved funding for rural hospitals, establishment of the Workforce Recruitment and Rural Access Program, and upgrading the technology infrastructure.

Funding FY26

$180M

Goals & Key Themes

- Make Rural Nevada Healthy Again by implementing value-based care models that prevent and manage chronic disease.
- Strengthen rural health systems by leveraging regional buying power and through investments in technology, mobile units, and EMS.
- Create a robust network of health providers in rural Nevada through the establishment of a workforce recruitment program that offers incentives for living and dwelling rurally; a rural residency program; and tuition aid with commitments to serve.
- Fill “unfillable” gaps with innovative technology solutions such as upgrades to support data sharing and provider-related incentive programs.

Spotlight Initiatives

- With rural residents driving an average of 59 miles to the nearest hospital and 109 miles for specialized care, Nevada proposes a Rural Health Outcomes Accelerator Program to deploy value-based care models including online collaborative care, remote patient monitoring, virtual provider mentorship, and AI health tools to prevent and manage chronic disease across vast distances.
- To address historic gaps in Nevada’s rural provider workforce, the state will invest $80 million (its largest single initiative) in provider incentives to live and serve in rural areas, as well as tuition assistance with rural service commitments, and unveil a rural physician residency program.

Expected Impact

Proposed Outcomes:

- Increase the number of primary care physicians, nurses, and PAs in rural and frontier counties by at least 25% for each profession
- Achieve declining trends in death rates from heart disease and suicide
- Ensure each rural region has at least one additional active mobile care unit
- Increase telehealth usage by at least 25% across rural and frontier counties

State Policy Actions:

- Commitment to Presidential Fitness Test, SNAP food restriction waiver, nutrition CME for physicians, and PA licensure compact

This document reflects the CMS Office of Rural Health Transformation’s high-level summarization of the State’s application. It is intended to be a simplified summary and is not exhaustive.

New Hampshire

Executive summary: New Hampshire's rural areas face challenges in behavioral health, perinatal care, chronic disease management, oral health, and primary care access. The state advances a prevention-oriented strategy across behavioral health, perinatal care, chronic disease, oral health, and school-based wellness, paired with a "primary care and prevention first" model.

Funding FY26

$204M

Goals & Key Themes

- Improve everyone’s quality of life through access to primary and preventative care, chronic disease management, maternal health care, behavioral health services, and oral health care.
- Deepen partnerships among healthcare and community organizations to coordinate resources and promote more integrated care.
- Use innovative technology to make care easier to access.
- Strengthen the rural health workforce by investing in recruitment, retention, and training paths.
- Promote financial sustainability with new technology, operational efficiencies, and payment models.

Spotlight Initiatives

- Pharmacy-based transformation, including community lockboxes and polypharmacy risk reduction initiatives using AI tools in collaboration with local stores.
- Prevention-first model that invests in local infrastructure for disease prevention by establishing community access points beyond traditional clinical care, such as through schools, libraries, and mobile clinics.
- Expanding tele-specialty care such as tele-obstetrics, psychiatry, critical care, pharmacy by funding infrastructure and coordinating intakes on both the community and the hospital sides. Includes a virtual-first primary care program.

Expected Impact

Proposed Outcomes:

- 2 preventative dental visits per person/yr; 5% increase in dental hygienists
- 4% increase nurses and 5% increase paraprofessionals in rural counties
- 90% of rural providers possess digital health infrastructure to access real-time claim authorizations
- 0% safety net providers forced to close by 2031

State Policy Actions:

- Commitments to SNAP waiver, nutrition medical education, scope of practice commitments for dental hygiene, Presidential Fitness Test, increased pharmacist scope of practice, and to join PA and EMS compacts

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New Jersey

Executive summary: New Jersey is home to over 1 million rural residents who are more likely to live in areas facing a healthcare workforce shortage, experience more SUD-related health impacts, and are less likely to make it to an annual pediatric well-visit appointment. New Jersey addresses rural health challenges with initiatives to improve the availability of healthcare in rural New Jersey, make investments in response to community input, and foster a flexible healthcare system that can rapidly adapt.

Funding FY26

$147M

Goals & Key Themes

- Improve healthcare availability in rural New Jersey by investing in primary and specialty providers, healthcare extenders, and other partners necessary to support care.
- Make investments that are responsive to community input by leveraging competitive processes.
- Foster a flexible healthcare system that can rapidly adapt to rural New Jerseyan's healthcare needs by strengthening brick-and-mortar care and expanding access to mobile, in-community, and telehealth care.

Spotlight Initiatives

- **Infrastructure**—Supports stability and expansion of healthcare providers. Involves supporting CCBHCs to transition from federal funding to Medicaid funding, payments to primary care providers to support quality and capacity, development of a hub-and-spoke model for the University Hospital System~~, etc~~.
- **Technology**—Aims to improve rural access to care via clinician telehealth training, developing telehealth access points in public areas, and improving continuity of care between FQHCs and regional health systems. Also proposes funding going towards existing Healthcare Innovation Engine for the development of technological innovations.

Expected Impact

Proposed Outcomes:

- Increased number of rural providers
- Higher rates of preventative care
- Stabilized rural hospitals and alignment with Medicaid reimbursement policy

State Policy Actions:

- Commitment to SNAP Waiver, EMS compact, PA compact, and NP Scope of Practice

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

New Mexico

Executive summary: New Mexico's rural health needs span the entire state, with at least one rural census tract in every county and one-third of the population in nonmetropolitan areas. The State presents a cohesive plan to transform healthcare access and quality in these areas through five initiatives.

Funding FY26

$211M

Goals & Key Themes

- Large and widespread rural population.
- Improve healthcare access and quality in response to disproportionate rates of chronic disease and limited specialty care access in rural areas.
- Enable rural residents to access care within their communities.
- Community-centered care for chronic disease, behavioral wellness, and maternal health.

Spotlight Initiatives

- **Healthy Horizons: Expanding Specialty Care Access and Chronic Disease Management**—Focuses on developing and expanding specialty care access and chronic disease management from both the provider side and the patient side. Includes value-based payments, care coordination, and chronic disease screening. Also includes expanding care tools to keep patients, families, and care teams connected.
- **Rooted in New Mexico: Building Tomorrow's Workforce**—Strengthens local healthcare workforce recruitment and retention pipeline. Includes activities focused on fostering interest in health careers, improving access to training and certification, and creating a more flexible and mobile workforce.

Expected Impact

Proposed Outcomes:

- Reduce chronic disease risk factors
- Increase provider capacity via tech innovation and partnership to increase the amount of timely consults and improve health outcomes
- Improve rural hospital operating margins to decrease the number of rural hospitals in financial distress

State Policy Actions:

- Commitments to Presidential Fitness Test, nutrition Continuing Medical Education, and medical licensure compacts (all provider types)

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

New York

Executive summary: New York's rural areas face challenges in chronic disease management, maternal and child health, mental health access, and disease prevention, with fragmented care coordination across providers. New York focuses on "Make Rural America Healthy Again" and primary care initiatives.

Funding FY26

$212M

Goals & Key Themes

- New York’s application focuses on improving health outcomes through "Make Rural America Healthy Again" and primary care initiatives, with a key focus on building out preventive care in primary and specialty services through patient-centered medical homes (PCMHs), partnership networks, and school-based programs.
- Making sustainable investments in technology innovation to reduce burden on physicians, share data, and increase patient access.
- Improve New York’s rural clinical workforce through development programs and initiatives at all levels of the workforce.

Spotlight Initiatives

- Rural Community Health Integration initiative, a **formal partnership network** providing rural residents with better coordination across hospitals, FQHCs, primary care providers, community organizations, and CAHs.
- Accelerating adoption of the **primary care medical home (PCMH) model**, focusing on evidence-based care and value in rural settings. The state plans to implement an **eConsult** platform to address access challenges.
- “Rural Roots,” NY’s signature workforce development model, places a significant emphasis on **addressing maternal care deserts** in rural communities and will offer advanced training in pregnancy support, lactation counseling, and simulation-based obstetrics training for EMTs, nursing, and medical students.

Expected Impact

Proposed Outcomes:

- Reduction in preventable ER visits.
- Improved child and maternal health outcomes.
- Increased access to primary and specialty care by establishing collaborative networks.
- Decreased rural clinical workforce gaps.

State Policy Actions:

- No policy commitments made.

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North Carolina

Executive summary: North Carolina presents three key goals to address their significant rural population: catalyzing innovative care models, transforming the rural care experience, and creating a sustainable rural healthcare delivery system.

Funding FY26

$213M

Goals & Key Themes

- Catalyze innovative care models, transform the rural care experience, and create a sustainable rural delivery system via provider coordination and underlying systems change.
- Community-based transformation implemented mainly via newly-created community care network hubs (“ROOTS Hubs”).
- Rural areas face provider shortages, fragmented care delivery, and significant health challenges.

Spotlight Initiatives

- **Build Rural Community Care Network Hubs**—Develops up to six “hubs” based on regional rural health needs assessments to tailor and implement the other five initiatives in North Carolina’s plan while meeting the unique needs of the regions and stakeholders they represent. State will support hubs by providing necessary IT infrastructure, strategic partnership, policy guidance, and more.
- **Expand and Integrate Behavioral Health and Substance Use Disorder (SUD) Services**—Supports rural access to behavioral health and SUD treatment by expanding and standardizing CCBHCs, enhancing assessment and treatment programs (including via mobile opioid treatment program units), and building non-traditional care models.

Expected Impact

Proposed Outcomes:

- Successful set up of ROOTS hubs
- Improved provider coordination via increased connection to health information exchange
- Reduced chronic disease among rural populations
- Increased Medicaid patient mental health treatment uptake
- Reduced provider vacancy rates in rural areas
- Increased readiness for and engagement with value-based payment models

State Policy Actions:

- Presidential Fitness Test
- Nutrition CME
- EMS Compact

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North Dakota

Executive summary: With nearly half of residents residing rurally and close to 30% in frontier areas, North Dakota has the third-largest frontier population. North Dakota is especially focused on workforce development initiatives, exploring new technology tools, and Make Rural America Healthy Again-focused initiatives.

Funding FY26

$199M

Goals & Key Themes

- **Rebuild and retain** rural health workforce through new residencies, grow-your-own workforce pipelines, recruitment and retention grants, and training to develop the existing workforce to work at the top of their license.
- **Prevent chronic disease**, restore health, and reduce cost by launching Eat Well ND and ND Moves Together to put evidence-based practices in nutrition, physical activity and behavioral health at the center of everyday life.
- **Transform care models** with new tech tools, such as telehealth hubs, mobile clinics, remote patient monitoring. Cut costs by modernizing tech infrastructure and bringing providers together to support shared infrastructure and improved data sharing.

Spotlight Initiatives

- North Dakota brings forth a series of innovative **consumer-facing technologies**, such as automated pharmacy kiosks, self-collected lab specimen processing for at-home testing, and health apps/devices. They also propose **drones for rapid delivery** of supplies and laboratory samples.
- **Grow-your-own pipeline programs** such as “Scrubs Camp” and “Scrubs Academy,” 1-day and **overnight immersion experiences** for grades 5-12 as well as career education programs in high schools and shadowing/mentoring.
- Expansion of residency slots and creation of Tribal residency opportunities.

Expected Impact

Proposed Outcomes:

- 5 train-in-place programs engaging 200 students; 500 students participating in Scrubs Camp and Scrubs Academy
- Evidence-based wellness initiatives in at least 40 rural communities
- Over 90% compliance with shared protocols
- 10% reduction in preventable hospitalizations and 3-point reduction in readmissions

State Policy Actions:

- Commitments to Presidential Fitness test, SNAP waiver restrictions, nutrition CME, and joining PA Compact

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Ohio

Executive summary: Ohio's 4.4 million rural residents face challenges in chronic and behavioral health outcomes alongside strained health care infrastructure and significant rural provider shortages. Ohio is focused on improving access to care through CINs, chronic disease management programs, and expanding technology.

Funding FY26

$202M

Goals & Key Themes

- Improve access to care through clinically integrated networks (CINs), community-based and mobile health care services, rural hospital improvements, and home visits.
- Improve health outcomes through expansions of primary care, chronic disease self-management, and health initiatives.
- Expand technology to build remote monitoring and telehealth, expand electronic medical record (EMR) usage for pharmacists, and pilot innovative screening technologies for chronic and behavioral health.

Spotlight Initiatives

- **School-based Health Centers –** Pilot clinics in K-12 schools and college campuses to provide comprehensive primary prevention and sick care, screenings and exams, dental care, and behavioral health services.
- **OH SEE –** Expands a network of mobile clinics for vision, dental, and hearing care to provide cyclic access to services.
- **Rural Health Innovation Hubs –** Develops an integrated network of hospitals, clinics, pharmacies, and other providers to improve timely access to quality care and reduce overall care costs.

Expected Impact

Proposed Outcomes:

- Improve access to quality healthcare
- Reduce cost of care through access to clinically integrated networks
- Increase community-based access through school-based, mobile, and home-visiting clinical interventions
- Improve chronic disease health outcomes such as reduced A1C and increased levels of hypertension management

State Policy Actions:

- Commitments to require the Presidential Fitness Test, implement the SNAP waiver and establish a nutrition requirement for continuing medical education

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Oklahoma

Executive summary: Most of Oklahoma is rural and struggles with geographic dispersion, sparse infrastructure, long travel times, high uninsurance rates, and poor health outcomes. Oklahoma aims to address the needs of their rural residents, including their large indigenous population (16%) and agriculture communities.

Funding FY26

$223M

Goals & Key Themes

- Build a future where every community – no matter how small or remote – has access to high-quality, locally grounded care that is connected through technology, supported by regional collaboration, and sustained by a strong rural workforce.
- Build a resilient, digitally connected, community-anchored provider network to deliver flexible care across rural regions.
- Design data-driven solutions tailored to the unique needs of rural residents.
- Advance whole-person health through connected care technologies and coordinated pathways for behavioral health, chronic disease, maternal health, and social needs.
- Establish financially sustainable care models through shared clinical, data, and administrative resources.

Spotlight Initiatives

- **Moving Upstream** – Designed to address preventable chronic conditions through proactive, community-driven prevention and management programs. This program includes the use of consumer-facing technology, remote monitoring, and AI-enable analytics, as well as community-led population health networks organized through wellness hubs that connect residents and local health departments to determine SDOH needs.
- **Community-led Wellness Hubs** – Competitive microgrants for local health departments in every rural county to apply for up to $50,000 in funding to address a demonstrated unmet wellness demand in their community.

Expected Impact

Proposed Outcomes:

- Address key barriers to access, quality and sustainability in rural health care
- Reduce preventable hospitalizations and emergency department visits year over year
- Improve health outcomes (OK has high rates of heart disease, diabetes, obesity, cancer, suicide, and poor maternal and child health outcomes)

State Policy Actions:

- Presidential Fitness Test
- SNAP Food Restriction Waiver Policy effective 1/1/2026
- Nutrition Continuing Medical Education

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Oregon

Executive summary: Oregon's rural population faces significant behavioral health challenges, an aging population, and substantial risk of obstetrics and gynecology closures. Oregon presents four initiatives addressing these concerns and a fifth initiative supporting Tribes.

Funding FY26

$197M

Goals & Key Themes

- Rural populations face behavioral health challenges, issues associated with aging populations, and high risk of obstetrics and gynecology unit closures.
- Ensuring all people and communities in rural Oregon can achieve optimum physical, mental, and social wellbeing at every life stage via improved access and outcomes, workforce innovation, technological and data-driven solutions, strategic partnerships, and financial sustainability.
- Data-driven solutions to promote efficient deployment of initiatives and health strategies.

Spotlight Initiatives

- **Workforce Capacity and Resilience**—Recruit and retain providers via "Grow-your-own" initiatives, expanded training opportunities, a focus on provider support and more. This initiative also explores an innovative provider "exchange" program where rural providers will receive on-the-job training or skills refreshing while bringing specialists and other high-needs providers to rural areas to meet local needs.
- **Healthy Communities and Prevention**—Expands access to integrated primary care and social health services to promote prevention, nutrition, and care coordination and management. Includes several innovative activities such as expanded pharmacy services through pharmacy lockers, telepharmacy, and other technologies.

Expected Impact

Proposed Outcomes:

- Improved access to primary care
- Increased participation in value-based payment models
- Stabilized healthcare workforce
- More secure, interoperable, and capable health IT systems
- A majority of rural counties involved in formal regional partnerships

State Policy Actions:

- Commitments to nutrition Continuing Medical Education, EMS Compact, and pharmacist Scope of Practice

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Pennsylvania

Executive summary: Pennsylvania's rural provider network lacks the capital, technical assistance, and organizational structure to scale technology and interoperability solutions. Pennsylvania is particularly focused on promoting sustainable access by focusing on the integration and delivery of services, leveraging technology, and supporting the workforce.

Funding FY26

$193M

Goals & Key Themes

- Promote sustainable access by focusing on the integration and comprehensive delivery of services, in particular, address maternity care, behavioral health, dental care, aging, and primary care and preventative care access challenges in the state.
- Increase technology utilization to promote access and leverage interoperability and data exchange, including patient-facing apps.
- Support the development of Pennsylvania's rural clinical workforce at all career levels.

Spotlight Initiatives

- Regional Hub Model enabling **statewide technical expertise sharing**. Hubs — which can be health systems, HIEs, or other organizations —spearhead initiatives by **providing direct support to local hospitals and providers** in technology technical assistance, workflow redesign, staff training, and mentoring.
- Scaling technology, interoperability, workflow redesign, and technical expertise, particularly in **maternal health**, **behavioral health**, aging care models, and **EMS**.
- Competitive grant process for **value-based care**, building on learnings from the PA Rural Health Model.

Expected Impact

Proposed Outcomes:

- Improve key health outcomes, including prevention and treatment of chronic disease and use of the 988-suicide prevention line, substance use disorder treatment engagement and collaborative care arrangements for subspecialty care.
- Increased adoption of paramedicine programs at EMS agencies.
- Increased training and credentialing programs (e.g., EMTs, midwives, MDs, etc.) focused on rural workforce.
- 10% reduction in workforce vacancy rate in rural hospitals.

State Policy Actions:

- Commitment to Physician Assistant licensure compact.

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Rhode Island

Executive summary: Though the smallest state, Rhode Island faces distinct rural challenges including ferry-dependent access, a large aging population, and fragile infrastructure. Additionally, the state has no rural birthing facilities, and its one rural hospital is operating at a loss. Rhode Island seeks to support their rural communities by focusing on strengthening the workforce, leveraging technology, and promoting sustainable access.

Funding FY26

$156M

Goals & Key Themes

- Make Rural America Healthy Again through increased provision of primary care services, oral health services, and nutrition education.
- Promote sustainable access by expanding outpatient behavioral health services, reduced regulatory hurdles.
- Strengthen the workforce through rural clinical placements and policies that allow top-of license.
- Accelerate the adoption of new care models to achieve higher quality care through alternative payment incentives.
- Integrate technology into rural practice through the adoption of EHRs and data exchange, as well as expanded telehealth.

Spotlight Initiatives

- Small rural practices face barriers maintaining modern EHR systems due to high costs and technical complexity. Rhode Island will provide a state-sponsored EHR platform and infrastructure grants, with plans to leverage volume discounts to enable low-cost access to telehealth platforms, remote monitoring, and AI tools.
- The State will also implement a variety of remote care services, including tele-dentistry a Rural HIT Modernization Program providing infrastructure grants for telehealth platforms and remote monitoring, and technology-enabled care coordination to increase provider capacity.

Expected Impact

Proposed Outcomes:

- Increased well-care visits amongst adults and children and increased breast and cervical screenings
- Decreased EMS response time, decreased avoidable ED visits
- Increased patient satisfaction with home-based services, new reimbursement model for hospital-at-home reimbursement
- Expanded functionality of existing workforce hub

State Policy Actions:

- Commitment to CON reform, nutrition education CME for physicians, medical licensure compact, PA compact, and pharmacist overall scope of practice and overall dental hygiene scope of practice

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South Carolina

Executive summary: Rural South Carolina residents suffer from longstanding disparities in health care access, quality, and outcomes. South Carolina's application focuses on building established efforts in the state to focus on the needs of its 1.75 million rural residents.

Funding FY26

$200M

Goals & Key Themes

- Increase healthcare access and quality for improved chronic disease management and health outcomes for rural communities in South Carolina.
- Expanding digital infrastructure, telehealth, chronic disease management, workforce development, provider training, investing in rural technology startups and other innovations.

Spotlight Initiatives

- **Connections to Care** – Investment to help improve digital health literacy in rural communities to increase the number of individuals accessing and using telehealth and other online services.
- **Tech Catalyst Fund** – Investment in rural health technology startups and community-based innovations to drive long-term health and economic improvements.

Expected Impact

Proposed Outcomes:

- Improved chronic disease management and health outcomes
- Enhanced provider capacity to deliver high-quality care
- Elevated provider and patient experience
- Increase innovation, digital literacy, and adoption of best practices in rural health

State Policy Actions:

- Commitment to SNAP waiver and CON reform

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South Dakota

Executive summary: Nearly all the counties in South Dakota are rural – of 66 counties, over half (33) are frontier and nearly half (49.8%) of the population lives in a non-metro area. South Dakota also has nine American Indian Tribes whose reservations are mostly located in frontier areas. South Dakota is particularly focused on initiatives that prioritize direct investment in provider capacity, including through technology, workforce development, and disease management programs.

Funding FY26

$189M

Goals & Key Themes

- Prioritize direct investment in provider capacity over creating new programs. Recognizing that rural providers understand their communities' needs best, South Dakota's plan offers flexibility for local innovation by supplying practical tools and support necessary to enable providers to deliver high-quality care efficiently and sustainably.
- Fund essential technology and equipment, and develop statewide data infrastructure, develop the rural workforce, enhancing chronic disease management programs, advance behavioral healthcare delivery and emergency medical services.

Spotlight Initiatives

- **Regional Maternal and Infant Health Hubs** – Reduce maternal and infant health disparities and improve access to high-quality care in rural and Tribal areas in South Dakota by establishing regional hubs. These hubs focus on both clinical care and broader care coordination, supported by spoke sites that integrate community social-support networks.
- **Medicaid Primary Accountable Care Transformation** – Implement an alternative payment model that provides flexible, capitated payments to rural primary care practices, incentivizing both providers and patients for quality outcomes while promoting shared accountability for cost and utilization.

Expected Impact

Proposed Outcomes:

- Connect technology and data for a healthier South Dakota
- Advance the rural workforce
- Keep healthcare access local and strong
- Transform systems for sustainability

State Policy Actions:

- Commitments to Presidential Fitness Test and PA compact

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Tennessee

Executive summary: Tennessee ranks 44th in overall health with significant barriers to rural health care access and quality, and rural residents face significant health challenges and health professional shortages. Tennessee is particularly focused on initiatives that support patients with the highest disease burden in the state (e.g., dementia) and presents unique solutions for NEMT as well, while investing broadly in technology and workforce development.

Funding FY26

$207M

Goals & Key Themes

- Rural residents, particularly in Appalachia, experience worse health outcomes than urban populations, including increased rates of "diseases of despair," preventable pregnancy-related deaths, and aging-related illness.
- Respect rural independence while connecting residents to partnerships, modern technology, and care closer to home.
- Locally-driven transformation.
- Five Focus Areas: Rural Healthcare Transformation, Maternal and Child Health, Make Rural Tennessee Healthy Again, Technology Infrastructure, and Workforce Development.

Spotlight Initiatives

- **Memory Care Assessment Network**—Addresses need for enhanced dementia and other memory care diagnosis and treatment via a hub-and-spoke model. System will connect rural Memory Assessment Centers with existing urban Neuropsychiatry resources.
- **Healthcare Resiliency Program: Rural Non-Emergency Medical Transportation (NEMT)**—Addresses transportation burdens in rural Tennessee via an integrated, technology-enabled transportation coordination system. Involves hospitals, clinics, community networks, and other stakeholders to offer efficient and sustainable access to transportation.

Expected Impact

Proposed Outcomes:

- Expansion of integrated and co-located healthcare services with connected referral systems
- Elimination of all maternity-care deserts
- Improved preventative care utilization and chronic disease outcomes
- More modern and interoperable rural health technology systems to improve care coordination
- Increased healthcare workforce pipeline capacity

State Policy Actions:

- Commitments to Presidential Fitness Test, SNAP Waivers, nutrition Continuing Medical Education, Certificate of Need restrictions, and full scope of practice for all professions

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Texas

Executive summary: Texas's rural healthcare challenges span 202 of 254 counties (80% of the state), with particular needs in hospital support, local delivery system infrastructure, and fragmented specialty care access. Texas is particularly focused on leveraging state-wide technology initiatives, supporting the rural clinical workforce, establishing CINs, and empowering patients to focus on disease prevention and healthy living.

Funding FY26

$281M

Goals & Key Themes

- Overarching goal of Rural Texans having the ability to receive appropriate care where, when, and how it works best for their families. Emphasis on choice and competition.
- Texas is particularly focused on supporting hospitals and the local delivery system infrastructure, as highlighted by the planned creation of clinically-integrated networks (CINs), leveraging group purchasing, modernizing equipment, and facility upgrades.
- Commitment to leverage technology innovation.
- Make Rural America Healthy Again and chronic disease prevention and management.
- Supporting Texas's rural community workforce.

Spotlight Initiatives

- Lone Star Advanced Artificial Intelligence initiative to connect disparate pieces of a fragmented specialty care telehealth landscape into a statewide network available to primary care providers and patients.
- Implementing community wellness centers that offer preventative chronic disease screenings, fitness classes, and nutrition support in rural communities. Texas proposes various initiatives to support different parts of the clinical workforce as well.
- Establishing and operating an after-hours primary care clinic to reduce non-emergent emergency department visits.

Expected Impact

Proposed Outcomes:

- Make Rural Texans Healthy Again: Reduce Texas non-metro ratio of population to dieticians
- Increase remote patient monitoring (RPM)
- Increase AI based automation of fax processing and decrease % of rural Texas hospitals with human fax processing
- Reduce Texas non-metro ratio of population to community health workers (CHWs)
- Increase % of rural Texas hospitals with automated quality reporting
- Reduce Texas rural hospitals with less than 10 days cash on hand

State Policy Actions:

- Commitment to requiring the Presidential Fitness Test
- Commitment to requiring Nutrition in Continuing Medical Education (already in implementation phase)

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Utah

Executive summary: Utah has the lowest number of primary care physicians per capita of any state, and residents of the state's extensive rural areas face significant barriers to accessing care. To serve their rural residents, they are focused on wellness/nutrition initiatives, supporting the rural clinical workforce, leveraging technology, and improving access to care.

Funding FY26

$196M

Goals & Key Themes

- Four Strategic Goals: Making Rural Utahns Healthy, Workforce Development, Innovation and Access, and Technology Innovation.
- Utah has the lowest number of primary care physicians per capita in the country which leads to lack of primary care access, which they seek to address in their program.

Spotlight Initiatives

- **Making Rural Utahns Healthy: Preventative Action and Transformation for Health (PATH)**—Aims to improve wellness by promoting nutrition, physical activity, and preventative care. Involves care coordination and integration, increased access to fruits and vegetables, improved built environment to encourage physical activity, and more.
- **Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)**—Focuses on building technological and digital health infrastructure. Involves EHR upgrades and increased interoperability, consumer-facing technology and AI deployment, and reduction of provider administrative burden via AI tools.

Expected Impact

Proposed Outcomes:

- Reduced rates of obesity, behavioral health issues, and maternal health issues
- Maintain hospital financial sustainability while increasing care access
- Improve primary care quality while increasing interoperability
- Increase number of primary and specialty care providers in rural areas

State Policy Actions:

- Commitment to Presidential Fitness Test

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Vermont

Executive summary: Vermont's rural healthcare system faces challenges from geographic dispersion, an aging population, and cost pressures on small providers including critical access hospitals (CAHs), FQHCs, home health agencies, and nursing homes. Vermont is focused on improving primary care and long-term support by leveraging technology, new delivery system networks and workflows, workforce development initiatives, in particular.

Funding FY26

$195M

Goals & Key Themes

- Build robust rural networks through enhanced primary care and long-term care support, improved bed tracking and patient transfer systems, and community paramedicine programs.
- Lower costs while improving quality and efficiency by sharing technology infrastructure and implementing innovative solutions such as telehealth and remote monitoring, AI-powered medical scribes, and referral tracking.
- Strengthen the rural health workforce through housing support, training programs, and financial incentives.
- Make health care more affordable and transparent through insurance reform and improved cost tracking tools that empower patients and providers.

Spotlight Initiatives

- Vermont proposes establishing a Mobile Integrated Health model that leverages specially trained paramedics and advanced EMTs to deliver protocol-driven care in patient's homes. Core services will focus on post-discharge and primary care follow up and may extend to other locally prioritized needs such as post-operative care and substance use disorders.
- To fill unmet workforce needs, Vermont will establish the Maple Mountain Consortium Family Medicine Residency Program in addition to no-cost tuition assistance for "critical occupations."
- In an effort to incentivize access to primary care, practices that meet access requirements will receive a per-member-per-month payment (PMPM).

Expected Impact

Proposed Outcomes:

- Reduced avoidable ED visits and hospital readmissions; At least 78% follow-up within 30 days after ED visits for mental illness and 69% for substance use visits
- Improved maternal health and substance use outcomes
- Successfully implement one or more community-based options in each of Vermont's rural Health Service Areas

State Policy Actions:

- Commitment to SNAP waiver

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Virginia

Executive summary: Virginia's rural communities face disproportionately poor health outcomes and limited access to high-quality health care with long travel times. Challenges include high rates of chronic disease, outdated technology that constrains preventive care, and provider shortages. Virginia is focused on patient empowerment and disease prevention at the center of their application design, with particular focus on expanding access to care, technology, and workforce development.

Funding FY26

$190M

Goals & Key Themes

- Rural health transformation where rural Virginians lead the way to better health through innovative tools, effective prevention strategies, and new care delivery models, supported by providers coming from their own communities. Expand access to quality care and equip rural Virginians with tools and information to thrive.
- Tech innovation, workforce development, improved access, preventive health.

Spotlight Initiatives

- **Food as Medicine** (part of Live Well, Together) – provide funds infrastructure and startup costs for food pharmacy programs. Includes medically tailored meals and produce prescriptions for food-insecure patients with/at risk of chronic diseases.
- **Innovative Maternal Care tackles** (part of Connected Care, Closer to Home) – tackle Virginia's maternal health deserts by expanding rural prenatal and postpartum services through community hubs, mobile units, and telehealth. It prioritizes mothers with substance use disorders, enhances remote monitoring, and supports rural hospitals to prevent L&D unit closures.

Expected Impact

Proposed Outcomes:

- Decrease rates of chronic disease in rural adults and children
- Increase access to primary care for rural residents
- Decrease rates of SUD
- Increase number of prenatal and postpartum visits conducted for rural mothers
- Improve maternal health and infant health outcomes
- Build a lasting pipeline of rural residents into healthcare careers
- Modernize provider operations and increase adoption of technology in rural communities

State Policy Actions:

- Commitments to Presidential Fitness Test, SNAP Waiver, and nutrition CME

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Washington

Executive summary: Washington references numerous rural healthcare issues, including higher rates of substance use disorder, high hospital clinician and staff turnover, and strain on emergency rooms and presents a plan based on five key strategies.

Funding FY26

$181M

Goals & Key Themes

- Address the state's higher rates of substance use disorder, high hospital clinician and administrative staff turnover, and emergency room strain in rural areas.
- Create opportunities for health in rural Washington communities.
- Foster partnerships across the rural health delivery system.
- Grow Washington's rural healthcare workforce.
- Deploy technology and data-driven solutions to empower communities with healthy opportunities, increased efficiencies, and connectivity.
- Improve rural provider financial solvency.

Spotlight Initiatives

- **Ignite Innovation in Washington's Rural Hospitals**—Supports rural facility financial health and improves access by expanding rural health networks, designing a value-based payment model, investing in technological infrastructure and maintenance, and developing strategies to sustain essential service lines.
- **Invest in the Health of Native Families**—Reserves a portion of RHT Program funding for Native Tribes to invest in their healthcare workforce, establish care coordination agreements and strategic partnerships with rural hospitals, and support health information exchange participation.

Expected Impact

Proposed Outcomes:

- Increased participation in value-based payment models
- No additional rural obstetric unit closures
- Larger healthcare workforce in rural areas
- Provider integration of AI and population health management analytic tools
- Increased clinician training opportunities

State Policy Actions:

- No commitments

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West Virginia

Executive summary: West Virginia's mountainous terrain creates unique rural healthcare challenges including difficult travel for appointments, limited internet access restricting telehealth feasibility, and low workforce participation rates leading to low private insurance coverage. To address these challenges, West Virginia proposes a three-pronged approach to improve the workforce, leverage technology, and improve healthcare system sustainability.

Funding FY26

$199M

Goals & Key Themes

- Three Strategies: Addressing health-related barriers to workforce participation, establishing West Virginia as a center for rural health technology and partnership, and improving care access and healthcare system sustainability.
- "Flywheel plan" focuses on improving health to improve workforce participation and promote economic growth, leading to increased rates of employer-sponsored coverage.

Spotlight Initiatives

- **Rural Health Link**—Includes several options to tackle geographic barriers to healthcare access. These include investments in a health mobility platform to dispatch non-emergency medical transportation (NEMT), expanding local mobility options, and equipping EMS for NEMT.
- **Mountain State Care Force**—Aims to expand and retain rural clinicians. Involves growing local talent pipelines via outreach and co-funded faculty positions, recruiting a rural clinical workforce via incentives and co-funded training programs, and improving workforce staffing and practice models via rotational staffing pools and technical assistance.

Expected Impact

Proposed Outcomes:

- Increased workforce participation
- Improved health outcomes
- Greater provider capacity
- Reduction in total cost of care

State Policy Actions:

- Commitments to Presidential Fitness Test, Nutrition Continuing Medical Education, and Medicaid payment for Remote Patient Monitoring

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Wisconsin

Executive summary: Wisconsin's rural communities face unique challenges, particularly in agriculture, which comprises nearly 10% of state employment. The state has more dairy farms than any other, and its farming, fishing, and forestry industries experience suicide rates 180% higher than average. Wisconsin is focused on improving health care for their rural communities by focusing on care coordination, mental health support, leveraging technology, and workforce development, among others.

Funding FY26

$204M

Goals & Key Themes

- A future where the right providers, empowered by the right technology, and supported by the right networks, transform the health of rural Wisconsinites.
- Care coordination, simplifying access to State behavioral health programs, community information exchange, expanding access to comprehensive mental health supports, investment in workforce, increasing coordinated care for dual eligible beneficiaries.

Spotlight Initiatives

- **Interoperability Infrastructure and Modernization** provide competitive funds for dental grants to rural dental clinics to adopt efficient cleaning tech and expand routine dental services for rural Medicaid beneficiaries.
- **Public Navigation Transformation** – Farmer Wellness Program to address the farmer mental health crisis by offering a 24-hour Wisconsin farmer wellness helpline for immediate support, counseling vouchers that farmers and farm families can redeem for free in-person or telehealth care, and monthly online support groups to help bring farmers together, build community, and manage stress.

Expected Impact

Proposed Outcomes:

- Improved identification and management of chronic diseases
- Earlier identification and treatment of behavioral health conditions
- Enhanced provider efficiency, wellbeing, and supply
- Data-informed and evidence-based health care divisions

State Policy Actions:

- Commitment to SNAP waiver restrictions

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Wyoming

Executive summary: : Wyoming's rural population is older and more affluent than urban residents, leading to higher Medicare, Indian Health Service, and Marketplace enrollment. Limited provider availability makes basic medical care access the state's primary rural health challenge. Wyoming proposes initiatives that will improve access to care by focusing on the rural clinical workforce , leveraging technology, and right-sizing the delivery system.

Funding FY26

$205M

Goals & Key Themes

- Majority of population located in frontier areas.
- Priorities guided by stakeholder input and resident feedback.
- Four Goals:
- Build a durable rural workforce pipeline, Increase sustainable access to right-sized and coordinated medical care, Use technology and payment models to improve chronic disease management and bring care closer to home, and Improve metabolic, cardiovascular, and behavioral health outcomes.

Spotlight Initiatives

- **Health Technology Transformation**—Variety of activities aiming to increase technology adoption, bring care closer to home, improve access, and improve healthcare efficiency. Involves a competitive technology grant process for providers, development of a statewide telespecialist platform, creation of a non-emergency medical transportation coordination program, and building State capacity for centralized billing.
- **Critical Access Hospital-Basic Incentive Program**—Incentivizes CAHs to provide essential community services (like an Emergency Department, ground ambulances, basic labor and delivery, etc.) while limiting elective and ancillary services. In return, State provides tiered incentives to the CAH.

Expected Impact

Proposed Outcomes:

- Increased access to specialty services, particularly Labor and Delivery
- Reduced rate of suicide and other negative behavioral health indicators
- Additional providers in rural areas
- Increased number of shared-savings chronic disease management programs

State Policy Actions:

- Commitments to Presidential fitness test, SNAP Food Waiver, nutrition Continuing Medical Education, and scope of practice for pharmacists and dental hygienists

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