

Transforming Rural Health

Understanding and Leveraging the Rural Health Transformation Program

April 15, 2026

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SHLB WEBINAR

Transforming Rural Health: Understanding and Leveraging the Rural Health Transformation Program

Wednesday, April 15 at 2 pm ET



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Why Join SHLB

1. Shape Broadband Policy & Funding Outcomes
2. Connect and Collaborate for Success
3. Stay Ahead of the Curve

Learn more at www.shlb.org/membership

What is the RHTP?

A \$50 Billion Federal Initiative to modernize rural healthcare, address workforce shortages, and support technology adoption.

The **Rural Health Transformation Program (RHTP)**, authorized under **Section 71401 of Public Law 119-21** (the One Big Beautiful Bill Act or OBBBA) **provides a total of \$50 billion over five years (2026–2030), with \$10 billion available annually.**

- **First-Year Awards:** Announced in December 2025, with awards ranging from \$147 million (New Jersey) to \$281 million (Texas), averaging \$200 million per state.
- **Total Program Value:** \$50 billion total over five years (\$10 billion annually FY2026–FY2030)
- **Spending Requirement:** States must use funds by the end of the fiscal year *following* the fiscal year in which they were allotted, with *all* funds required to be spent by October 1, 2032.
- **Metrics evaluated annually by the Centers for Medicare & Medicaid Services (CMS)**
- Visit [cms.gov](https://www.cms.gov) to learn more!

CMS Strategic Goals (National Framework)

RHTP is built around five strategic goals that apply to every state:

Make Rural America Healthy Again

- Prevention, chronic disease management, behavioral health, prenatal care

Sustainable Access

- Strengthen rural providers as long-term access points for care

Workforce Development

- Recruit, retain, and support a high-skilled rural healthcare workforce

Innovative Care Models

- Flexible care arrangements, care coordination, value-based approaches

Tech Innovation

- Digital health tools, remote care, data sharing, cybersecurity, emerging technologies

Relevance to broadband: Goal #5 explicitly calls for **technology-enabled care**, which requires robust connectivity.

RHTP is not just a health program — it is a **connectivity-dependent transformation initiative.**

RHTP creates major opportunities for cross-sector collaboration.

Key intersections with broadband & anchor institutions:

- Telehealth, remote monitoring, and digital health tools require **high-quality broadband**
- Schools, libraries, and health facilities can serve as **community access points**
- RHTP encourages **data sharing** to identify gaps in connectivity that affect health access
- States can use RHTP funds to support **technology adoption, cybersecurity, and digital readiness**
- Rural health transformation is strongest when paired with **digital access and infrastructure expansion**

Difference Between RHTP and RHC Program

Complementary programs serving different needs (and aspects of the digital divide!)

Rural Health Transformation Program	FCC Rural Healthcare Program / Healthcare Connect Fund	BEAD Program (Broadband Equity, Access, and Deployment)	Overall
<ul style="list-style-type: none"> Designed to transform care delivery in rural communities Funds clinical programs, technology adoption, and care models Focuses on telehealth expansion, workforce, and service delivery Not an infrastructure program: does not fund broadband networks directly 	<ul style="list-style-type: none"> Designed to support connectivity for rural/underserved healthcare providers Provides up to 65% subsidy on broadband costs (in perpetuity) Funds network infrastructure and ongoing connectivity for HCP orgs 	<ul style="list-style-type: none"> Funds broadband buildout to unserved and underserved areas Administered at the state level Focus on last-mile infrastructure to homes and communities (patient side, anchors not priority) Does not cover ongoing service costs or healthcare-specific needs 	<p>BEAD = Building/expanding majority residential networks + access</p> <p>RHC/HCF = Building healthcare connectivity + providing ongoing financial support (sustainability)</p> <p>RHTP = Enables care leveraging connectivity.</p>

RHTP Analysis Across States

Some common themes found across include:

- 1. Telehealth & Broadband Infrastructure** — schools & libraries as delivery sites
- 2. Health IT Modernization & Interoperability** — EHR, HIE, and cybersecurity all depend on broadband and digital skills
- 3. Chronic Disease Prevention** — ‘Food as Medicine’, prevention screenings, and greater community wellness
- 4. Workforce Training & Digital Health Pipelines** — training and upskilling as vital components of health transformation

Utah RHTP Snapshot

\$195 M to transform rural health through sustainable, generational investments to increase opportunities for all rural Utahns to live safe and healthy lives.

Four Strategic Pillars

Making Rural Utahns Healthy

Focus on prevention, nutrition, physical activity, chronic disease management, maternal health, and behavioral health.

Workforce Development

Expand rural training pathways, incentives, and retention strategies to address severe shortages in primary care, behavioral health, and specialty care.

Innovation & Access

Modernize rural infrastructure, expand service lines, and strengthen local capacity to reduce out-migration for care.

Technology Innovation

Improve telehealth, interoperability, data sharing, and digital tools to support secure, coordinated, high-quality care.



77% of Utah's geography classified as rural with 25 rural counties

North Carolina RHTP Snapshot

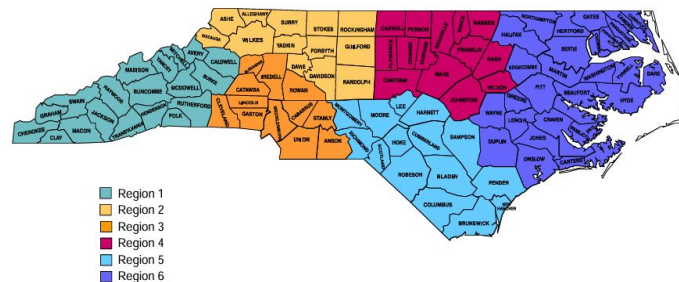
\$213M investment to transform rural healthcare delivery across NC (2026–2030)

Serves:

- ~3M rural residents across 85 counties, 400+ rural healthcare facilities

How it works:

- **NC ROOTS Hubs:** Regional, community-led networks connecting medical, behavioral, and social care (based on NC Medicaid Regions)
- **Prevention & Chronic Care:** Diabetes, maternal health, cancer screening, nutrition
- **Behavioral Health Expansion:** Mental health + substance use services
- **Workforce Development:** Recruit, train, and retain rural providers
- **Value-Based Care Transition:** Shift to outcomes-driven payment models
- **Technology & Innovation:** AI, telehealth, data sharing, broadband enablement



Targets:

- Access to care, behavioral health, and chronic disease
- Workforce shortages in rural communities
- Adoption of **telehealth, data sharing, and innovation**



NORTH CAROLINA
RURAL HEALTH TRANSFORMATION

Example of Innovative Healthcare Solution



The retrofitted 40-foot container houses the new Davis Mountain Clinic in Fort Davis, a telehealth hub created through a partnership between [Texas A&M](#) and [Texas Tech](#) universities to connect residents with remote medical and mental health professionals.

Example of Innovative Healthcare Solution

Pharmacy Services



Medication Delivery ▶

We offer free delivery within the Ada city limits. **Contact us** for details or to schedule your free delivery.



Pharmacy Consultations ▶

Let our pharmacists better help you manage your medications and health conditions.



Immunizations ▶

We offer a variety of vaccines to healthy. **Contact us** to learn more immunizations.



Ohio Northern University – Pharmacy

web base clinic visits

- 16 locations, 3 counties

How Will CMS Track Metrics?

Data-Driven Metrics

- CMS collects baseline and ongoing data on rural facilities and populations to calculate a state's rural health score. This includes factors such as facility capacity, patient demographics, and regional healthcare needs. These scores are calculated once during the application process and inform initial funding allocations.

Initiative-Driven Metrics

- Each state's RHT Program application outlines specific projects and interventions. CMS tracks progress on these initiatives through annual reporting, where states provide updates on implementation, outcomes, and measurable impacts. Metrics include improvements in disease prevention, chronic disease management, behavioral health, prenatal care, and adoption of innovative care models.

State Policy Metrics

- CMS evaluates state-level policies that support rural health transformation, such as workforce development, care coordination, and technology adoption. These metrics assess how effectively states create sustainable systems and incentivize providers to improve care quality and efficiency.

How Will CMS Track Metrics?

Scoring and Funding Adjustments

- CMS uses a point scoring methodology to quantify state performance. Each factor in the scoring matrix is weighted, and states receive partial credit until full implementation. Annual reports allow CMS to recalculate technical scores and adjust workload funding for subsequent budget periods based on actual progress. Failure to meet deadlines or reporting requirements can result in point reductions or recovery of funds. www.ruralhealth.us

Technology and Digital Health Metrics

- For technology-driven initiatives, CMS tracks metrics related to EHR upgrades, interoperability, remote monitoring, and AI-enabled tools. States must report on the adoption, functionality, and impact of these technologies on care delivery and patient outcomes. CMS also enforces caps on certain expenditures, such as a 5% limit on replacing existing HITECH-certified EHR systems.

Accountability and Oversight

- States are required to establish program management structures, advisory committees, and cross-agency governance to ensure accurate reporting and accountability. CMS uses these structures to verify data, monitor progress, and ensure that funding is used effectively to achieve measurable improvements in rural health.

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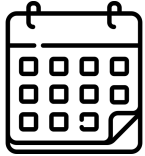
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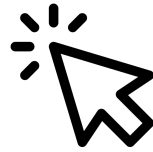
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Join Us at AnchorNets!



When:

October 7-9, 2026



Register:

AnchorNets.org



Where:

Arlington, VA 22202

