State Programmatic Snapshots

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

State Programmatic Snapshots

The Rural Health Transformation (RHT) Program helps State governments to support rural communities across America in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. These State Program Snapshots summarize State RHT Program initiatives and their focus areas as well as State Policy Action Commitments tied to technical score factors. This information was drawn from State RHT Program applications and Annual Reports. States had substantial flexibility in determining the number and content of their initiatives.

The State Policy Actions shown on each slide reflect the policies a State had in place at the time of application and commitments it made to further progress. If a State did not have an existing policy at baseline and did not make a commitment to progress at the time of application, the State Policy Action was omitted from the slide. States may have associated funding listed for State Policy Actions with "N/A" status, which indicates that the State already had a baseline policy in place for that State Policy Action.

The Total State Policy Action Commitments number is the sum of all commitments made across each policy factor. For example, if a State committed to joining multiple licensure compacts, each compact commitment is counted individually. Additionally, some score factors, such as C.3 Certificate of Need or D.3 Scope of Practice, allow States to commit to highly specific sub-factors (e.g., Scope of Practice Dental Hygienist – Local Anesthesia). These sub-factors are listed in the Status column. However, if a State has multiple sub-factors within the same category, they are collectively counted only one time toward the overall Total State Policy Action Commitments number (i.e., each individual sub-factor in the same category is not counted separately). Therefore, the sum of the individual entries in the Status column may be different than the Total State Policy Action Commitments shown at the top of the slide.

RURAL HEALTH TRANSFORMATION

State Programmatic Snapshots

Each State's funding for Budget Period 1 and 2 of the Program is noted, based on Notices of Award that were released in December 2025 and October 2026, respectively. Award funding amounts are presented in millions and are rounded. For Budget Periods 1 and 2, States received equal shares of baseline funding as well as a variable amount of workload funding tied to rural demographics and technical scores (including baseline policies for State Policy Actions). CMS recalculates technical scores annually.

For Budget Period 1, States received slightly higher funding across all score factors, except B.4. The B.4 Physician Nutrition Continuing Medical Education State Policy Action was not scored during Budget Period 1; therefore, the funding attributed to B.4 was redistributed across the remaining score factors for Budget Period 1. For Budget Period 2, CMS recalculated each State's technical score, adjusting each State's workload funding based on progress toward initiative checkpoints, progress on State Policy Action Commitments, and changes in the data-driven technical score factors. The rural demographic score factors remain static across budget periods.

RURAL HEALTH
TRANSFORMATION

Alabama

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Initiative Name	Initiative Description
Collaborative EHR, Information Technology (IT), and Cybersecurity	Modernizes healthcare IT infrastructure by establishing regional hubs for IT and cybersecurity support and will assist with EHR integration for rural hospitals and clinics. Reduces overall technology costs and improve interoperability while allowing independent providers to maintain their organizational autonomy.
Rural Health	Expands access to specialty and emergent care by creating a coordinated network of telehealth hubs. Links first responders, EMS, and local hospitals directly to regional referral centers. Delivers advanced services like remote patient monitoring, tele-stroke, and tele-behavioral health directly into rural communities to reduce unnecessary patient transfers.
Maternal and Fetal Health	Connects rural facilities with maternal-fetal medicine specialists through advanced digital tools and provides access to telerobotic ultrasound. Addresses critical shortages of local obstetric services to reduce high-risk maternal and infant mortality. Expands an emergency labor and delivery cart pilot program to offer lifesaving stabilization for newborns and mothers pending transfer to a more appropriate hospital setting.
Rural Workforce	Invests in coordinated training and recruitment pipelines for a broad range of clinical healthcare professionals including but not limited to, physicians, nurses, EMS professionals, certified nurse midwives, dentists, dental hygienists, and dental assistants. Grows the local workforce by leveraging remote learning and strategic clinical partnerships with educational institutions. Provides financial incentives for providers to practice in rural areas while expanding Graduate Medical Education (GME) programs.
Cancer Digital Regionalization	Replicates the successful, evidence-based model of Alabama's Operation Wipe Out program to target various cancers for early detection. Utilizes decentralized, cross-sector partnerships where local organizations lead screening efforts in their own communities. Offers an innovative approach to preventive screening that achieves greater efficiency and broader reach than traditional clinics.
Simulation Training	Improves the quality of care in rural healthcare facilities by providing advanced training in specialized medical services. Enhances workforce capabilities and increases patient volumes for local providers while reducing required travel times. Ensures patients receive appropriate treatment close to home to successfully reduce overcrowding at larger tertiary care hospitals. A goal of this initiative is to increase the amount of simulation training offered each year and to create and implement additional programs in other specialties.

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Initiative Name	Initiative Description
Statewide Emergency Medical Service (EMS) Trauma and Stroke	Expands statewide hospital-referral services to route ambulances to the most appropriate available facilities for complex conditions. Addresses acute patient needs such as psychiatric distress, labor and delivery, and severe respiratory issues. Secures critical funding to support the lifesaving expansion of the existing Alabama Trauma Communications Center, the only EMS agency with a statewide reach. The Center directs ambulances statewide to roughly 100 urban and rural hospitals across Alabama and in four neighboring states.
EMS Treat-In-Place	Implements an on-site treatment model that model would allow EMS providers to treat patients and be reimbursed for their services, saving transportation costs, reducing Emergency Department overcrowding, and decreasing the resource burden on hospitals. This initiative also creates a needed revenue source for EMS providers and keeps ambulances in the community, thereby reducing response times and improving overall care for residents, especially in rural areas.
Mental Health	Aims to expand mental health access for a school-based tele-mental health model and conversion of Community Mental Health Centers (CMHCs) to Certified Community Behavioral Health Clinics (CCBHCs). The first phase will increase awareness to educators, students, and their families while providing the broadest level of access to appropriate services and will help address Alabama's urgent youth mental health needs, as 1 in 6 Alabama youth experience a mental health disorder. The second phase will allow the remaining CMHCs the opportunity to apply for funding to convert to a CCBHC to provide patients with coordinated comprehensive behavioral health care for mental health or substance use disorders.
Community Medicine	Serves rural communities by providing free preventive health screenings and navigating connections to appropriate medical care. Addresses regional food access issues and promotes physical fitness alongside healthy lifestyle education. This initiative will expand access to health and nutrition services; create new mobile service delivery models that can operate across multiple regions; reduce health disparities in rural and underserved communities; improve early detection, chronic disease management, and nutrition-related outcomes; and strengthen the State's long-term public health infrastructure.
Rural Health Practice	Establishes and expands networked clinics in underserved areas to serve as comprehensive, patient-centered hubs. Emphasizes preventive care and chronic disease management by combining physical and behavioral health services through telehealth. Offers local facilities opportunities to partner with schools to provide primary care and dental services to students and families.

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Veteran's Health

Workforce

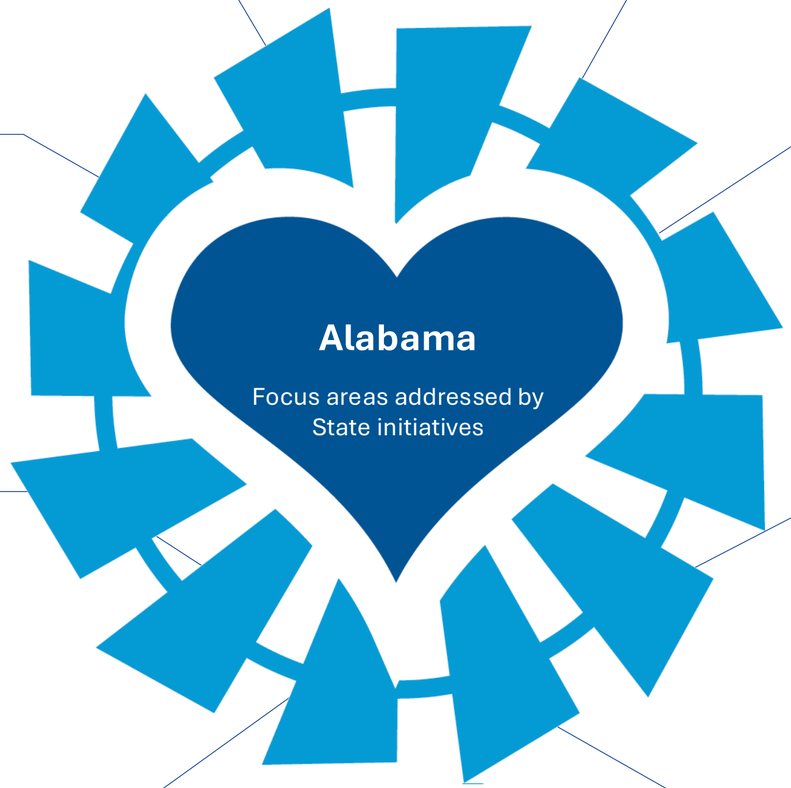
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Critical Access Hospital (CAH) Innovation/Rural Emergency Hospital (REH) Conversion
CCBHCs
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency



Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, AL had active legislation to create SNAP waiver	AL committed to this State Policy Action	In Progress	$4.98M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, AL had stringent CON regulations	No State Commitment	N/A	$0.72M

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, AL was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants (PAs), Nurse Practitioners (NPs, Pharmacists, and Dental Hygienists.**	At baseline, AL had reduced scope of practice (SOP) for PAs and NPs. Pharmacist and Dental Hygienist SOP were considered restricted	No State Commitment	N/A	$0.40M

Alabama

$203.40M
Budget Period 1 Funding

$199.28M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, AL did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, AL Medicaid covered two types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$1.74M

Alaska

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthy Beginnings	Strengthens Alaska's maternal, infant, and early childhood health system as a foundation for healthy families, particularly in rural and frontier areas. Funds will expand access to prenatal and postpartum care closer to home, strengthen family-centered home visiting and early intervention services, and build healthy lifestyle programs that promote prevention and resilience from birth through adolescence.
Health Care Access	Strengthens primary, behavioral, oral, specialty, emergency, long-term, and post-acute care by: expanding integrated primary/behavioral/oral health; improving specialty access via telehealth, remote monitoring, and mobile teams; bolstering rural hospital capacity for 24/7 urgent, emergency, labor & delivery, and trauma care; supporting seniors and people with intellectual and developmental disabilities (IDD) to access aging-in-place and home- and community-based services; and improving post-acute and recovery care at home or in the community.
Healthy Communities	Advances prevention and chronic disease management across Alaska’s rural, remote, and frontier regions. It strengthens locally tailored primary and preventive care, expands digital tools and population health infrastructure for early intervention, and promotes healthy lifestyles through nutrition, physical activity, and community wellness programs.
Pay for Value	Supports Alaska's transition from fee-for-service to sustainable, value-based payment models that reward quality, coordination, and prevention. It builds the financial and operational foundation rural providers need to thrive under new reimbursement approaches by testing primary care and hospital payment models, evaluating readiness for the Center for Medicare and Medicaid Innovation (CMMI) Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, and creating alternative payment structures for integrated, high-value care.

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Initiative Name	Initiative Description
Strengthen Workforce	Builds a sustainable and resilient rural health care workforce by expanding local education and training pipelines, supporting recruitment and retention, and strengthening wraparound supports for health professionals and trainees. Funds will develop “grow our own” pathways, expand training and certification for clinical and community providers, enhance residencies and rotations, and provide housing, childcare, and incentive programs that help attract and retain qualified providers in Alaska's rural, remote, and frontier communities.
Spark Technology and Innovation	Expands telehealth, remote monitoring, and artificial intelligence (AI)-enabled tools; replaces outdated systems with Health Information Technology for Economic and Clinical Health (HITECH)-certified electronic medical records; and increases participation in the statewide Health Information Exchange (HIE). The initiative supports community navigation and self-management tools, enhances cybersecurity, and pilots technologies such as drones, kiosks, and remote dispensing to improve care in remote areas. Training and technical assistance (TA) will help providers adopt new tools and workflows, while public/private partnerships and state-directed targeted innovation awards will accelerate scalable, sustainable technology solutions that advance interoperability and long-term transformation.

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs) Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
C.3. Certificate of Need
D.2. Licensure Compacts
D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 10

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, AK did not require schools to reestablish the Presidential Fitness Test	AK committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, AK had submitted a waiver, being processed by USDA	AK committed to this State Policy Action	In Progress	$5.81M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, AK did not require nutrition to be included in CME for physicians	AK committed to this State Policy Action	No Progress	$2.69M

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 10

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, AK had moderate CON regulations	AK committed to this State Policy Action	**No Progress:** Ancillaries	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, AK was not a member of the five licensure compacts	AK committed to this State Policy Action	**No Progress:** EMS Compact **In Progress:** Physician, Nurse, Psychology Compacts **Complete:** PA Compact	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, AK had advanced or full scope of practice for PAs, NPs, and dental hygienists. Pharmacist scope of practice was considered restricted.	AK committed to this State Policy Action	**No Progress:** Pharmacist – Lab Testing, Pharmacist – Independent Prescribing SOP	$2.57M

Alaska

$272.17M
Budget Period 1 Funding

$272.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 10

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, AK did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, AK Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Arizona

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Arizona

$166.99M
Budget Period 1 Funding

$165.01M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Health Workforce Development and Training Program	Deploys a comprehensive, multi-pronged strategy to recruit, train, and retain skilled health professionals in rural areas. Prioritizes non-physician providers such as allied health professionals, community health workers, nurses, and physician assistants. Invests subsequently in the primary and specialty care physician workforce to meet urgent community needs.
Priority Health Initiatives Grants Portfolio	Advances health outcomes across Arizona by funding high-impact, community-driven programs for screening and preventive care. Targets key areas including behavioral health, chronic disease prevention, and maternal-fetal health disparities. Partners with local organizations to deliver these critical resources directly to the communities that need them most.
Making Rural Healthcare Accessible	Expands access to primary and secondary preventive services via expansion of telehealth service availability, implementation of mobile/satellite service. Focuses on removing geographic barriers to ensure individuals receive necessary medical attention. Replicates proven outreach strategies to connect underserved populations with essential clinical providers.
Making Rural Healthcare Resilient	Builds and strengthens collaborations among rural health facilities and other local providers to improve operational efficiency. Promotes the active adoption of shared service models, co-located community hubs, and integrated networks. Establishes robust regional partnerships to help these smaller facilities survive and thrive.

Arizona

$166.99M
Budget Period 1 Funding

$165.01M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology

Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

D.2. Licensure Compacts

Arizona

$166.99M
Budget Period 1 Funding

$165.01M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, AZ had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, AZ was a member of three of the five licensure compacts	AZ committed to this State Policy Action	**In Progress:** EMS Compact **Complete:** PA Compact	$2.06M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, AZ had advanced or full scope of practice (SP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered restricted	No State commitment	N/A	$2.17M

Arizona

$166.99M
Budget Period 1 Funding

$165.01M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, AZ did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, AZ Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Arkansas

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Arkansas

$208.78M
Budget Period 1 Funding

$207.79M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthy Eating, Active Recreation, & Transformation (HEART)	Improves the health of rural Arkansans by increasing access to nutritious foods, physical activities, and preventative healthcare services. This effort leverages successful national strategies like the Centers for Disease Control's (CDC) "Active People, Healthy Nation" program alongside existing local community health coalition frameworks. Success relies on critical partnerships with local public-school systems, community-based faith organizations, regional food distribution networks, and local healthcare clinics.
Promoting Access, Coordination, and Transformation (PACT)	Strengthens healthcare delivery in rural Arkansas by expanding specialty care, preventive screenings, and telehealth services. This program builds upon locally driven Clinically Integrated Networks (CIN) to encourage collaboration and resource sharing among rural hospitals and clinics. Success relies on deep partnerships with state agencies, rural hospitals, local clinics, community organizations, and professional licensing boards
Recruitment, Innovation, Skills, and Education for Arkansas (RISE AR)	Builds a strong and skilled healthcare workforce to serve the unique needs of rural Arkansas families. This initiative expands medical residency programs and professional training slots by mimicking successful graduate medical education frameworks. Execution relies on critical partnerships with local medical schools, rural hospital systems, community health clinics, and state licensing boards.
Telehealth, Health-Monitoring, and Response Innovation for Vital Expansion (THRIVE)	Expands digital healthcare access across rural communities through advanced remote monitoring systems and emergency dispatch upgrades. This strategy modernizes existing emergency medical infrastructure and utilizes home health technology to support patients managing chronic diseases. Success relies on crucial partnerships with local paramedics, rural healthcare networks, emergency response coordinators, and technology providers.

Arkansas

$208.78M
Budget Period 1 Funding

$207.79M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

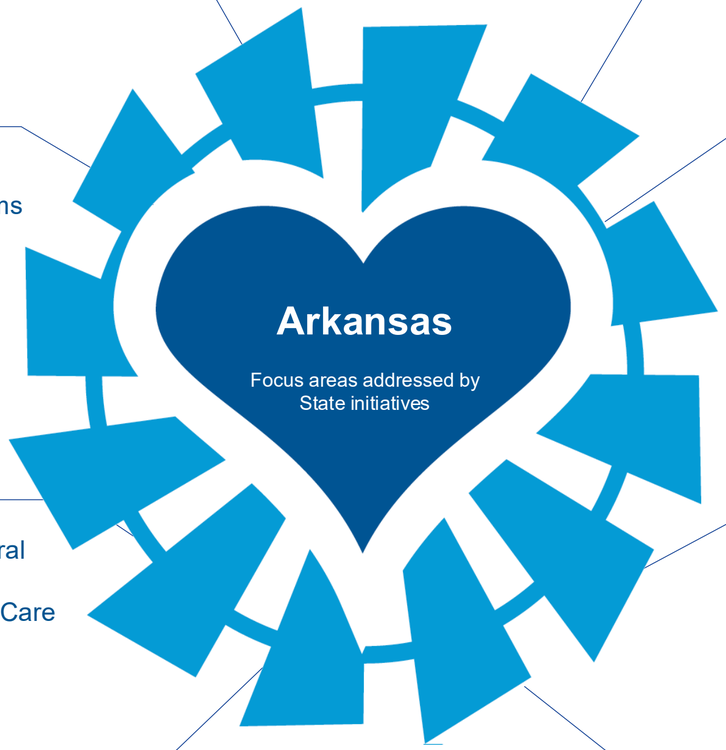
CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Critical Access Hospital (CAH) Innovation/Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
D.2 Licensure Compacts
D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Arkansas

$208.78M
Budget Period 1 Funding

$207.79M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, AR did not require schools to reestablish the Presidential Fitness Test	AR committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, AR had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, AR did not require nutrition to be included in CME for physicians	AR committed to this State Policy Action	No Progress	$2.69M

Arkansas

$208.78M
Budget Period 1 Funding

$207.79M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, AR had limited CON regulations	No State Commitment	N/A	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, AR was a member of four of the five licensure compacts	AR committed to this State Policy Action	**In Progress:** Physician Compact	$2.23M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, AR had advanced scope of practice (SOP) for PAs, reduced SOP for NPS, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	AR committed to this State Policy Action	**In Progress:** Pharmacist SOP	$1.98M

Arkansas

$208.78M
Budget Period 1 Funding

$207.79M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, AR did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, AR Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

California

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

California

$233.64M
Budget Period 1 Funding

$231.11M
Budget Period 2 Funding



Initiative Name	Initiative Description
Transformative Care Model Initiative	Improves healthcare access for families and elderly populations in rural California by establishing regional hub networks and integrated telehealth programs. Leverages two established models of behavioral health integration within primary and maternity settings to streamline care coordination. Collaborates with essential community partners, including midwives, doulas, and community health workers, to expand and upskill the local medical workforce.
Workforce Development Initiative	Develops a sustainable, locally rooted healthcare workforce with a primary focus on Tribal, rural, and frontier communities. Strengthens active partnerships with community colleges and universities to prepare students for medical careers through structured pathways and mentorship. Mandates a five-year service commitment for participants to ensure long-term retention of skilled professionals in underserved areas.
Technology & Tools Initiative	Equips rural healthcare providers with modernized technical systems and infrastructure to support primary, maternity, and specialty care. Facilitates collaborative purchasing agreements and shared technology services among regional networks to optimize operational efficiency. Provides targeted grant funding and specialized technical assistance to overcome local disparities in telehealth utilization and data access.

California

$233.64M
Budget Period 1 Funding

$231.11M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

Hospital Financial Stability
Operational Efficiency



Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

State Policy Action Commitments

No commitments made

California

$233.64M
Budget Period 1 Funding

$231.11M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, CA had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, CA had moderate scope of practice (SOP) for PAs, restricted SOP for NPs, limited authority for Pharmacists, and full (unrestricted) SOP for Dental Hygienists	No State Commitment	N/A	$1.58M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, CA Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Colorado

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding



Initiative Name	Initiative Description
Transforming Rural Care: Hospitals and Chronic Disease Prevention	Focuses on providing educational, disease prevention, and care coordination services for high-priority chronic conditions. This initiative supports rural hospitals and providers by helping them hire and train staff dedicated to improving care coordination. The program leverages partnerships with rural and critical access hospitals, rural health clinics and providers, Federally Qualified Health Centers (FQHCs), community-based organizations, Colorado Social Health Information Exchange (CoSHIE) hubs, regional health alliances, workforce development partners, and organizations offering training and technical assistance to deliver high-quality prevention services.
Build Data and Evaluation Infrastructure for Chronic Disease Programs	Strengthens data systems and performance monitoring to ensure chronic disease programs are effective and sustainable. This initiative creates a unified approach for collecting and analyzing data across programs and regions, enabling real-time feedback. It supports rural providers by providing technical assistance to ensure data interoperability and alignment with state and federal standards and implements a standardized performance monitoring and evaluation framework to track reach, outcomes, and return on investment for rural prevention programs.
Build and Connect Colorado's Rural Health Networks	Establishes coordination and collaboration across Colorado's rural health system by building regional health networks. This initiative connects hospitals, clinics, and local public health agencies to improve access, quality, and long-term system resilience. It supports Tribal participation by helping them create their own rural health networks.
Strengthen Rural Care Delivery Systems	Transforms rural-care delivery systems by improving EMS coverage and expanding care coordination. This initiative enhances the capacity of rural providers to deliver timely and sustainable high-quality care in their communities. It supports collaborative care networks that integrate rural hospitals, rural health clinics, and behavioral health providers with shared electronic medical record systems, referral management, care coordination positions, and joint protocols for acute-care transitions.
Sustain Rural Hospital Operations and Regulatory Readiness	Ensures the long-term stability and operational capacity of rural hospitals across Colorado. This initiative provides direct financial support to rural hospitals facing financial, operational, and workforce challenges. It enables hospitals to procure technical assistance and targeted operational support to realign or sustain essential service lines, enable regulatory readiness, invest in small-scale infrastructure improvements, and support strategic planning and implementation.

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding

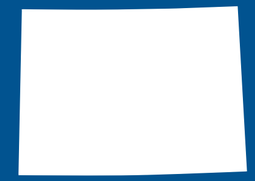


Initiative Name	Initiative Description
Strengthen and Expand the Rural Health Workforce	Strengthens Colorado's rural health workforce by expanding access to training and continuing education opportunities for health professionals and other health workers serving in identified Health Professional Shortage Areas (HPSAs). Funding will be used to attract, train, and retain local essential providers (e.g., physicians, nurses, pharmacists, qualified behavioral health assistants, health workers, technicians, and others) who are critical to improving chronic disease prevention and management and sustaining rural care delivery. Incentive payments are performance-based and support activities like workforce recruitment, training, and retention.
Expanding Clinical Capacity to Perform Preventive Care	Increases the clinical workforce's capacity to deliver preventive services and procedures in rural and frontier communities. This initiative equips rural clinicians with relevant chronic disease-focused training to help them meet preventive screening needs in their regions. It is administered through partnerships with rural hospitals, medical providers, and academic institutions.
Strengthening State and Local Health Coordination	Enhances coordination and alignment between state, regional, and local health entities to ensure effective implementation of prevention and workforce programs. This initiative invests in technical assistance and training to strengthen collaborative governance and ensure a sustained rural health workforce. It supports "Grow Your Own" (GYO) programs by establishing inter-state and regional collaboration practices.
Design and Pilot Rural Value-Based Care Model(s)	Researches, designs, and pilots value-based care models tailored for rural providers and hospitals. This initiative assesses the feasibility of shared savings, bundled payments, and other approaches that reward prevention and care coordination. The program is administered through a collaboration between the Colorado Department of Health Care Policy and Financing (HCPF), rural health clinics, and Regional Accountable Entities (RAEs).
Expand Rural Telehealth and Technology Integration	Strengthens rural health system participation in the use of technology-enabled chronic disease prevention, monitoring, and care delivery. This initiative equips rural providers with the tools and technical support needed to engage in data-driven, integrated care. It supports projects that conduct statewide technology readiness assessment, local health organization to expand mobile health programs, and integrated dashboards that maintain data tools to access rural population data and program outcomes.

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

CHWs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults
Transportation

Technology

Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, CO had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, CO had active legislation to require nutrition in CME for physicians	No State Commitment	N/A	$1.35M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, CO had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, CO was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, CO had advanced or full scope of practice (SOP) for PAs, NPs, Pharmacists, and Dental Hygienists	No State Commitment	N/A	$2.96M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, CO did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M

Colorado

$200.11M
Budget Period 1 Funding

$197.16M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, CO Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Connecticut

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Connecticut

$154.25M
Budget Period 1 Funding

$153.65M
Budget Period 2 Funding



Initiative Name	Initiative Description
Population Health Outcomes	Facilitates access to prevention, primary care, dental, and behavioral health. Builds simple entry points to care in community settings by strengthening the capacity of primary care clinics, community health centers, rural health clinics, behavioral health providers, tele-behavioral services, EMS and community teams, schools, senior centers, parks, and other local organizations. Supports mobile health delivery, operationalizing new primary care and dental vans for rural and Tribal communities. Establishes a local facilitator or hub to convene partners and implement strategies that promote access to school-based mental health resources and referral, expand preventive services for older adults, promote active living through community assets, and strengthen behavioral health support. Improves access to mental health supports and emergency department (ED) diversion for adults. Extends the Family Bridge universal nurse and community health worker home visiting program for newborns and postpartum women.
Workforce	Expands education and training opportunities, aligning licensure and certification standards, and improving recruitment and retention across levels of care. Builds accessible training programs with certifications that transfer easily between care settings. Expands clinical placements, modernizing training curricula, and removing barriers to employment in rural areas. Invests in coordinated strategies that strengthen training pipelines, remove practice barriers to education, and enhance career development opportunities.
Data and Technology	Expands statewide Health Information Exchange (HIE) participation, building shared technology infrastructure, and supporting innovative data tools that connect providers, improve care coordination, and ensure access to modern health systems for rural residents. Through collaboration with the Office of Policy and Management (formerly Office of Health Strategy (OHS)), Department of Public Health (DPH), Department of Social Services (DSS), and Connecticut's statewide HIE, Connie, the initiative creates a fully integrated data ecosystem that enables providers to share information, track outcomes, and respond quickly to patient needs. Hospitals, Federally Qualified Health Centers (FQHCs), long-term care providers, behavioral health providers, and EMS will be better connected through shared tools for population health management, event notification, and predictive analytics. These systems will improve care coordination, reduce unnecessary ED use, and support proactive outreach and chronic disease management in rural settings.
Care Transformation and Stability	Strengthens the foundation of rural healthcare by supporting infrastructure and right-sizing support, improving care coordination, as well as supporting value-based models and sustainable financing strategies. Supports integrated systems of care that expand access to community-based services, reduce reliance on hospital-based interventions, and improve financial resilience for local providers. Supports the development of 23-hour adult crisis stabilization units that provide short-term, non-hospital crisis care in safe, home-like environments.

Connecticut

$154.25M
Budget Period 1 Funding

$153.65M
Budget Period 2 Funding



Population Health

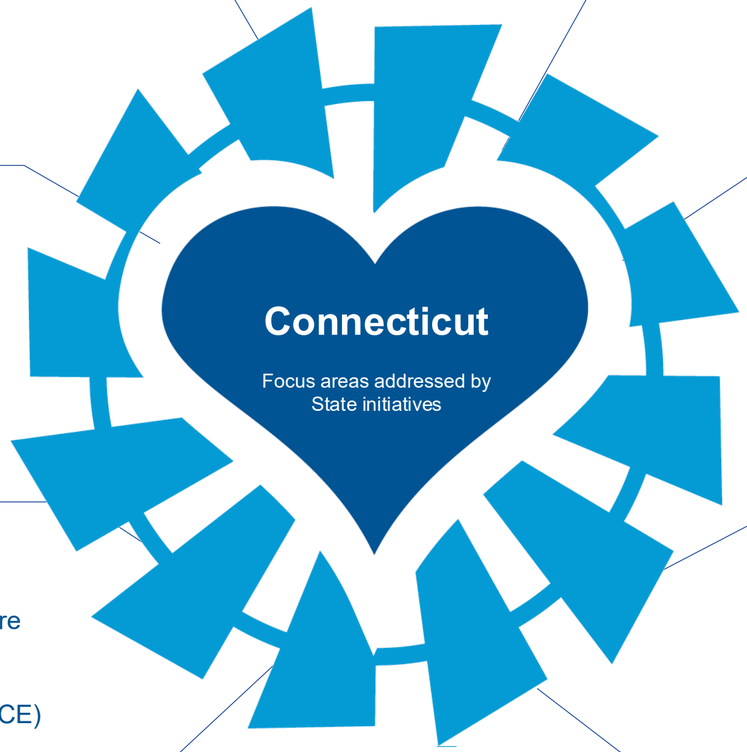
Behavioral Health
Maternal Health
Tribal Health & Engagement

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults

Workforce

Community Health Workers (CHWs)
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs



Technology

AI Tools
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency

State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Connecticut

$154.25M
Budget Period 1 Funding

$153.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, CT did not require schools to reestablish the Presidential Fitness Test	CT committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, CT did not have a SNAP waiver in place	CT committed to this State Policy Action	No Progress	$3.32M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, CT had stringent CON regulations	No State Commitment	N/A	$0.72M

Connecticut

$154.25M
Budget Period 1 Funding

$153.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, CT was a member of three of the five licensure compacts	No State Commitment	N/A	$1.60M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, CT had moderate scope of practice (SOP) for PAs, full SOP for NPS, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$1.58M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, CT Medicaid covered some types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.04M

Delaware

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural "Hope Center" Initiative	Replicates the successful Hope Center model to serve rural residents experiencing homelessness with serious mental illness and substance use disorder in Kent and Sussex Counties. Establishes two new centers in through the strategic renovation, staffing, and equipping of existing state-owned facilities, transforming underutilized infrastructure into comprehensive, integrated hubs for healthcare, behavioral health, and housing stability services. These centers will offer critical non congregate temporary housing, including at least 20 transitional beds specifically for individuals with serious mental illness and substance use disorder, plus safe individual and family units. The centers will strengthen the rural service network and support upstream drivers of health by bringing essential health, behavioral health, and housing supports together in communities where access to these services are limited.
Rural Community Health Hubs	Establishes a network of mobile health units and brick-and-mortar community health hubs to deliver preventive, chronic, and specialty care to underserved communities in rural Sussex and Kent Counties. Awards fund local health systems, community organizations, and health technology partners to deploy staff, equip, and operate mobile health units and brick-and-mortar community health hubs. Mobile health units will be strategically deployed to familiar, accessible community locations including schools, churches, town centers, and community parking lots, bringing medical services directly to rural residents where they live and gather, especially for physically disabled and elderly residents.
School-Based Health Centers Expansion Initiative	Expands Delaware's network of school-based health centers (SBHCs) by establishing four new SBHCs in rural Sussex County middle schools to provide comprehensive physical, behavioral, and preventive health services directly to students, eliminating transportation barriers and improving access to primary care, mental health services, behavioral risk assessments, chronic disease management, and nutrition counseling. Supports minor building renovations to establish clinical space (exam rooms, counseling offices, screening areas), purchase equipment and supplies, and establish operations.
Food is Medicine (FIM) Infrastructure Initiative	Institutes a FIM infrastructure in rural Kent and Sussex counties to address high rates of hypertension and diabetes among food-insecure older adults. Hires 4-5 community health workers and registered dietitians to serve patients in rural health practices across Kent and Sussex. Deploys Electronic Medical Record (EMR)-decision support tools for participating providers, a telehealth nutrition consultation platform, a patient-facing mobile application, and remote patient monitoring systems. Certifies 15 Culinary Medicine Teachers to train 150 rural practitioners (70% rural serving) and implements of a pilot for 375 participants with diabetes or hypertension. Develops coding, billing, and payment approaches to integrate FIM services into Delaware Medicaid and value-based care arrangements. Pilots a high school work-based learning program for students to gain hands-on experience in FIM interventions.

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Libraries Health Access Initiative	Expands health access services and operating hours at nine rural libraries in Kent and Sussex Counties. Leverages the existing library infrastructure to provide telehealth, health navigation, and social service support to residents. Newly hired library-based community health specialists will assist rural residents with scheduling and completing virtual health visits, supporting health insurance applications (Medicare, Medicaid), facilitating Electronic Benefits Transfer (EBT)/ Supplemental Nutrition Assistance Program (SNAP) benefits applications, providing referrals to community partners, offering courses on health literacy, and delivering other health programming. Also connects residents to workforce readiness coaching and legal assistance services.
Rural Provider and Federally Qualified Health Centers (FQHC) Value-Based Care Readiness Initiative	Accelerates the transition of rural providers and FQHCs to value-based care models through three tracks: (1) direct awards to Delaware's three FQHCs for innovative technology investments that reduce administrative burden and promote patient centered data exchange, and for high-value services and care teams; (2) competitive awards to non-FQHC rural providers and community organizations; and (3) statewide infrastructure and a sustainable framework for collaboration between providers and payers.
Catalyst Fund for Telehealth and Remote Monitoring	Encourages the development and adoption of health technology solutions for rural populations. The fund will competitively select health technology companies to develop and deploy novel solutions to prevent disease, manage chronic conditions, and improve health outcomes. Products may include remote patient monitoring, wearable devices, proven AI-enabled sensors for wound and infection risk detection, conversational AI for wellness monitoring and social connection, and hospital-at-home monitoring systems.
Rural Delaware Diabetes Wellness Pilot Program	Launches a three-year pilot study to improve diabetes care for 500 patients in rural Delaware. Assesses the impact of continuous glucose monitoring (CGM) and hands-on care management. This program monitors whether real-time adjustments in health behaviors (e.g., diet, exercise, eating whole foods) paired with appropriate medication use improves health outcomes. Also expands diabetic retinopathy screening and provides evidence-based prevention services, health education, and coordinated support to individuals at risk of developing Type 2 diabetes.
Delaware Medical School	Establishes a "Primary Care – Rural Health" track medical school program in Delaware focused on the health priorities most critical to rural populations: community medicine, preventive care through lifestyle changes, substance use disorder treatment, behavioral health, and integration of care with community providers. The initiative will leverage Delaware's existing healthcare infrastructure for clinical training and is the foundation of Delaware's comprehensive 'Train Here, Stay Here' workforce development strategy.

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Initiative Name	Initiative Description
Medical School Rural Workforce Development Program	Provides comprehensive financial awards to medical students who commit to five years of practice and caring for Delaware's rural population as part of the 'Train Here, Stay Here' workforce development strategy. The initiative will support two pathways: 1) students enrolled in Delaware's new medical school's Primary Care – Rural Health track, and 2) students who complete their third- and fourth-year clinical rotations in Delaware, gaining exposure to the state's communities and rural healthcare needs.
Rural Medical Residency Recruitment Program	Provides awards for wraparound services, short-term housing, and relocation expenses to medical residents training in rural Delaware who commit to five years of service to rural Delawareans. Serves as the third component of Delaware's 'Train Here, Stay Here' workforce development strategy. Provides seamless transition support, maintaining financial assistance as they move from medical school to residency training—all while deepening their commitment to Delaware's rural communities.
Training Programs for Clinical Support Roles in Rural Areas	Expands clinical training for Non-Physician Practitioners, "physician extenders", community health workers, dental professionals, and clinical support staff in rural Delaware. Funds health systems, educational institutions, community organizations, and other partners to create new programs, apprenticeships, and fellowships for a broad array of healthcare professionals including physician assistants, nurses, midwives, paramedics, phlebotomists, laboratory technicians, occupational therapists, nutritionists, long-term care staff, dental hygienists, dental assistants, dentists-in-training, and community health workers (CHWs) providing health education, preventive care, and care coordination.
Rural Health Workforce Education Program	Provides direct financial awards to trainees enrolled in clinical and non-clinical training programs who commit to five years of service in Delaware's underserved rural communities. Works in tandem with other initiatives to build the healthcare workforce by reducing financial barriers for trainees. Awards are distributed through competitively selected clinical training institutions that also receive funding under the Training Programs for Clinical Support Roles initiative.

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthcare Workforce Data Center Initiative	Establishes a dedicated data center to collect and analyze real-time data on Delaware's healthcare workforce. Monitors employment status and activity, practice settings and payment types, Medicaid and Medicare acceptance, time spent seeing patients, and other critical indicators that reveal the true state of healthcare across Delaware. Insights derived from this database will inform dashboards and annual reports that focus on identifying where workforce shortages remain, which specialties are underrepresented, and how demographic or geographic disparities impact access to care.
Statewide Health Information Technology Infrastructure for Real-Time Insurance Verification and Prior Authorizations	Creates comprehensive digital infrastructure connecting all rural providers, payers, hospital systems, and patients through Delaware Health Information Network (DHIN). Accelerates prior authorization processing by allowing providers to exchange data electronically and allowing payers to report faster authorization decisions. Cloud-based infrastructure minimizes maintenance and operations management, while vendor-neutral standards prevent vendor lock-in and stakeholder councils ensure fair governance. Directly improves rural health by eliminating geographic barriers to specialist consultations, reducing the need for multiple trips, and supporting telehealth and remote patient monitoring that depend on seamless data exchange.

Delaware is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

Medicaid Innovation
Operational Efficiency



Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
C.3. Certificate of Need
D.3. Scope of Practice

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, DE did not require schools to reestablish the Presidential Fitness Test	DE committed to this State Policy Action	No Progress	$1.14M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, DE did not require nutrition to be included in CME for physicians	DE committed to this State Policy Action	No Progress	$2.69M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, DE had moderate CON regulations	DE committed to this State Policy Action	Complete	$2.16M

Delaware

$157.39M
Budget Period 1 Funding

$160.29M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, DE was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, DE had advanced or full scope of practice (SOP) for PAs and NPs, formulary-based authority for Pharmacists, and restricted SOP for Dental Hygienists	DE committed to this State Policy Action	**Complete:** PA, Pharmacist, Dental Hygienist SOP	$3.16M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, DE Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Florida

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural and Satellite Clinics	Provides start-up funding for established urban physician or dental practices to set up new or satellite offices in rural areas. Supports clinics run by nurse practitioners and physician assistants to offer primary, dental, and mental healthcare to local residents. Uses secure electronic health records and tracking networks to improve patient follow-up and coordinate overall care.
Mobile Health	Delivers preventive care, health screenings, and prenatal services directly to rural communities using mobile medical units on scheduled routes. Partners with local hospitals, clinics, and community groups to make sure patients do not experience gaps in their care. Connects mobile units to secure electronic databases so doctors can quickly update patient charts and track health progress.
Community Paramedicine	Deploys trained community paramedics and licensed practitioners to treat minor illnesses and provide home care to patients who were recently discharged from the hospital, reducing preventable readmissions. Uses telehealth services and digital notification systems to coordinate care between emergency workers and primary care teams. Helps patients manage their medications, provides health education, and links individuals to behavioral health specialists.
Behavioral Health Telehealth & Telehub Psychiatry	Establishes regional psychiatric centers to connect rural residents with same-day mental health therapy and consultations. Supports local primary care doctors by using a collaborative care model where specialists help create shared treatment and medicine plans. Trains staff on standardized screening tools and digital technology to track patient progress and make data-driven decisions.
Tele-Specialties & Imaging (Virtual Specialty Clinics)	Enables rural hospitals and clinics to host virtual appointments where patients can consult with specialists including cardiologists or oncologists via video. Relies on local nurses to perform physical exams and securely send test results to the remote specialists. Integrates cloud-based imaging systems to speed up medical diagnoses and eliminate the need for long-distance travel.

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Initiative Name	Initiative Description
Tele–Intensive Care Unit (eICU)	Connects rural hospitals with remote critical care doctors and nurses who monitor patients around the clock through secure video and data feeds. Supports virtual nursing and medicine management to keep critically ill patients safe and close to their families. Integrates directly with hospital records to speed up response times and prevent unnecessary transfers to distant facilities.
Hub-and-Spoke Telestroke	Connects rural emergency rooms with remote stroke specialists using real-time video for immediate patient evaluations. Transmits brain scans electronically to neurologists so they can quickly diagnose the patient and recommend treatment. Follows standardized clinical guidelines to help local staff give life-saving medications safely and decide if a transfer is necessary.
Workforce Development	Strengthens the rural medical pipeline by funding clinical training programs, housing assistance, and recruitment efforts for new practitioners. Builds career pathways in local high schools and community colleges to interest students in health fields. Requires program participants to commit to a five-year service period in a rural area to ensure long-term staffing stability.
Health and Lifestyle	Addresses food insecurity and nutrition issues by adding food screenings and basic counseling services into rural clinics. Educates healthcare providers on how to give nutrition advice and works with schools to promote physical activity. Teaches middle and high school students about healthy eating behaviors to reduce chronic diseases across the population.
Remote Patient Telemonitoring	Allows rural patients with chronic conditions like diabetes or high blood pressure to use connected devices to transmit their daily health data to doctors. Uses an artificial intelligence system to look for warning signs in the data and alert nurses when a patient needs help. Prevents unnecessary hospitalizations and emergency room visits by catching health issues early.

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Initiative Name	Initiative Description
Value-Based Purchasing (VBP)	Transitions rural healthcare providers to payment models that reward the quality and efficiency of care rather than the volume of services. Helps clinics earn medical home designations to improve chronic disease management and coordinate patient care. Secures the financial future of rural clinics by offering incentive payments when providers meet health quality benchmarks.
Retail Clinic Services	Expands healthcare access by reimbursing rural pharmacies that offer basic medical care and routine health screenings within their scope of practice. Features diagnostic telehealth kiosks inside pharmacies to connect patients with remote doctors for same-day treatment. Utilizes existing business locations to fill healthcare gaps and reduce unnecessary visits to local emergency rooms.
Florida Health Information Exchange / Encounter Notification Service (HIE/ENS) Onboarding	Funds the connection of rural hospitals and clinics to statewide health information and notification systems. Sends real-time alerts to doctors when a patient is admitted, transferred, or discharged, which helps lower hospital readmission rates and enhance care coordination. Modernizes communication technology by training staff and updating software platforms to meet state standards.
Diagnostics Technology Support	Equips rural clinics and labs with cloud-based imaging systems to allow rapid sharing of x-rays and laboratory tests. Improves communication between rural facilities and distant specialists to speed up patient diagnoses. Supports staff training, digital security upgrades, and record system integrations to make clinical decision-making faster and safer.
Integrated Medicare-Medicaid Plans Education and Outreach	Increases awareness and enrollment in integrated health plans among rural Florida residents who qualify for both Medicare and Medicaid. Directs targeted education and training to local stakeholders to help people sign up for plans that combine their medical benefits. Simplifies access to care and reduces duplicate services for patients with complex medical and social needs.

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

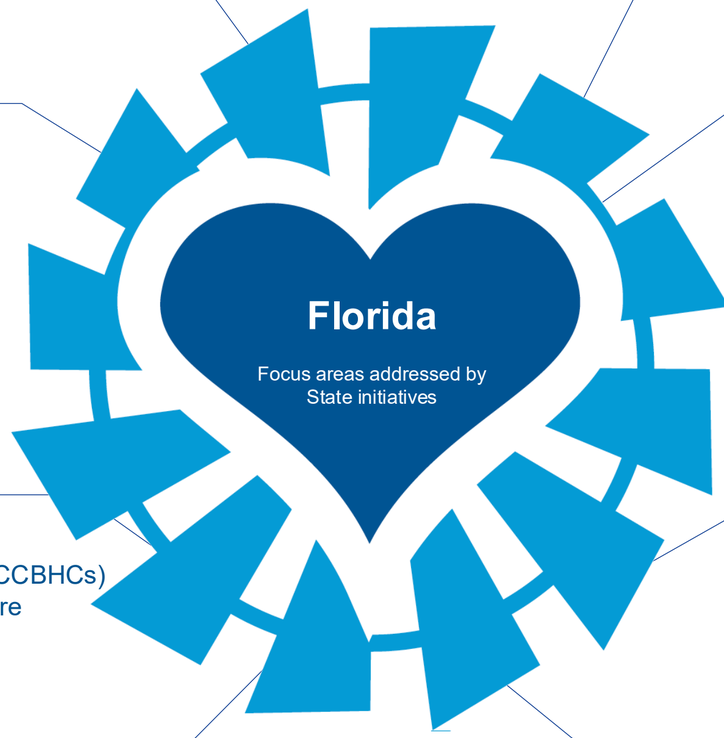
CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate
Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	(SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, FL had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, FL had limited CON regulations	No State Commitment	N/A	$2.16M

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, FL was a member of three of the five licensure compacts	No State Commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, FL had reduced or restricted scope of practice (SOP) for PAs and NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$0.79M

Florida

$209.94M
Budget Period 1 Funding

$203.83M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, FL did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, FL Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Georgia

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Georgia

$218.86M
Budget Period 1 Funding

$221.73M
Budget Period 2 Funding



Initiative Name	Initiative Description
Transforming for a Sustainable Health System	Prepares rural healthcare facilities and providers to qualify for the national Achieving Healthcare Efficiency through Accountable Design (AHEAD) model for value-based care. This initiative focuses on achieving long-term financial stability for rural hospitals by assessing readiness, identifying gaps, and providing technical support and grants. It involves collaboration with various providers, hospitals, and community organizations to transform how healthcare is delivered and paid for in rural areas.
Strengthening the Continuum of Care	Addresses healthcare gaps for rural Georgians across all life stages. This initiative improves the health of children and families by creating better links between schools, community behavioral health, and primary care providers. It also expands crucial services like newborn screenings, emergency transportation, support for brain injury survivors, and increases access to nutrition services for children with autism spectrum disorder (ASD) and pregnant women.
Connecting to Care to Improve Healthcare Access	Closes gaps in access to quality healthcare for rural populations through innovation and technology. This effort deploys mobile health clinics and telehealth pods to bring primary, specialty, dental, behavioral, and preventive care directly to communities. It also strengthens perinatal care and enhances telehealth services through partnerships with rural hospitals, clinics, and public health departments.
Growing a Highly Skilled Healthcare Workforce	Strengthens the healthcare workforce in rural Georgia through focused education, training, and retention programs. The initiative provides educational awards, residencies, and financial incentives to encourage doctors, nurses, and other clinicians to practice in rural areas. It uses partnerships with academic institutions and health systems to build a sustainable pipeline of skilled providers for underserved communities.
Leveraging Technology for Healthcare Innovations	Creates a modern and efficient healthcare system by integrating new technologies. This initiative improves patient data security, enhances electronic medical records, and provides funding for new health technologies incorporating solutions such as Artificial Intelligence (AI), cybersecurity, robotics, and electronic medical records. It supports rural hospitals and clinics by using technology to improve patient care, expand access, and increase data sharing among providers.

Rural Technology Catalyst Fund to be implemented in Year 2

Georgia

$218.86M
Budget Period 1 Funding

$221.73M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

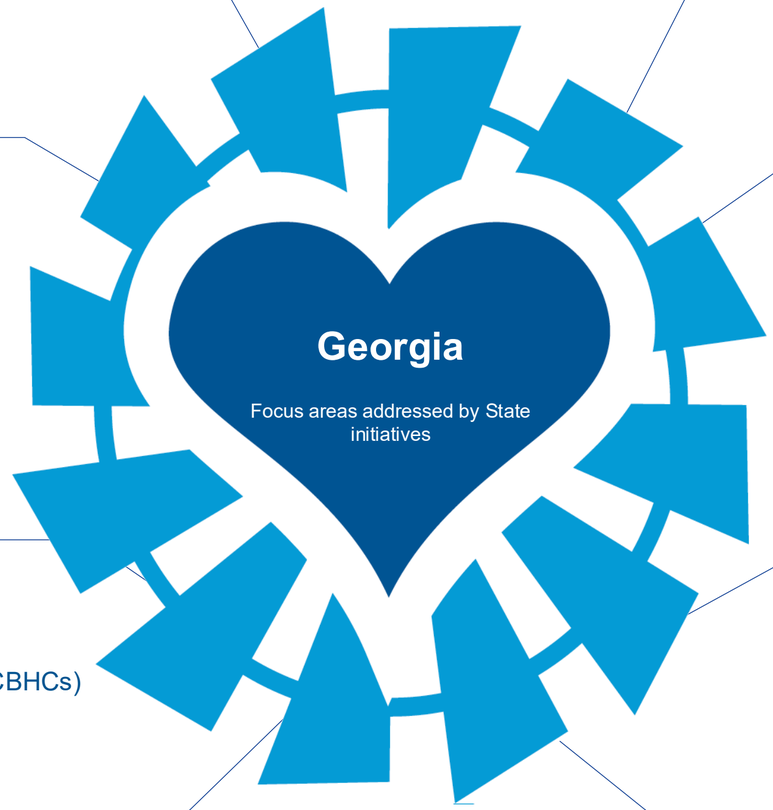
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation



State Policy Action Commitments

B.4. Nutrition Continuing Medical Education
F.1. Remote Care Services

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

Georgia

$218.86M
Budget Period 1 Funding

$221.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, GA did not require nutrition to be included in CME for physicians	GA committed to this State Policy Action	No Progress	$2.69M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, GA had stringent CON regulations	No State Commitment	N/A	$0.72M

Georgia

$218.86M
Budget Period 1 Funding

$221.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, GA was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, GA had reduced or restricted scope of practice for PAs, NPs, and Pharmacists. Dental Hygienist SOP was considered semi-restricted	No State Commitment	N/A	$0.40M

Georgia

$218.86M
Budget Period 1 Funding

$221.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, GA did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, GA Medicaid covered two types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	GA committed to this State Policy Action	**No Progress:** Medicaid Payment for Remote Patient Monitoring	$2.62M

Hawai’i

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Hawai’i

$188.89M
Budget Period 1 Funding

$189.62M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Health Information Network (RHIN)	Connects rural hospitals, clinics, and Native Hawaiian health centers to the rest of the state through a modern, statewide digital backbone. Integrates interoperable electronic health records, wireless networks, and data hubs to facilitate secure data exchange. Enables seamless care coordination and practice transformation across independent providers.
Pili Ola Telehealth Network	Connects rural communities directly to healthcare providers by establishing a comprehensive, statewide telehealth network. Integrates digital health access, virtual care, and clinical telehealth training into underserved areas. Improves healthcare delivery by bridging geographic barriers to match local patients with specialized medical professionals.
Rural Infrastructure for Care Access (RICA)	Expands physical EMS and bolsters the existing behavioral health infrastructure in rural communities. Implements evidence-based community care practices by expanding healthcare teams, community paramedicine, and mobile healthcare units. Increases immediate care access to improve patient outcomes and reduce regional disparities.
Hawai'i Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN)	Expands the education, recruitment, and retention of healthcare workers across rural Hawai'i through a robust pipeline-to-practice initiative. Offers tailored certificate programs, residency opportunities, educational awards, and financial incentives to build the local workforce. Delivers structured mentoring and professional support to encourage clinicians to establish practices in underserved areas.

Hawai’i

$188.89M
Budget Period 1 Funding

$189.62M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Respite Network (RRN)	Expands the effective medical respite model to five rural areas providing safe recovery spaces for unhoused or post-acute patients with low medical acuity. The centers will offer medical and behavioral health staffing, primary care, case management, and other personal/hygiene services. Reduces preventable hospital use and emergency department overcrowding through targeted, community-based care.
Rural Value-Based Innovation (RVBI) & AHEAD Readiness Fund	Finances local value-based innovations to prepare rural providers to succeed under the Achieving Healthcare Efficiency through Accountable Design (AHEAD) model. Establishes a competitive grant fund to enable clinics and hospitals to adopt innovative care delivery models. Aligns financial incentives with patient outcomes to secure long-term viability for rural healthcare facilities.

Hawai’i

$188.89M
Budget Period 1 Funding

$189.62M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

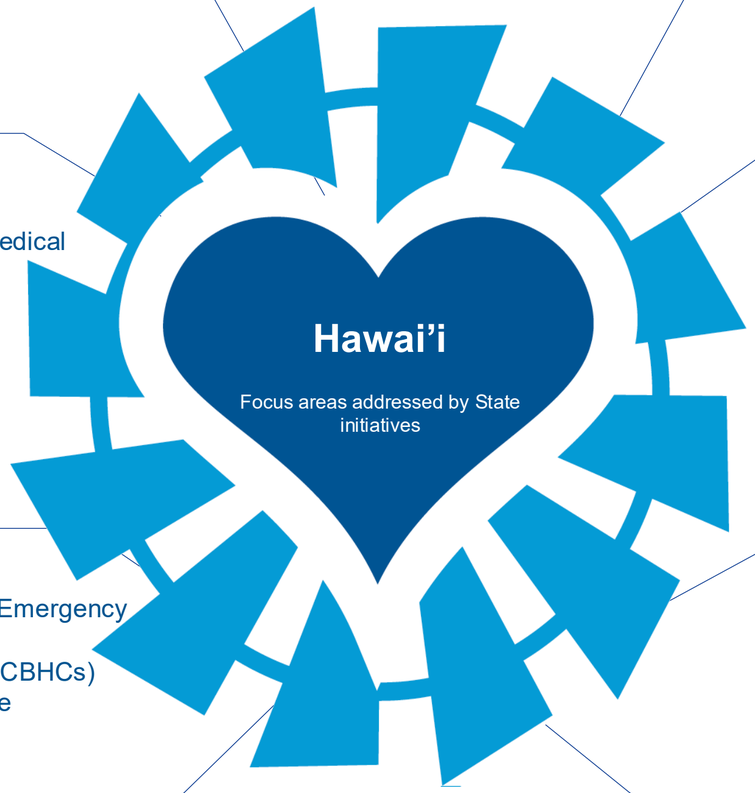
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Hawai’i

$188.89M
Budget Period 1 Funding

$189.62M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, HI had submitted a waiver, being processed by USDA	HI committed to this State Policy Action	Complete	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, HI had moderate CON regulations	No State Commitment	N/A	$1.44M

Hawai’i

$188.89M
Budget Period 1 Funding

$189.62M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, HI was a member of one of the five licensure compacts	No State Commitment	N/A	$0.92M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, HI had reduced scope of practice (SOP) for PAs, full SOP for NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental	No State Commitment	N/A	$1.58M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, HI Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33

Idaho

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Idaho

$185.97M
Budget Period 1 Funding

$182.70M
Budget Period 2 Funding



Initiative Name	Initiative Description
Improving Rural Access To Care Through Technology	Strengthens the foundation of rural care through investments in telehealth, shared infrastructure, and cybersecurity. This initiative improves care delivery for rural citizens by equipping healthcare facilities like Rural Health Clinics (RHCs), Critical Access Hospitals (CAHs), and Federally Qualified Health Centers (FQHCs) with modern technology. It requires collaboration between healthcare systems, treatment centers, and long-term care facilities to successfully implement these upgrades.
Ensuring Accessible Quality Care Through Innovative Models	Extends healthcare services to geographically isolated areas using innovative and technology enabled care models. This effort uses health extenders, such as community health workers and community health emergency medical services (CHEMS) professionals, to provide care in home and community settings. The initiative relies on partnerships with EMS agencies, post secondary institutions, and community employers to expand the healthcare workforce.
Sustaining Rural Workforce With Training, Recruitment, And Retention	Builds a skilled rural health workforce by offering financial incentives, new training pathways, and community support. The initiative targets a wide range of healthcare professionals, from students to established providers, by offering incentives including educational awards, retention bonuses, and expanded medical education programs. Success depends on partnerships with educational institutions, healthcare facilities, and community-based organizations.
Implement Population Specific, Evidence-Based Projects To Make America Healthy Again	Advances rural health by implementing prevention and treatment programs for chronic disease, behavioral health, and maternal and child health. This initiative serves rural populations by using proven, evidence-based models to improve health outcomes and build local capacity for care. It requires partnerships with a broad range of stakeholders, including healthcare providers, school systems, and community organizations.
Investing In Rural Health Infrastructure And Partnerships	Addresses the need for sustainable access to rural healthcare through investments in facility renovations, clinical equipment, and partnerships. The initiative focuses on modernizing healthcare facilities to support innovative care delivery and specialized services for rural communities. Key partnerships include tribal nations, pharmacies, and various healthcare systems and clinics.

Idaho

$185.97M
Budget Period 1 Funding

$182.70M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

CAH Innovation/Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency
Pharmacy Innovation



Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Healthy Eating and Farming

State Policy Action Commitments

No commitments made

Idaho

$185.97M
Budget Period 1 Funding

$182.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, ID had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, ID had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

Idaho

$185.97M
Budget Period 1 Funding

$182.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, ID was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, ID had advanced or full scope of practice (SOP) for PAs, NPs, and Pharmacists. Dental Hygienist SOP was considered semi-restricted	No State Commitment	N/A	$2.57M

Idaho

$185.97M
Budget Period 1 Funding

$182.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, ID did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, ID Medicaid covered two types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Illinois

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Illinois

$193.42M
Budget Period 1 Funding

$190.46
Budget Period 2 Funding



Initiative Name	Initiative Description
Hospital Transformation	Modernizes the rural healthcare delivery system to improve the long-term financial viability of rural hospitals. This initiative builds upon the Illinois' Health Transformation Collaboratives (HTCs) model to establish regional partnerships, transform service lines, and develop sustainable, high quality care models for rural residents. Key stakeholders include the four existing rural HTCs, rural hospitals, and various healthcare providers and community organizations.
Community Care Infrastructure	Strengthens primary and behavioral healthcare in rural regions to reduce fragmentation and improve access to care. This initiative provides targeted funding to providers to implement integrated, team-based care models, such as the Collaborative Care Model (CoCM), and enhance care coordination. It requires partnerships with organizations like the Illinois Primary Health Care Association (IPHCA) and the Community Behavioral Health Association (CBHA) to distribute funds and provide oversight
Hospital Disease Prevention	Supports rural hospitals in implementing disease prevention programming for the communities they serve. This initiative directs hospitals to use community health needs assessments to identify local health priorities and deploy evidence-based interventions for conditions like diabetes and mental health. The Illinois Critical Access Hospital Network (ICAHN) will administer funds to rural hospitals based on the population size of their service area.
EMS and Mobile Healthcare	Addresses the lack of available transportation and healthcare shortages in rural areas by funding mobile healthcare models. This initiative enhances rural EMS by expanding services like community paramedicine, leveraging the Chicago EMS Mobile Integrated Healthcare Community Paramedicine (MIH-CP) model. It involves partnerships with the Illinois Department of Public Health (IDPH) and Resource Hospitals to build the necessary infrastructure and support for mobile health services.

Illinois

$193.42M
Budget Period 1 Funding

$190.46
Budget Period 2 Funding



Initiative Name	Initiative Description
Technological Innovation for Virtual Care	Ensures that individuals in rural areas have consistent access to specialty care through technology. This initiative supports technological innovation, led by the ICAHN, to strengthen the rural care ecosystem by implementing solutions like telehealth, cybersecurity, and electronic health records (EHR) modernization. The program will assess the digital readiness of rural hospitals and provide funding to adopt new, vetted technologies.
Healthcare Workforce Expansion	Strengthens healthcare delivery in rural communities by attracting and retaining health professionals in high need specialties. This initiative provides funding to state universities, community colleges, and hospitals for educational award programs, bonuses for relocation in rural areas, and access to other training programs. The program will focus on providers who commit to serving in rural communities for at least five years.
Training Healthcare Support Workers	Addresses gaps in non-physician healthcare roles by expanding training and certification programs tailored to local needs. This initiative focuses on developing a larger workforce for roles such as Community Health Workers (CHWs), doulas, and peer support professionals to enhance care in rural communities. Funding will be distributed through the Illinois Community College Board (ICCB) and the University of Illinois to establish and strengthen partnerships between community colleges and local health systems.
Rural Health Education Pipeline	Expands career pathways for rural high school students to build a sustainable local healthcare workforce. This initiative leverages the University of Illinois Chicago College of Medicine (UIC) Area Health Education Center (AHEC) program to provide students with hands on experiences, job shadowing, and mentorship encompassing clinical and non-clinical careers. It will foster partnerships between AHEC, rural hospitals, and schools to create a pipeline of future healthcare professionals in rural areas.

Illinois

$193.42M
Budget Period 1 Funding

$190.46
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

Commitment no longer being pursued

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Physical Activity

Illinois

$193.42M
Budget Period 1 Funding

$190.46
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, IL had moderate CON regulations	No State Commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, IL was a member of two of the five licensure compacts	Commitment no longer being pursued	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, IL had advanced or full scope of practice (SOP) for PAs and NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$2.17M

Illinois

$193.42M
Budget Period 1 Funding

$190.46
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, IL Medicaid covered most types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.04M

Indiana

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Initiative Name	Initiative Description
Growing Care Coordination: Medical Operations Coordination Center (MOCC) and Alternate Payment Model Feasibility Study	Establishes a 24/7 statewide hub to coordinate patient transfers, EMS resources and hospital capacity. The MOCC aims to ensure rural communities get timely access to trauma, stroke, psychiatric and maternal care by streamlining referrals, reducing inappropriate emergency room (ER) use, supporting rural hospital sustainability and strengthening preparedness for mass casualty events. It also studies new payment models to improve financial stability for rural healthcare providers.
Growing Community Connections through Indiana 211	Launches Indiana Community Connect, a coordinated care network designed to help people in rural communities access essential resources more easily. The initiative brings together healthcare providers, community organizations, and Indiana 211 to connect individuals with services such as food assistance, housing support, and behavioral health programs. This work strengthens coordination and follow up in areas where local services are limited, with the goal of improving stability and well-being for rural residents.
Growing Improved Patient Outcomes through Enhanced Interoperability and Technology	Modernizes Indiana's health information exchange (HIE) to connect rural healthcare facilities (hospitals, outpatient, long-term care, behavioral health), close data gaps and strengthen care coordination through electronic medical records (EMR) integration, technology enhancements, artificial intelligence (AI)-driven dashboards and EMS collaboration.
Growing Pediatric & Obstetric Readiness in Rural Emergency Departments	Strengthening emergency care capacity in rural hospitals and EMS by ensuring readiness for pediatric and obstetric emergencies. Partnering with Indiana Emergency Medical Services for Children (IEMSC) and Indiana Department of Homeland Security (IDHS), the initiative provides needs assessments, training, equipment and technical assistance.

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Initiative Name	Initiative Description
Growing Cardiometabolic Health Standards of Care in Rural Indiana	Launches a statewide collaborative care model to combat obesity, diabetes and cardiovascular disease by establishing Cardiometabolic Centers of Excellence in each rural health region. The initiative equips 6,000 rural health professionals with Lifestyle Medicine training, embeds nutrition education in medical schools, and certifies up to 2,000 clinicians to lead preventive care. A feasibility study will also assess logistics for a rural Food is Medicine program, leveraging Hoosier-grown foods and telehealth-based nutrition therapy.
Growing Access to Hospital Post-Discharge Medications	Ensures patients receive prescribed medications before leaving the hospital, eliminating access and transportation barriers. By charging outpatient prices and providing bedside counseling, the program improves recovery readiness and reduces readmissions.
Growing Specialty Provider Access through Expanded Tele-consult Capabilities	Assesses existing provider networks and specialty gaps while building a secure teleconsultation system to expand access to high-need specialties such as psychiatry and behavioral health. By addressing barriers like credentialing and payment incentives, and leveraging AI to optimize consultation availability, the initiative strengthens rural healthcare infrastructure. Competitive partnerships will support rollout across communities, ensuring sustainable, scalable access to specialty care.
Growing Telehealth Access and Infrastructure	Expands telehealth services for Indiana's 64 rural counties by conducting a statewide feasibility study to assess rural provider networks, infrastructure gaps, and opportunities for remote health monitoring using wearable devices to reduce clinician burnout and improve patient outcomes. Findings will guide the rollout of a unified telehealth system, procured through competitive selection, with solutions designed for rural connectivity and enhanced by AI-driven decision support.

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Initiative Name	Initiative Description
Growing our Rural Health Paraprofessional Workforce	Grows and retains the rural healthcare, behavioral and oral health paraprofessional workforce by establishing career pipelines and pathways through Rural Healthcare Academies, providing employer technical assistance and support for employee recruitment and retention, and supports Community Health Worker planning and integration in clinical and community care settings.
Growing Clinical Training and Readiness	Advances rural healthcare access and clinical workforce strength through expanded physician training pathways, increasing clinical rotation capacity, and targeted investments in maternal health.
Growing our Rural Behavioral Health Workforce	Grows and retains the rural behavioral health workforce through career pathways, employer support, and expanded training. This initiative will support a university-based career pathway for high school students, offering early exposure and training. To support the current workforce, this initiative provides employer grants to enhance recruitment and retention and strengthen clinical supervision. This initiative also expands Certified Peer Support Professional training and continuing education and provides statewide workshops to equip rural paraprofessionals with critical threat assessment and management skills to improve crisis response and community safety.
Make Rural Indiana Healthy Again Regional Grants	Brings the federal RHTP program to the state level. Indiana understands that rural communities know their own needs best and are well-positioned to create effective local solutions. The state has a strong track record of helping communities use data to identify their biggest opportunities and leverage local resources and partnerships to address them.

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.4. Nutrition Continuing Medical Education

Accessible Care

Mobile Health
Telehealth / eConsults

Technology

AI Tools
EHR Modernization
HIE Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, IN had a waiver approved by USDA	No State commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, IN had active legislation to require nutrition in CME for physicians	IN committed to this State Policy Action	No Progress	$2.69M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, IN had limited CON regulations	No State Commitment	N/A	$2.16M

Indiana

$206.93M
Budget Period 1 Funding

$208.91M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, IN was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, IN had moderate or reduced scope of practice (SOP) for PAs and NPs, full SOP for Pharmacists, and restricted SOP for Dental Hygienists	No State Commitment	N/A	$1.58M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, IN did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, IN Medicaid covered two types of remote care services. Indiana did not have policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$1.16M

Iowa

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Iowa

$209.04M
Budget Period 1 Funding

$216.01M
Budget Period 2 Funding



Initiative Name	Initiative Description
Hometown Connections	Strengthens care coordination and service delivery in rural areas through strategic partnerships among healthcare providers. The initiative targets rural residents by leveraging partnerships with regional hospitals to address persistent gaps in care. This initiative expands an existing hub-and-spoke model, which Iowa refers to as Centers of Excellence. Additionally, new Health Hub and Spoke programs and school-based services programs are developed.
Combat Cancer: Prevent and Treat	Reduces the burden of cancer in rural communities through investments in prevention, screening, and treatment strategies. This initiative expands access to care through a Health Hub model, focusing on lung, breast, colon, and skin cancers. The program leverages partnerships and rural provider networks to address longstanding gaps in cancer care.
Communities of Care	Addresses challenges in accessing coordinated, person-centered care by piloting co-located service delivery sites. The initiative enhances care coordination by embedding community health workers (CHWs) to help with chronic disease prevention. This program targets rural Iowans by partnering with local public health agencies, Federally Qualified Health Centers (FQHCs), and hospitals.
Health Information Exchange	Sustains and expands the Iowa Health Information Exchange (HIE) to transform rural healthcare delivery. This initiative improves care coordination by connecting rural providers to patient data across different electronic medical record platforms. The program targets rural hospitals and clinics by leveraging partnerships with behavioral health providers, FQHCs, and local health departments.
Emergency Medical Service (EMS) Community Care Mobile	Transforms prehospital care by strengthening the EMS workforce and integrating telehealth and home-based services through an EMS system development and sustainability assessment, mobile integrated health care, and the High-risk Obstetrics (OB) and Neonatal Transport Project. Reduces unnecessary emergency room visits and targets rural Iowans by leveraging partnerships with local EMS agencies to improve maternal and neonatal outcomes.

Iowa

$209.04M
Budget Period 1 Funding

$216.01M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

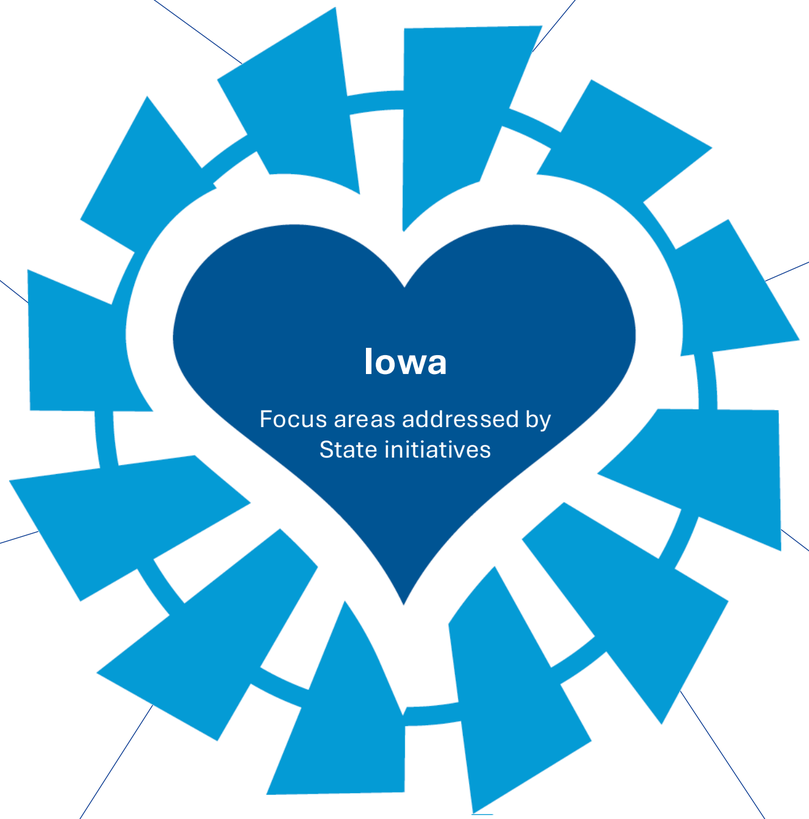
CHWs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
C.3. Certificate of Need
D.3. Licensure Compacts

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
HIE Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

Iowa

$209.04M
Budget Period 1 Funding

$216.01M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, IA did not require schools to reestablish the Presidential Fitness Test	IA committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, IA had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, IA did not require nutrition to be included in CME for physicians	IA committed to this State Policy Action	In Progress	$4.71M

Iowa

$209.04M
Budget Period 1 Funding

$216.01M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, IA had stringent CON regulations	IA committed to this State Policy Action	**Complete:** Behavioral Outpatient	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, IA was a member of four of the five licensure compacts	IA committed to this State Policy Action	**In Progress:** Psychology Compact	$2.23M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, IA had full scope of practice (SOP) for PAs, NPs, and Pharmacists. SOP for Dental Hygienists was considered semi-restricted	No State Commitment	N/A	$2.77M

Iowa

$209.04M
Budget Period 1 Funding

$216.01M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, IA did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, IA Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Kansas

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Kansas

$221.90M
Budget Period 1 Funding

$225.90M
Budget Period 2 Funding



Initiative Name	Initiative Description
Expand Primary and Secondary Prevention Programs	Achieves meaningful reductions in chronic disease and preventable hospitalizations for rural residents. This initiative deploys Community Health Workers (CHWs) and expands mobile cancer screenings to address the root causes of disease. The program leverages successful models like Food is Medicine (FIM) and Program of All-Inclusive Care for the Elderly (PACE), and partners with the Care Collaborative and Kansas State University to serve its target population.
Secure Local Access to Primary Care	Ensures rural Kansans have access to financially stable healthcare providers in their local communities. This initiative provides grants for regional partnerships, supports the conversion of facilities to rural emergency hospitals (REHs), and improves revenue cycles. It leverages partnerships with the Kansas Hospital Association and urban not-for-profit health systems to strengthen the state's rural delivery system.
Build a Sustainable Rural Health Workforce	Addresses provider shortages by creating a robust pipeline of healthcare professionals trained and incentivized to practice in rural Kansas. This initiative establishes rural physician residency programs and expands educational awards for students in high-demand allied health fields. The program partners with Kansas colleges and universities to offer career exploration programs and create a homegrown workforce.
Enable Value-Based Care	Transitions rural providers from a fee-for-service system to a value-based model that rewards quality outcomes and care coordination. This initiative offers financial incentives for adopting evidence-based practices and prepares providers to participate in Accountable Care Organizations (ACOs). The program leverages the state's Medicaid managed care organizations (MCOs) and a "shadow" ACO to support providers in this transition.
Harness Data and Technology	Empowers rural providers to improve patient care by expanding the use of telehealth, remote patient monitoring, and data analytics. This initiative provides telehealth navigators to coordinate specialty care and establishes a data infrastructure program to enhance providers' ability to use data effectively. It partners with the Care Collaborative to deploy nurses trained as telehealth navigators in primary care practices.

Kansas

$221.90M
Budget Period 1 Funding

$225.90M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

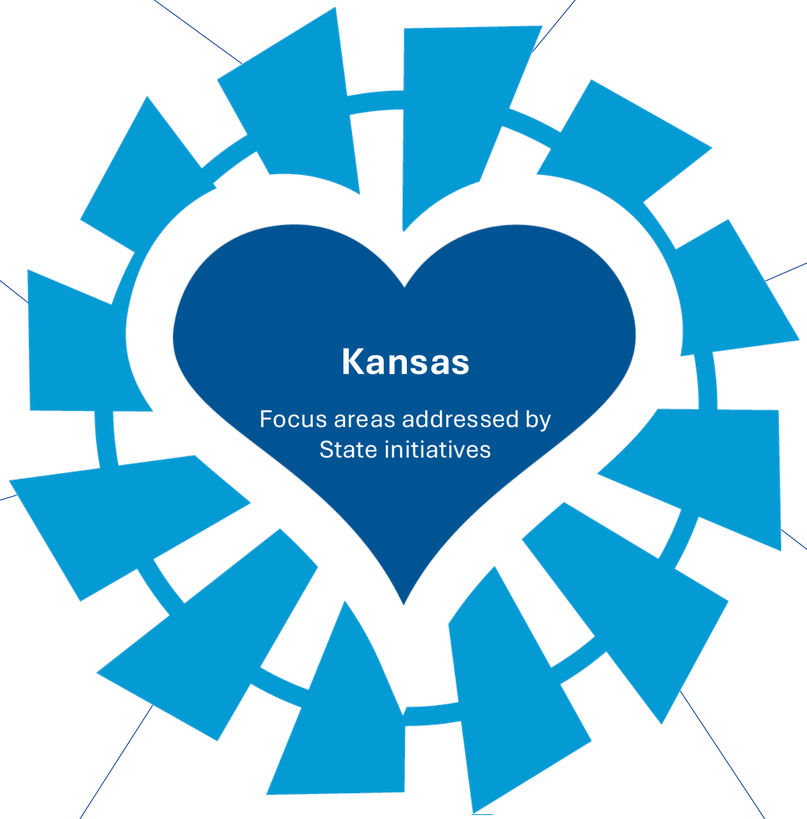
CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
F.1. Remote Care Services

Accessible Care

Mobile Health
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
Health Information Exchange (HIE) Connectivity/ Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Physical Activity

Kansas

$221.90M
Budget Period 1 Funding

$225.90M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, KS did not require schools to reestablish the Presidential Fitness Test	KS committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, KS had submitted a waiver, being processed by USDA	KS committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, KS did not require nutrition to be included in CME for physicians	KS committed to this State Policy Action	No Progress	$2.69M

Kansas

$221.90M
Budget Period 1 Funding

$225.90M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, KS had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, KS was a member of the five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, KS had reduced scope of practice (SOP) for PAs, full SOP for NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists.	No State commitment	N/A	$1.19M

Kansas

$221.90M
Budget Period 1 Funding

$225.90M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, KS did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, KS Medicaid covered two types of remote care services and KS had one type of policy in place to allow out-of-State clinicians to provide telehealth/remote care	KS committed to this State Policy Action	**No Progress:** Medicaid Payment for Store and Forward	$2.04M

Kentucky

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Kentucky

$212.91M
Budget Period 1 Funding

$211.33M
Budget Period 2 Funding



Initiative Name	Initiative Description
Chronic Care Innovations: Rural Community Hubs, Community Health Workers (CHWs), and Data and Technology Strategy	Enhances chronic care innovation, starting with obesity and diabetes, through local community hubs designed to scale evidence-based interventions and explore digital health supports such as AI-enabled self-management coaching across the lifespan. Unites fragmented interventions, programs, resources, and technology tools for local community organizations to enable coordinated chronic disease management. Rural Community Hubs are locally led at a regional level to align rural health stakeholders on shared priorities. Expands the CHW workforce through training opportunities. Enhances existing state-based resources for clinical care management and non-clinical resource coordination including closed loop referrals. Creates a Learning Collaborative to define desired data and technology capabilities needed to support continuous learning to improve rural health.
PoWERing Rural Maternal and Infant Health: Community-based Teams	Enables timely initiation of quality, perinatal care from early pregnancy, postpartum and maternity care deserts through a network of coordinated telehealth-enabled maternal care teams. Establishes a scalable, patient-centered, and community-based model to address access to maternity and infant care in maternity care deserts. Leverages the PoWER (People Who Work for Engagement and Resilience) Team model with doulas, perinatal CHWs, and peer support specialists to provide essential services to mothers and infants during pregnancy and the first year following the end of the pregnancy.
Rapid Response to Recovery: EmPATH Model, Mobile Crisis and Telehealth	Provides person-centered, technology-enabled access to integrated crisis care, linking EMS, behavioral health providers, and mobile crisis units through shared data and referral platforms. Builds on Kentucky's existing Emergency Psychiatric Assessment, Treatment and Healing (EmPATH) model and Mobile Crisis Intervention services. Creates an integrated, interoperable system that supports individuals through the behavioral health crisis continuum reducing system reliance on first responders. Utilizes telehealth technology and mobile crisis services to improve emergency response and ongoing patient recovery.
Rooted in Health: Rural Dental Access Program	Expands dental hygiene and dental assistant training, externship programs, and mobile/tele-dental hubs to address unmet oral health needs. Improves dental care in rural communities through comprehensive workforce development and expanded community access points, including advanced dental extraction training for rural dentists. Supports local providers by integrating tele-dentistry tools, establishing a statewide tele-dental network, and expanding mobile/portable dental care units. Reduces avoidable emergency department visits for non-emergent dental pain through proactive, community-based dental services.

Kentucky

$212.91M
Budget Period 1 Funding

$211.33M
Budget Period 2 Funding



Initiative Name	Initiative Description
From Crisis to Care: Integrated EMS and Trauma Response	Launches an EMS integrated care communication technology. Creates a registry of care management plans for children with complex medical needs to improve EMS response. Enhances prehospital capacity, enabling treat-no-transport and treat-in-place protocols and improved coordination with hospital trauma care. Empowers emergency medical professionals to safely treat patients in place using modern telemedicine tools. Supports the development of Community Paramedicine programs. Ensures smoother operational coordination with regional hospitals for trauma and specialized care through Regional Medical Operations Control Centers. Increases training opportunities for EMS workforce.

Kentucky

$212.91M
Budget Period 1 Funding

$211.33M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

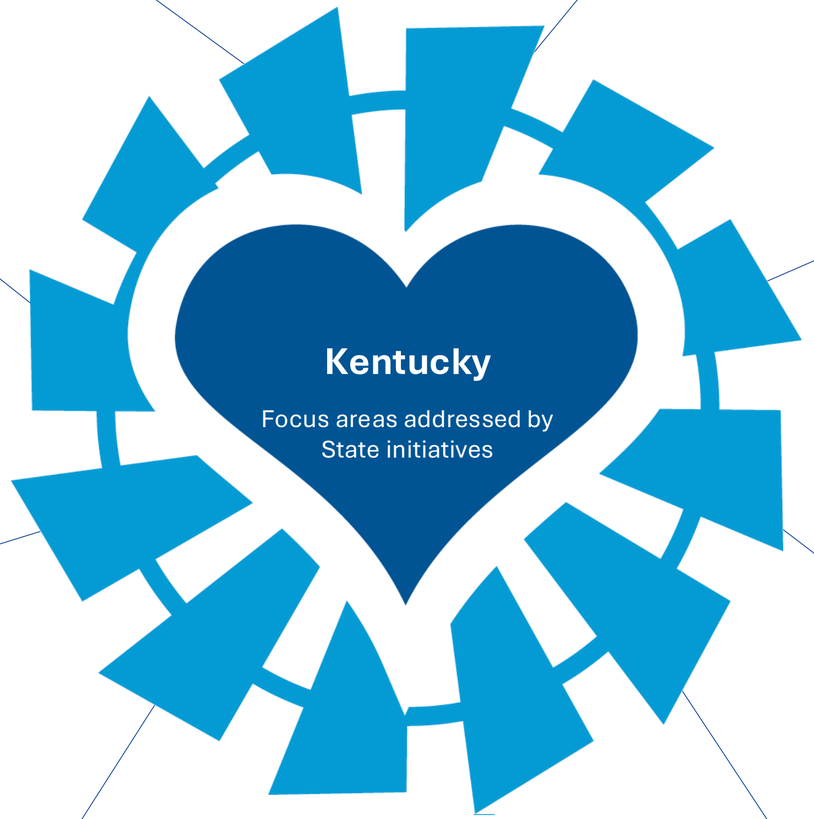
CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks/Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Kentucky

$212.91M
Budget Period 1 Funding

$211.33M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, KY was a member of three of the five licensure compacts	No State Commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, KY had reduced scope of practice (SOP) for PAs and NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$0.79M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, KY did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, KY Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Louisiana

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Initiative Name	Initiative Description
Strengthen Health and Emergency Systems through Workforce Expansion and Integration	Addresses critical healthcare shortages and slow emergency response times in rural Louisiana through a three-part strategy. Expands the local workforce using financial incentives, tax credits, and educational partnerships to build a sustainable training pipeline. Enhances emergency response capacity in underserved parishes by launching community paramedicine and tele-EMS pilots.
Modernize Technology Infrastructure and Capacity for Efficiency and Care Coordination	Integrates four key strategies to build a secure, interoperable health technology network using modern Application Programming Interfaces (APIs) and standardized data frameworks. Partnering with Federally Qualified Health Centers (FQHCs), schools, and libraries helps expand community digital literacy so all residents can participate. Collaborating with national partners like the National Academy for State Health Policy accelerates cross-state data sharing and public-private investment.
Reinforce Innovative, Outcomes-Based Care Delivery in Rural Areas	Launches risk-sharing and value-based payment arrangements to help rural hospitals, Accountable Care Organizations (ACOs), and FQHCs deliver better coordinated care. Supports high-impact, non-billable care models like care navigation and transitional services that reduce expensive emergency visits. Integrates these payment innovations into existing Medicaid and managed-care frameworks to create a sustainable, performance-driven reimbursement system.
Expand Physical Activity and Nutrition Interventions Through Community-Based Partnerships	Tackles high rates of food insecurity and chronic disease in rural areas by prioritizing preventive care and addressing non-clinical barriers. Employs a two-pronged approach that features direct nutrition interventions through food FARMacies alongside broad fitness programs. Integrates these community-based health models to sustainably improve overall population health and care coordination.

Louisiana is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Initiative Name	Initiative Description
Strengthen Care Integration for High-Needs Populations Through Coordinated, Multi-Modal Models	Unites fragmented services into a cohesive, integrated care framework to support older adults and residents facing severe mental health challenges or diabetes. Combines physical, behavioral, and social support services to bridge critical care gaps in areas with severe provider shortages. Delivers accessible, person-centered care closer to home to strengthen the full continuum of rural healthcare.
Strengthen Access to Essential Health Services Through Capital Investments	Modernizes rural healthcare facilities by funding thirty targeted capital investments to upgrade outdated medical equipment. Enables at least one facility in every rural parish to successfully transition from basic to advanced, tech-enabled care. Helps struggling hospitals overcome limited capital and high uninsured rates to better support the adoption of value-based payments.

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Louisiana

Focus areas addressed by State initiatives

Population Health

- Behavioral Health
- Maternal Health

Workforce

- Community Health Workers (CHWs)
- Early Career Exposure / High School Programs
- Grow-Your-Own Workforce Programs
- Rural Residency Programs & Rural GME
- Workforce Incentive Programs
- Workforce Training Programs

Payment & Service Models

- Alternative Payment Models
- Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
- Certified Community Behavioral Health Clinics (CCBHCs)
- Clinically Integrated Networks / Regionalized Care
- Community Paramedicine & Treat-in-Place
- Hub and Spoke Models of Care
- Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

- EMS Modernization
- Hospital Financial Stability
- Medicaid Innovation
- Operational Efficiency

Accessible Care

- Mobile Health
- Place-Based Care
- School-Based Programs
- Telehealth / eConsults
- Transportation

Technology

- AI Tools
- Cybersecurity
- EHR Modernization
- Health Information Exchange (HIE) Connectivity/Data Sharing
- Patient Engagement Platforms
- Remote Patient Monitoring
- Rural Health Tech Catalyst Funding

Disease Prevention & Care

- Cancer Prevention & Treatment
- Chronic Disease
- Primary Care

Health Promotion

- Upstream Drivers of Health
- Healthy Eating and Farming
- Physical Activity

State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, LA did not require schools to reestablish the Presidential Fitness Test	LA committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, LA had a waiver approved by USDA	No State commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, LA had legislation requiring nutrition in CME for physicians	LA committed to this State Policy Action	Complete	$5.38M

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, LA had moderate CON regulations	No State Commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, LA was a member of three of the five licensure compacts	No State Commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, LA had moderate or reduced scope of practice (SOP) for PAs and NPs. Pharmacist and Dental Hygienist SOP were considered restricted	No State Commitment	N/A	$0.79M

Louisiana

$208.37M
Budget Period 1 Funding

$211.86M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, LA did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, LA Medicaid covered two types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Maine

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Maine

$190.01M
Budget Period 1 Funding

$190.36M
Budget Period 2 Funding



Initiative Name	Initiative Description
Population Health: Promoting Timely Access To High-Quality Care	Promotes timely access to high-quality care for rural Mainers facing complex health challenges, including aging residents and those with chronic conditions. This initiative expands mobile services, establishes more School Based Health Centers (SBHCs), and improves access to substance use disorder treatments. The plan requires collaboration with schools, healthcare providers, and Tribal governments to better coordinate care.
Workforce: Strengthening Maine's Rural Health Workforce	Strengthens Maine's rural health workforce to address provider shortages that limit access to care. It aims to grow the pipeline of health workers through new training programs and offers financial incentives to attract and retain clinicians in rural communities. The initiative partners with health employers and state education systems to establish successful career exploration models and build K-12 talent pipelines. Provides customized training through the Healthcare Training for ME (HTFM), which includes a centralized portal for health employers to share their training needs and access workforce resources, rural training labs, and mobile simulation units.
Technology: Modernizing Rural Care Delivery With Digital Health Technology	Modernizes rural care delivery by enabling providers and patients to benefit from technology and information advances. This effort expands access to telehealth, upgrades electronic medical record systems, and supports the adoption of artificial intelligence applications. Telehealth activities include a virtual quick (urgent) care program, tele-behavioral health (Tele-BH) program targeted to youth and perinatal care, on-demand specialty telehealth services for special populations, and provider-to-provider specialty on-demand (synchronous) consultations.
Access: Bridging The Healthcare Affordability Gap For Rural Mainers	Addresses financial and transportation barriers to healthcare experienced by rural Mainers. It includes providing payments to reimburse for uncompensated care and using technology to help residents select the best value health coverage. The initiative will also improve coordination of existing transportation solutions.
Sustainable Rural Health Ecosystems: Addressing Financial Instability Of Rural Providers	Supports the long-term financial strength and resilience of Maine's rural health ecosystem. Provides tailored support to hospitals facing financial challenges, helps develop regional structures for improved payment models, and expands the service continuum. Funds capital improvements and technology to help rural providers strengthen their financial stability. Develops regional structures to support improved alternative payment models (APMs) through capital investments and technical assistance.

Maine

$190.01M
Budget Period 1 Funding

$190.36M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

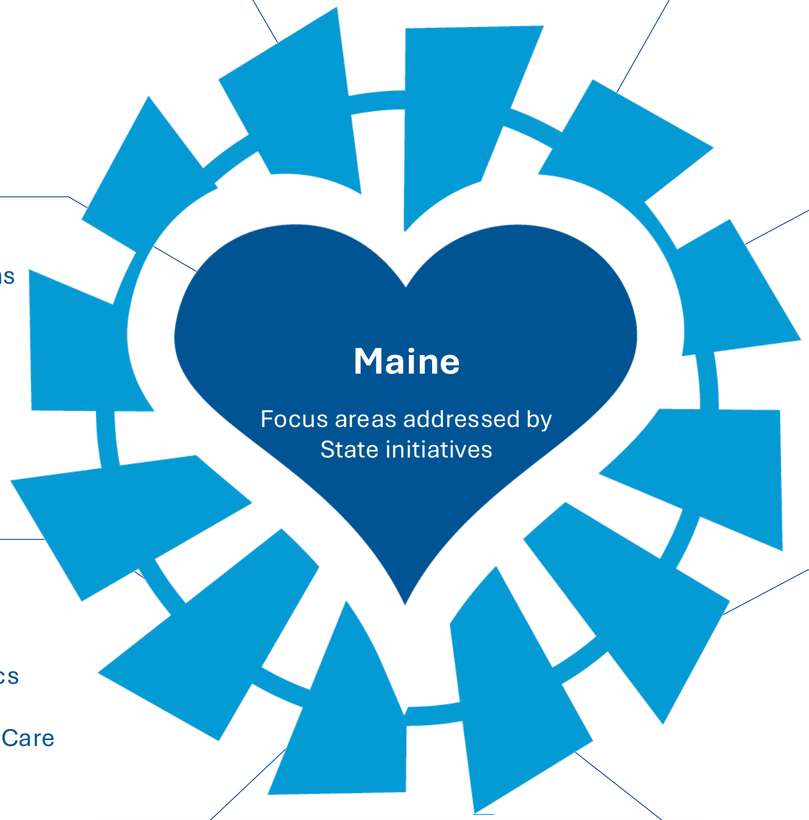
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE) Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Maine

$190.01M
Budget Period 1 Funding

$190.36M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, ME had moderate CON regulations	No State Commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, ME was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, ME had advanced or full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. SOP for Pharmacists was considered restricted	No State Commitment	N/A	$2.17M

Maine

$190.01M
Budget Period 1 Funding

$190.36M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, ME Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Maryland

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Maryland

$168.18M
Budget Period 1 Funding

$168.41M
Budget Period 2 Funding



Initiative Name	Initiative Description
Transform the Rural Health Workforce	Develops a strong health workforce in rural communities by expanding existing efforts and implementing new ones to recruit and retain healthcare clinicians and allied health professionals. It leverages Maryland's existing Registered Apprenticeship program and Area Health Education Centers (AHECs), and requires key partnerships with the Maryland Department of Labor, the state School of Medicine, and healthcare providers.
Promote Sustainable Access and Innovative Care for Rural Marylanders	Expands access to healthcare services for rural Marylanders by supporting the growth of primary and specialty care practices in rural communities. The initiative focuses on increasing primary and behavioral health capacity, improving the efficiency of local health agencies, and strengthening emergency trauma response. It builds upon Maryland's experience with value-based care models and involves key partnerships with the Maryland Health Care Commission (MHCC), Health Services Cost Review Commission (HSCRC), local health departments, school-based health centers, the Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the state's designated health information exchange.
Empower Rural Marylanders to Eat for Health	Improves access to nutritious, locally grown foods for rural Marylanders by investing in infrastructure and creating demand for healthy foods. This initiative will expand cold storage facilities, support small grocers and mobile markets, and provide nutrition education to residents in rural areas. The program builds and leverages grant programming and will be executed through partnerships with the Maryland Department of Agriculture, the Maryland Department of Housing and Community Development, Maryland Department of Emergency Management, Rural Maryland Council, and local health departments.

Maryland

$168.18M
Budget Period 1 Funding

$168.41M
Budget Period 2 Funding



Population Health
Behavioral Health

Workforce
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models
Alternative Payment Models
Community Paramedicine & Treat-in-Place

Health System Innovation
EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments
No commitments made

Accessible Care
Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology
AI Tools
Health Information Exchange (HIE) Connectivity/ Data Sharing

Disease Prevention & Care
Chronic Disease
Dental Care
Primary Care

Health Promotion
Upstream Drivers of Health
Healthy Eating and Farming

Maryland

$168.18M
Budget Period 1 Funding

$168.41M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MD had stringent CON regulations	No State Commitment	N/A	$0.72M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MD was a member of three of five licensure compacts	No State Commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline , MD had full scope of practice (SOP) for NPs and moderate SOP for PAs and dental hygienists. Pharmacist scope of practice was considered restricted	No State Commitment	N/A	$1.58M

Maryland

$168.18M
Budget Period 1 Funding

$168.41M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MD Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Massachusetts

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Massachusetts

$162.01M
Budget Period 1 Funding

$158.39M
Budget Period 2 Funding



Initiative Name	Initiative Description
Population Health Advancement	Improves clinical management of chronic disease through enhanced clinical and community coordination. This initiative expands participation in value-based payment models and creates stronger linkages between rural providers. The program will advance rural population health, improve quality of care, and increase efficiencies to lower healthcare costs.
Innovation in Rural Care Models	Advances rural-appropriate care models by standing up mobile health units and expanding telehealth services. This initiative supports the expansion of proven models and integrated specialty care networks to increase access for rural residents. Program investments will provide technical assistance and fund the infrastructure required to broaden service availability across these communities.
Training Healthcare for Retention, Innovation, and Excellence (THRIVE)	Strengthens the full continuum of the healthcare workforce in rural communities with targeted activities focused on workforce development, recruitment, and retention. This initiative will focus on programs that will attract, train, and support healthcare providers in rural areas. The programs are designed to encourage providers to commit to serving their rural communities for a minimum of 5 years and thrive professionally.
Healthy Rural Communities	Empowers rural populations by expanding local organizations to deliver community-based chronic disease prevention. This initiative addresses the root causes of poor health by supporting proven, tailored educational programs. It leverages community networks to create critical linkages between these local prevention efforts and clinical care providers.
Emergency Medical System (EMS) Service Integration	Strengthens the viability and clinical role of EMS for rural communities. This initiative deploys a new prehospital protocol and medication dosing mobile application to improve the quality of care before patients reach the hospital. This initiative will support integrating new EMS services in rural areas to increase their role in providing clinical care. It will support healthcare efficiencies and new reimbursement mechanisms for ambulances while ultimately providing more operational stability to these local agencies and systems that provide critical services.

Massachusetts is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

Massachusetts

$162.01M
Budget Period 1 Funding

$158.39M
Budget Period 2 Funding



Initiative Name	Initiative Description
Enhancing Technology Interoperability and Connectivity	Improves the technological infrastructure of rural health providers to increase connectivity, create efficiencies, and support better outcomes. This initiative will coordinate projects designed to modernize rural health information technology (IT) systems and enhance secure data exchange. It will promote statewide connectivity to better support rural areas and providers.
Facility Modernization and Re-Use	Supports renovations and equipment upgrades of rural facilities to optimize space and expand access to health services for residents of rural areas. This initiative will improve operational efficiency and increase local access to services. Renovations of existing facilities will increase facility services and capacity, improve patient safety and quality of care, and reduce unused space.

Massachusetts

$162.01M
Budget Period 1 Funding

$158.39M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/
Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Medicaid Innovation
Pharmacy Innovation



State Policy Action Commitments

D.2. Licensure Compacts

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Massachusetts

$162.01M
Budget Period 1 Funding

$158.39M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MA had stringent CON regulations	No State Commitment	N/A	$0.72M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MA was not yet a member of the five licensure compacts	MA committed to this State Policy Action	**In Progress:** Nurse Compact	$1.09M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MA had advanced or full scope of practice (SOP) for PAs and NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$1.78M

Massachusetts

$162.01M
Budget Period 1 Funding

$158.39M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MA Medicaid covered all three types of remote care services. MA did not have policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$1.74M

Michigan

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Michigan

$173.13M
Budget Period 1 Funding

$170.61M
Budget Period 2 Funding



Initiative Name	Initiative Description
Transforming Rural Health through Partnerships Initiative	Reimagines Michigan's rural health landscape by piloting and scaling community oriented approaches to care leveraging Hubs that serve as points of collaboration to address health and social outcomes. The Hub will connect local, community and regional partners utilizing Community Health Workers (CHWs), Community Information Exchange (CIE), Health Information Exchange (HIE), and Health in All Policies (HiAP) approaches to address root causes of disease.
Workforce for Wellness	Strengthens the rural health and wellness workforce through training, recruitment, and retention programs within rural Michigan. The initiative provides training for professionals including behavioral health, maternal health, EMS, primary care, and other high need specialists. Pipeline programs, stipends, and educational awards will support current workers in rural communities while increasing the number of health professionals.
Interoperability in Action	Enhances the technical infrastructure and interoperability of health data in Michigan's rural areas by investing in electronic health record (EHR systems, clinical and administrative technology, HIE and CIE capability. Pilot programs will link EMS data with EHR systems to patient improve care coordination. At the onset, the initiative will connect partners from various sectors including rural providers, and IT experts to develop statewide standards for data sharing and integration.
Care Closer to Home Blueprint	Creates sustainable, community-based pathways that bring health services closer to where people live and work. By promoting innovations that improve chronic disease management, maternal and child health, and behavioral health outcomes, the initiative aims to make care more efficient, coordinated, and person-centered. The initiative will connect disparate partners within health and social sectors.

Michigan

$173.13M
Budget Period 1 Funding

$170.61M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement
Veteran's Health

Workforce

CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Physical Activity

Michigan

$173.13M
Budget Period 1 Funding

$170.61M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, MI had active legislation to create SNAP waiver	No State Commitment	N/A	$1.66M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MI had moderate CON regulations	No State Commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MI was a member of two of the five licensure compacts	No State Commitment	N/A	$1.37M

Michigan

$173.13M
Budget Period 1 Funding

$170.61M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MI had advanced scope of practice (SOP) for PAs, restricted SOP for NPs and Pharmacists, and semi-restricted SOP for Dental Hygienists	MI committed to this State Policy Action	**No Progress:** Pharmacist – Drug Administration, Pharmacist – Lab Testing, Pharmacist – Independent Prescribing SOP	$1.38M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, MI did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MI Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Minnesota

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Minnesota

$193.09M
Budget Period 1 Funding

$193.83M
Budget Period 2 Funding



Initiative Name	Initiative Description
Community-Based Preventive Care and Chronic Disease Management	Supports rural hospitals, clinics, and Tribal health organizations in providing preventive care for chronic diseases to Minnesotans living in rural areas. This initiative increases access to screenings and self-management tools by building on existing programs like the Minnesota 2035 Plan and community care hubs. Executing this initiative requires collaboration with local public health departments, community organizations, and technical assistance providers.
Recruit and Retain Talent in Rural Communities	Addresses workforce shortages by creating pathways for students and incumbent workers to enter and advance in rural healthcare careers. This initiative targets high school students and existing rural workers, leveraging "Earn and Train" apprenticeship models and expanding rural clinical rotations. Key partnerships include Minnesota State Colleges and Universities, rural hospitals, clinics, and the University of Minnesota Medical School.
Sustain Access to Services to Keep Care Closer to Home	Encompasses technology-focused solutions, mobile care delivery, and integration of underused, community-embedded frontline health care team members such as community health workers (CHWs), community health representatives (CHRs), doulas, peer support specialists, and community paramedics in community and clinical settings in a financially sustainable way. The initiative focuses on rural residents who face barriers to care by expanding telehealth access points and mobile physical and oral health units.
Create Regional Care Models to Improve Whole Person Health	Supports collaborative regional activities to improve access to timely and appropriate health care, with a focus on essential obstetrics and mental health services. Develops provider-to-provider telehealth linkages that provide access to professional services not available in the immediate community and connect primary care providers to specialist expertise when needed. Establishes provider-to-provider learning and support networks using simulation training for obstetrics and Extension for Community Healthcare Outcomes (ECHO) programs to improve clinical knowledge, reduce professional isolation, and strengthen the quality of care in underserved regions, keeping patients close to home.

Minnesota

$193.09M
Budget Period 1 Funding

$193.83M
Budget Period 2 Funding



Initiative Name	Initiative Description
Invest in Technology, Infrastructure, and Collaboration for Financial Viability	Strengthens the financial health of rural providers by supporting investments in technology and data infrastructure. The initiative assists rural hospitals, clinics, and Tribal Nations that struggle with cost-based reimbursement and low patient volumes. Supports investment in a secure statewide integrated rural health data network to support real-time clinical and referral data sharing across health care, public health, and community settings. Allows rural provider data for population health and quality improvement measures, ensuring rural providers can fully participate in statewide quality improvement initiatives and alternative payment arrangements while maintaining efficient, secure workflows.

Minnesota

$193.09M
Budget Period 1 Funding

$193.83M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

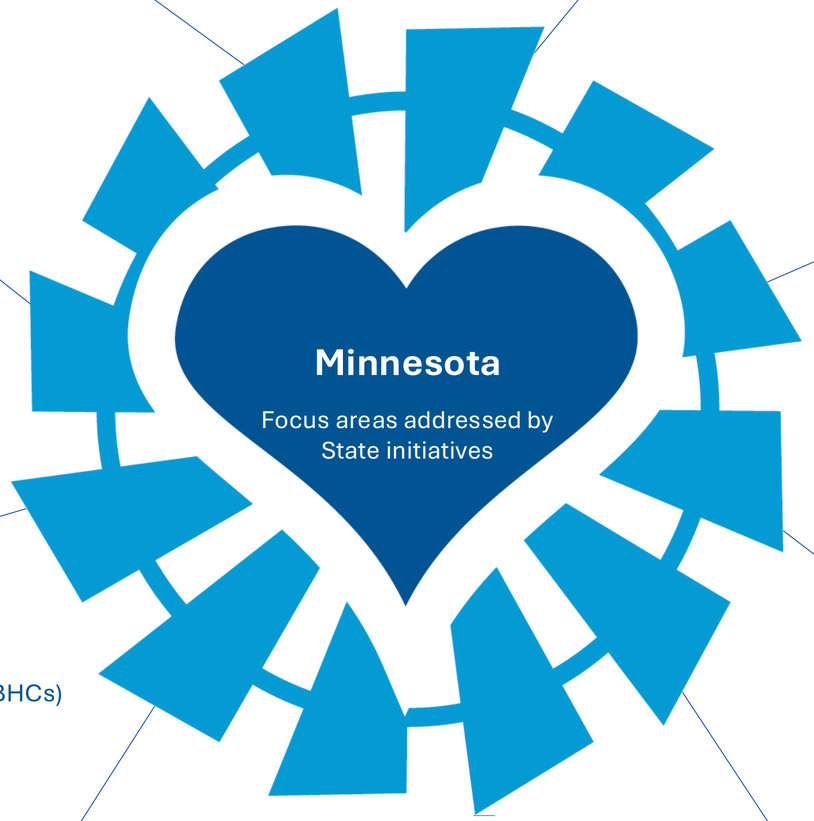
CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/
Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Minnesota

$193.09M
Budget Period 1 Funding

$193.83M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MN had limited CON regulations	No State commitment	N/A	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MN was a member of three of the five licensure compacts	No State commitment	N/A	$1.60M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MN had advanced or full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered limited authority	No State commitment	N/A	$2.57M

Minnesota

$193.09M
Budget Period 1 Funding

$193.83M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MN Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Mississippi

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Mississippi

$205.91M
Budget Period 1 Funding

$204.68M
Budget Period 2 Funding



Initiative Name	Initiative Description
Statewide Rural Health Assessment	Conducts a comprehensive assessment of rural health needs to confirm and improve the state's existing plan. Engages ≥150 stakeholders across hospitals, Federally Qualified Health Centers (FQHCs), EMS, behavioral health, and community representatives. Identifies ≥5 major service, workforce, or infrastructure gaps statewide and deliver a data-driven roadmap with recommendations aligned with assessment findings, prioritized by urgency, impact, and feasibility.
Coordinated Regional Integrated Systems (CRIS) Initiative	Strengthens regional care networks and patient care continuity reduces low-acuity ER visits through nurse navigation and treat-in-place interventions. Engages rural hospitals and clinics in coordinated care networks, and ensures high-risk patients have completed care plans within 7 days of discharge, resulting in lower 30-day readmission rates for high-risk patients.
Workforce Expansion Initiative (WEI)	Strengthens the rural healthcare workforce to improve access and quality of care for residents. The program focuses on recruiting, training, and retaining a wide range of healthcare professionals in rural areas. It builds a sustainable workforce by forming partnerships with local schools, community colleges, and vocational programs.
Health Technology Advancement and Modernization (HTAM) Initiative	Modernizes rural healthcare systems by improving the technology that supports quality care. Supports digital health by upgrading providers' interoperable EHR systems, enabling eligible providers to actively share data through the statewide health information exchange Health Information Exchange (HIE). Provides applicable provider staff with cybersecurity or IT training, and patients with digital tools, including patient portals, telehealth, and remote monitoring.

Mississippi

$205.91M
Budget Period 1 Funding

$204.68M
Budget Period 2 Funding



Initiative Name	Initiative Description
Telehealth Adoption and Provider Support (TAPS) Initiative	Increases virtual care access and capacity by enrolling and sustain eligible providers in telehealth service delivery for at least two consecutive years. Provides applicable provider staff will complete telehealth competency training within the first year.
Building Rural Infrastructure for Delivery, Growth, and Efficiency (BRIDGE) Initiative	Improves rural behavioral health access and infrastructure by having ≥3 Psychiatric Emergency Services (PES) units established, and ≥100 Community Health Workers and clinical staff trained and deployed. Supports completion of ≥25 rural capital projects, contributing to ≥15% increases in service capacity, a ≥15% reduction in patient travel distances, and a ≥15% reduction in preventable emergency room (ER) visits in pilot program areas. ≥50% of pilot programs will show measurable improvements, and BRIDGE will reach ≥100,000 rural residents statewide.

Mississippi

$205.91M
Budget Period 1 Funding

$204.68M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

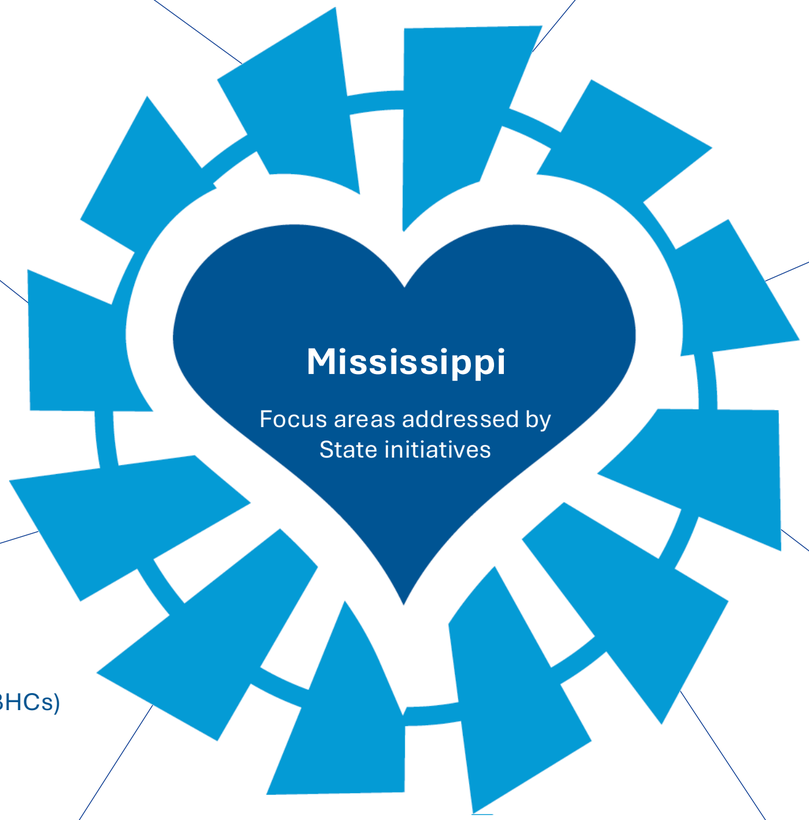
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Physical Activity

Mississippi

$205.91M
Budget Period 1 Funding

$204.68M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, MS did not require schools to reestablish the Presidential Fitness Test	MS committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, MS had submitted a waiver, being processed by USDA	MS committed to this State Policy Action	In Progress	$5.81M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MS had stringent CON regulations	No State Commitment	N/A	$0.72M

Mississippi

$205.91M
Budget Period 1 Funding

$204.68M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MS was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MS had reduced scope of practice (SOP) for PAs and NPs. Pharmacist and Dental Hygienist SOP were considered restricted	No State Commitment	N/A	$0.40M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, MS did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MS Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

Missouri

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Missouri

$216.28M
Budget Period 1 Funding

$218.55M
Budget Period 2 Funding



Initiative Name	Initiative Description
Regional Coordinating Networks and Hub Activation	Establishes a network of 30 Local Community Hubs and seven Regional Coordinating Networks to improve care coordination for rural Missourians. This initiative builds on the state's Transformation of Rural Community Health Care (ToRCH Care) pilot program to improve access and health outcomes for residents across 104 rural counties by incentivizing organizations within the Hubs and Networks to continue collaboration.
Alternative Payment Models	Develops new payment models that reward rural providers for delivering high-quality, high-value care instead of just the volume of services. This program targets all rural providers and payers in Missouri, aiming to improve financial stability for a system where over half of rural hospitals operate at a loss. The initiative will leverage Missouri's Medicaid program and engage with commercial payers and Medicare Advantage plans to create sustainable financial incentives.
Digital Backbone	Creates a unified digital infrastructure to connect Missouri's fragmented rural health systems and enable secure data sharing among providers. This initiative targets all rural providers, including hospitals, clinics, and pharmacies, by establishing a Rural Health Data Collaborative and promoting interoperability. It builds on existing platforms including the Hospital Industry Data Institute (HIDI) and requires partnerships with EHR vendors, technology companies, and various state health departments.
Rural Health Workforce Programs	Builds a sustainable pipeline of healthcare professionals to serve in rural Missouri through coordinated recruitment, training, and retention efforts. The program targets students and existing healthcare workers expanding career education in high schools, launching maternal health workforce expansion programs, establishing more clerkship opportunities, and supporting EMS workforce development. This involves partnerships with the Department of Higher Education & Workforce Development, Missouri's medical schools, and local healthcare providers, and provides childcare access and housing supports for rural healthcare workers.
Provider Transformation	Strengthens the operational and technological capabilities of rural healthcare providers to ensure their long-term stability and improve patient care. This initiative focuses on rural providers needing to modernize tools and facilities, targeting those at risk of closure due to financial strain. It will be implemented through partnerships with Regional Coordinating Networks and Community Hubs to deploy innovations like Remote Patient Monitoring and Ambient AI for documentation.

Missouri

$216.28M
Budget Period 1 Funding

$218.55M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Medicaid Innovation
Operational Efficiency



Accessible Care

Mobile Health
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts
F.1. Remote Care Services

Missouri

$216.28M
Budget Period 1 Funding

$218.55M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, MO did not require schools to reestablish the Presidential Fitness Test	MO committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, MO had submitted a waiver, being processed by USDA	MO committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, MO had active legislation to require nutrition in CME for physicians	MO committed to this State Policy Action	Complete	$5.38M

Missouri

$216.28M
Budget Period 1 Funding

$218.55M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MO had moderate CON regulations	No State commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MO was a member of four of the five licensure compacts	MO committed to this State Policy Action	**Complete:** PA Compact	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MO had reduced or restricted scope of practice (SOP) for PAs, NPs, and Pharmacists. Dental Hygienist SOP was considered semi-restricted	No State commitment	N/A	$0.40M

Missouri

$216.28M
Budget Period 1 Funding

$218.55M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, MO did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MO Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	MO committed to this State Policy Action	**No Progress:** Telehealth license/registration process	$2.62M

Montana

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Montana

$233.51M
Budget Period 1 Funding

$239.74M
Budget Period 2 Funding



Initiative Name	Initiative Description
Develop Workforce Through Recruitment, Training, and Retention	Combats Montana's growing healthcare workforce gap by implementing a coordinated set of recruitment, training, and retention actions in rural areas. Collaborates closely with the Montana Department of Labor and Industry to strengthen the state's broader workforce pipeline. Leverages and expands upon the existing framework of the state's workforce Initiative to support local clinical professionals.
Ensure Rural Facility Sustainability and Access Through Partnership and Restructuring	Leads a statewide care delivery transformation to help rural health systems right-size services and restructure operational costs. Optimizes population health clinical infrastructure to sustainably meet the unique needs of local communities providing essential time-sensitive care for acute incidents like stroke. Partners with rural providers and utilizes remote care services to protect and expand healthcare access.
Launch innovative Care Delivery and Payment Models	Transforms care delivery and financing to incentivize high-quality healthcare throughout rural Montana. Accelerates primary care participation in Medicaid provider payment incentives while establishing integrated programs for dually eligible Medicare and Medicaid beneficiaries. Strengthens emergency medical services and community care through strategic rural partnerships.
Invest in Community Health and Preventive Infrastructure	Addresses critical care gaps through strategic investments in community-oriented healthcare systems including school-based care, mobile care vans, and workforce programs within tribal communities. Builds out strong population health clinical infrastructure to support underserved rural residents. Promotes positive health and lifestyle changes to reduce the long-term burden of chronic disease.
Deploy Modern Health Care Technologies to Guide Rural Health Interventions	Advances technological innovation to improve care coordination and enhance overall population health outcomes in rural areas. Establishes data-driven clinical interventions for efficient provider operations and care delivery to rural communities. Deploys modern tools to expand remote care capabilities for patients living in geographically isolated regions.

Montana

$233.51M
Budget Period 1 Funding

$239.74M
Budget Period 2 Funding



Population Health

Behavioral Health
Pediatrics
Tribal Health & Engagement

Workforce

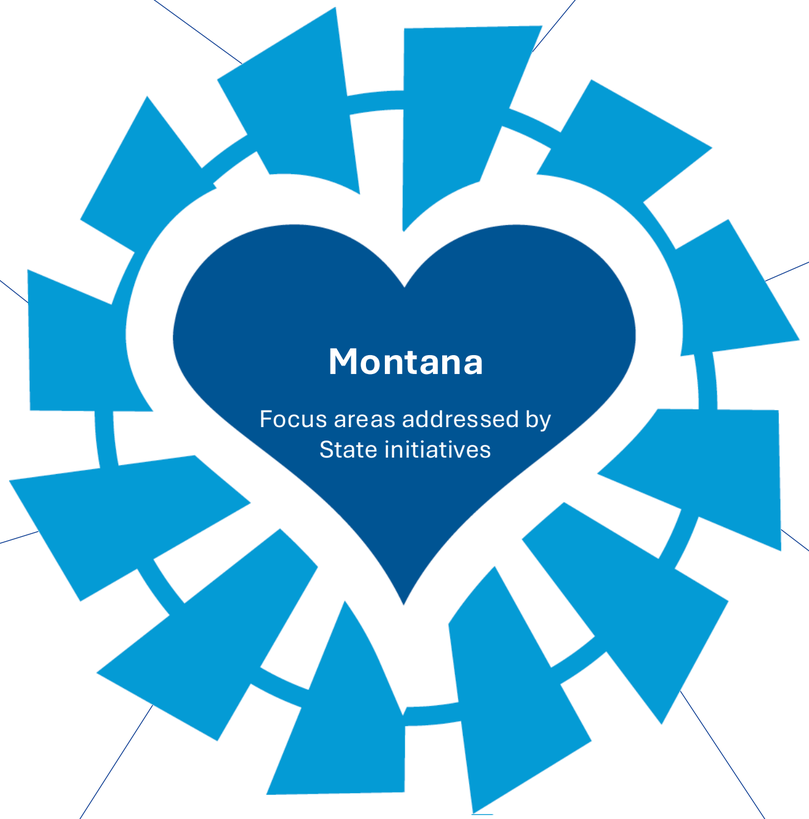
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts
D.3. Scope of Practice
F.1. Remote Care Services

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults

Technology

EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Montana

$233.51M
Budget Period 1 Funding

$239.74M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, MT did not have a SNAP waiver in place	MT committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, MT did not require nutrition to be included in CME for physicians	MT committed to this State Policy Action	No Progress	$2.69M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, MT had limited CON regulations	No State commitment	N/A	$2.16M

Montana

$233.51M
Budget Period 1 Funding

$239.74M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, MT was a member of four of the five licensure compacts	MT committed to this State Policy Action	**No Progress:** EMS Compact	$2.06M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, MT had full scope of practice (SOP) for PAs, NPs, and Pharmacists. Dental Hygienist SOP was considered semi-restricted	MT committed to this State Policy Action	**No Progress:** Dental Hygienist – Dental Hygiene Diagnosis, Dental Hygienist – Dental Hygiene Treatment Planning SOP	$2.96M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, MT did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, MT Medicaid covered one type of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	MT committed to this State Policy Action	**Complete:** Medicaid payment for Store and forward, Medicaid payment for Remote Patient Monitoring	$2.91M

Nebraska

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Nebraska

$218.53M
Budget Period 1 Funding

$219.25M
Budget Period 2 Funding



Initiative Name	Initiative Description
Make Rural Nebraska Healthy Again Through Food as Medicine	Lowers obesity risk and prevents chronic diseases for rural Nebraskans by improving access to healthy foods and nutrition education. This initiative supports rural schools in transitioning to whole fresh foods through grants for kitchen modernization and establishing physical activity and wellness programs. It also leverages partnerships with the agriculture sector and educational institutions to promote healthy eating from a young age.
Regionalized Rural Access and Navigation	Builds a statewide system of regionalized care that ensures every rural resident can access the right services at the right time. This initiative addresses challenges in rural healthcare by coordinating emergency medical and perinatal care and embedding community health workers into local health departments. The program leverages partnerships with the Department of Veterans Affairs and local health organizations to improve access for all rural residents.
Rural Workforce Acceleration	Recruits, trains, and retains a resilient healthcare workforce to serve rural and frontier communities in Nebraska. The initiative provides financial incentives for providers who commit to practicing in rural areas and uses a virtual reality simulation network to offer advanced training. It establishes career pathways for Supplemental Nutrition Assistance Program (SNAP) recipients to enter the healthcare field and introduces school-age students to medical careers.
eHealth and Mobile	Brings high-quality, technology-enabled healthcare to rural and frontier Nebraskans through mobile, remote, and eHealth solutions. This program deploys mobile clinics to provide maternal and infant care directly within maternity care deserts and brings urgent dental care to rural areas. It also helps community pharmacies use digital tools to manage chronic diseases and provides remote patient monitoring for individuals in their homes.
Rural Emergency Behavioral Health	Creates an integrated, community-based emergency behavioral health system to improve outcomes and reduce costs. The initiative partners with the Nebraska Medical Association to co-locate mental health professionals in rural primary care clinics and implement a behavioral health nursing home pilot. It also leverages telehealth technology to give law enforcement instant access to crisis professionals and retrofits existing facilities to increase crisis stabilization capacity.

Nebraska

$218.53M
Budget Period 1 Funding

$219.25M
Budget Period 2 Funding



Initiative Name	Initiative Description
Assisted Living Facility (ALF) Special Needs Population Incentive Model	Strengthens Nebraska's long-term care system and increases access to specialized services for medically complex patients in rural counties. The program provides incentive payments to facilities that offer memory care and helps fund facility modernizations to safely accommodate residents with high-acuity needs. It targets individuals who are dual-eligible or aged 65 and older with dementia or adults with other complex medical conditions.
Nebraska Rural Health Technology Catalyst Fund and Partnership Initiative (NETECH)	Drives technology-driven transformation in rural healthcare by investing in innovative startups and scalable solutions. The fund identifies and supports technologies that improve access to care, enhance disease management, and promote healthy living. This initiative convenes investors, health systems, and tribal partners to create an investment pipeline that multiplies public funding with private-sector co-investment.

Nebraska is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

Nebraska

$218.53M
Budget Period 1 Funding

$219.25M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement
Veteran's Health

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
C.3. Certificate of Need

Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults

Technology

EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care

Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Nebraska

$218.53M
Budget Period 1 Funding

$219.25M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, NE did not require schools to reestablish the Presidential Fitness Test	NE committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, NE had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NE had limited CON regulations	NE committed to this State Policy Action	**No Progress:** Long-term Care Facilities	$2.16M

Nebraska

$218.53M
Budget Period 1 Funding

$219.25M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NE was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NE had moderate scope of practice (SOP) for PAs, full SOP for NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.58M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, NE did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NE Medicaid covered two types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$1.74

Nevada

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Nevada

$179.93M
Budget Period 1 Funding

$182.40M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Health Outcomes Accelerator Program	Funds evidence-based initiatives to improve health outcomes for rural residents with chronic disease, behavioral health needs, and maternal or infant health challenges. This initiative expands value-based payment models and integrates community health workers into coordinated care teams to improve patient outcomes. The program leverages a Rural Value Acceleration Network (RVAN) and partnerships with rural hospitals, clinics, and academic institutions.
Nevada Rural Health System Flex Fund	Modernizes and enhances existing facilities and infrastructure for Nevada's rural healthcare system. This initiative provides flexible funding for capital expenditures at rural clinics, hospitals, and EMS agencies to improve the quality, capacity, and sustainability of local care. The program encourages regional purchasing arrangements and partnerships with larger health systems to support self-sustaining models for delivering essential services.
Workforce Recruitment & Rural Access Program (WRRAP)	Attracts and retains physicians and other providers in rural areas through specific retention strategies and incentive programs under the WRRAP. This initiative builds a "Grow-Your-Own" pipeline by creating career pathways from high school and supporting local training programs and rural residencies. The program partners with rural hospitals, clinics, and academic institutions to address long-term workforce shortages.
Rural Health Innovation & Technology (RHIT) Grant	Creates a more connected and secure system of care by funding new tech-enabled hybrid care solutions and remote patient monitoring. This initiative helps build the necessary infrastructure to expand the use of innovative telehealth services and supports front-line providers caring for patients with complex needs. It will prioritize technology solutions that are sustainable and operationally efficient in low-bandwidth environments for Nevada's rural communities.

Nevada

$179.93M
Budget Period 1 Funding

$182.40M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement
Veteran's Health

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/
Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waiver
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Primary Care

Health Promotion

Physical Activity

Nevada

$179.93M
Budget Period 1 Funding

$182.40M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, NV did not require schools to reestablish the Presidential Fitness Test	NV committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, NV did not have a SNAP waiver in place	NV committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, NV did not require nutrition to be included in CME for physicians	NV committed to this State Policy Action	No Progress	$2.69M

Nevada

$179.93M
Budget Period 1 Funding

$182.40M
Budget Period 2 Funding



Total State Policy Action Commitments: 4

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NV was a member of three of the five licensure compacts	NV committed to this State Policy Action	**No Progress:** PA Compact	$1.60M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NV had full scope of practice (SOP) for NPs and Dental Hygienists, reduced SOP for PAs, and restricted SOP for Pharmacists	No State Commitment	N/A	$1.58M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, NV did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NV Medicaid covered two types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

New Hampshire

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

New Hampshire

$204.02M
Budget Period 1 Funding

$204.31M
Budget Period 2 Funding



Initiative Name	Initiative Description
Population Health	Invests in health infrastructure, care coordination, and community outreach to strengthen prevention-first care for rural residents. Replicates community-based nursing, mobile integrated health, and community health worker models. Launches the state's first Dual Eligible Special Needs Plan to better integrate care for individuals enrolled in both Medicaid and Medicare.
Healthcare Access	Expands evidence-based care coordination and disease management models to improve medical outcomes for rural New Hampshire residents. Increases access to primary, behavioral, oral, perinatal, and specialty care by using telehealth technologies. Expects to successfully raise the total number of behavioral health, dental, pharmacy, and community-based visits.
Workforce	Strengthens the rural healthcare workforce through a coordinated partnership between local high school career technical education programs, post-secondary institutions, and local healthcare providers. Creates clear career pathways from high school to graduate degrees, including a new family medicine residency program in Coos County. Addresses critical workforce retention issues by expanding training opportunities and improving access to local childcare.
Technology	Modernizes care delivery across rural communities by deploying scalable, integrated technology solutions. Introduces artificial intelligence tools to streamline clinical decisions, real-time claims, and administrative authorizations.
Financial Sustainability	Strengthens the financial sustainability of the rural healthcare system by investing heavily in prevention-first and value-based care. Prepares local healthcare providers to transition into value-based and two-sided risk arrangements. Integrates clinical capacity and technical infrastructure to reduce hospital discharge barriers and maintain critical safety-net providers.

New Hampshire

$204.02M
Budget Period 1 Funding

$204.31M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts
D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

New Hampshire

$204.02M
Budget Period 1 Funding

$204.31M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, NH did not require schools to reestablish the Presidential Fitness Test	NH committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, NH had active legislation to create SNAP waiver	No State commitment	N/A	$1.66M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, NH did not require nutrition to be included in CME for physicians	NH committed to this State Policy Action	No Progress	$2.69M

New Hampshire

$204.02M
Budget Period 1 Funding

$204.31M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NH had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NH was a member of three of the five licensure compacts	NH committed to this State Policy Action	**No Progress:** EMS Compact **Complete:** PA Compact	$2.06M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NH had full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered restricted	NH committed to this State Policy Action	**No Progress:** Pharmacist – Lab Testing, Pharmacist – Independent Prescribing, Dental Hygienist – Dental Hygiene Diagnosis, Dental Hygienist – Direct Medicaid Reimbursement SOP	$2.77M

New Hampshire

$204.02M
Budget Period 1 Funding

$204.31M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, NH did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NH Medicaid covered most types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.62M

New Jersey

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

New Jersey

$147.25M
Budget Period 1 Funding

$142.34M
Budget Period 2 Funding



Initiative Name	Initiative Description
NJ RHT 1 - Workforce: Building the workforce we need to care for rural New Jerseyans	Supports the recruitment, training, and retention of a highly skilled clinical and non-clinical healthcare workforce to serve rural residents. Trains and deploys trusted community extenders such as community health workers and doulas to expand access to care. Expands upon existing reflective supervision activities to support workforce retention.
NJ RHT 2 - Infrastructure: Targeted infrastructure investments to transform care for rural New Jerseyans	Strengthens stability and capacity in the rural healthcare ecosystem with targeted investment in essential providers. Prioritizes primary care providers (including Federally Qualified Health Centers), and hospitals. Makes dedicated investments in rural trauma and emergency services.
NJ RHT 3 - Technology: Investing in technologies that bring care to where people live	Delivers innovative health services and mobile care solutions directly into rural communities outside of traditional office settings. Collaborates with non-profits, health systems and tech industry partners to ensure the efficient, impactful, and responsible adoption of new technologies.
NJ RHT 4 - Prevention: Focusing on preventive health interventions for rural New Jerseyans	Strengthens rural health systems by investing in evidence-based prevention activities to maximize long-term health improvements. Supports community organizations, healthcare providers, and public health partners to expand outreach, education, and access. Expands the operational capacity of EMS.
NJ RHT 5 - Chronic disease: Helping rural New Jerseyans improve chronic disease outcomes	Strengthens chronic disease prevention, management, and wellness in rural areas. Supports community partnerships across healthcare providers, community groups, and faith-based organizations to expand healthy lifestyle and nutrition programs.

New Jersey

$147.25M
Budget Period 1 Funding

$142.34M
Budget Period 2 Funding



Population Health
Maternal Health

Workforce
Community Health Workers (CHWs)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation
EMS Modernization
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



Accessible Care
Mobile Health
Telehealth / eConsults

Technology
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care
Cancer Prevention & Treatment
Chronic Disease
Infectious Disease
Primary Care

Health Promotion
Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments
No commitments made

New Jersey

$147.25M
Budget Period 1 Funding

$142.34M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, NJ had active legislation to create SNAP waiver	No State commitment	N/A	$1.66M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NJ had limited CON regulations	No State commitment	N/A	$2.16M

New Jersey

$147.25M
Budget Period 1 Funding

$142.34M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NJ was a member of three of the five licensure compacts	No State commitment	N/A	$1.60M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NJ had moderate scope of practice (SOP) for PAs, reduced SOP for NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.19M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NJ Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

New Mexico

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

New Mexico

$211.48M
Budget Period 1 Funding

$211.04M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthy Horizons: Expanding Specialty Care Access and Chronic Disease Management	Expands specialty care for rural and Tribal communities by using a combination of in-person visits, e-consults, and remote health tools. This approach strengthens chronic disease management for high-risk populations by improving prevention and integrating remote care solutions. Integrates behavioral health within chronic and maternal care networks, ensuring whole-person care across all rural and Tribal communities. Keeps care close to home and reduces unnecessary travel and delays in specialty care. Supports use of remote care tools (e.g., e-consults, telehealth, remote patient monitoring (RPM)) to expand access, support continuity, and reduce long travel times.
Rooted in New Mexico: Building Tomorrow's Rural Health Workforce	Strengthens the recruitment, training, and retention of health professionals to ensure care remains local for rural, frontier, and Tribal communities. It builds on successful programs like FORWARD NM and Project ECHO (Extension for Community Healthcare Outcomes) to address workforce shortages and high turnover. The initiative fosters local interest in health careers by launching K-12 pathway programs and offering incentives for service commitments.
Rural Health Innovation Fund: Enabling Community-Designed, Community-Led Change	Establishes a grant program to support community-designed and community-led initiatives that respect and reflect the unique practices and priorities of different pueblos, Tribal nations, and rural communities. It provides opportunities for rural, frontier, and Tribal communities to address specific challenges that require local solutions. This fund allows providers and community-based organizations to apply for grants to address issues such as food insecurity, transportation, and preventive care.
Bridge to Resilience: Rural Health Sustainability & Innovation Center (RHSIC)	Supports financially distressed rural providers with tools and knowledge to operate more effectively and achieve sustainability. It delivers education and learning collaboratives focused on workforce recruitment, financial stability, and digital tools. This initiative helps providers by establishing new processes and training staff to carry best practices forward independently. RHSIC directly supports rural providers by coordinating and delivering high-impact technical assistance (e.g., operations, finance, service optimization, regional partnership coordination).
Rural Health Data Hub: Establishing a Health Analytics Platform	Builds a secure data infrastructure to enhance analytic capabilities, improve predictive analytics, and increase health data transparency across the state. Integrates patient information across medical, behavioral, and social services to promote a unified care experience for rural residents. The platform makes data available to consumers and providers to inform decision-making at the local, regional, and state levels.

New Mexico

$211.48M
Budget Period 1 Funding

$211.04M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

New Mexico

$211.48M
Budget Period 1 Funding

$211.04M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, NM did not require schools to reestablish the Presidential Fitness Test	NM committed to this State Policy Action	No Progress	$1.14M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, NM did not require nutrition to be included in CME for physicians	NM committed to this State Policy Action	In Progress	$4.71M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NM had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

New Mexico

$211.48M
Budget Period 1 Funding

$211.04M
Budget Period 2 Funding



Total State Policy Action Commitments: 6

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NM was a member of one of the five licensure compacts	NM committed to this State Policy Action	**No Progress:** EMS Compact **In Progress:** Physician, Psychology, PA Compact	$1.77M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NM had advanced or full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered limited authority	No State commitment	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NM Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

New York

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

New York

$212.06M
Budget Period 1 Funding

$207.75M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Community Health Integration	Strengthens the rural health safety net by building integrated health networks to enhance care delivery and coordination. This initiative encourages collaborative partnerships between rural hospitals, community providers, and other healthcare organizations. The program leverages the existing infrastructure of anchor institutions (institutions with demonstrated capacity and commitment in serving their constituents) to establish a path toward financial sustainability for all participating facilities.
Strengthening Rural Communities with Technology-Enhanced Primary Care	Leverages historic investments in primary care by expanding the number of Patient-Centered Medical Home (PCMH)-recognized providers. This initiative helps rural practices adopt technology and advanced analytics to improve operational efficiency, quality, and financial sustainability. The program utilizes a cohort-based model to guide practices through PCMH recognition and implementation of technology-enabled workflows.
Rural Roots: Building a Sustainable Rural Health care Workforce	Addresses health care staffing shortages in rural communities by growing local talent and recruiting health professionals through multi-year service commitments. This initiative introduces students in grades 6-12 to health care careers and expands training opportunities at rural facilities. The program will build a data system that tracks health care workforce trends, needed specialties, and existing gaps in each rural county.
Investments in Tech Innovation & Cybersecurity Enhancements for Rural NY	Advances rural health care in New York by investing in innovative technologies and robust cybersecurity measures. This initiative deploys innovative digital health tools and platforms that streamline care delivery, enhance patient access, and support data-driven decision-making. The program focuses on fortifying the cybersecurity posture of rural health care facilities through advanced endpoint protection and comprehensive staff training.

New York

$212.06M
Budget Period 1 Funding

$207.75M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Workforce Training Programs

Payment & Service Models

CCBHCs
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

No commitments made

Accessible Care

School-Based Programs
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

New York

$212.06M
Budget Period 1 Funding

$207.75M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NY had moderate CON regulations	No State Commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NY was not a member of the five licensure compacts	No State Commitment	N/A	$0.69M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NY had moderate scope of practice (SOP) for PAs, full SOP for NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$1.58M

New York

$212.06M
Budget Period 1 Funding

$207.75M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, NY Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$2.33M

North Carolina

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

North Carolina

$213.01M
Budget Period 1 Funding

$216.82M
Budget Period 2 Funding



Initiative Name	Initiative Description
Build Rural Community Care Network "Hubs"	Establishes locally governed networks called North Carolina Rural Organizations Orchestrating Transformation for Sustainability (NC ROOTS) Hubs to coordinate health services for rural residents. The hubs will connect people to medical, behavioral, and social supports, building on lessons learned from NC's implementation of previous hub and spoke models. This initiative requires partnerships between the North Carolina Department of Health and Human Services (NCDHHS), healthcare providers, and community organizations.
Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management	Improves access to primary and preventive care for rural populations focused on chronic diseases and perinatal health. It expands successful programs like the 'I Gave Birth' model and coordinates with partners to manage conditions and improve nutrition. This effort will use NC ROOTS Hubs to connect families with community partners and fresh food resources in line with Food is Medicine efforts.
Expand and Integrate Behavioral Health and Substance Use Disorder Services	Expands access to mental health and substance use services in rural areas by building on the state's Certified Community Behavioral Health Clinics (CCBHCs) model and coordinating efforts with regional ROOTS Hubs. This effort targets youth and adults by integrating care, launching mobile crisis teams, and using telehealth. Key partners include local health departments and community health centers implementing school-based services and various community organizations to improve care coordination.
Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities	Strengthens the rural healthcare workforce by creating regional training hubs and expanding development programs. It focuses on training and retaining providers like social workers, doulas, and community health workers in rural communities. The initiative will partner with the NC ROOTS hubs, NC Community College System and universities to offer training and tuition support.
Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models	Supports the financial health of rural hospitals and clinics by moving from payment models based on volume to ones based on value. It provides technical help and funding for providers to adopt these new models, building on NC Medicaid's prior investment in population health and value- based payment. This will be done through the NC ROOTS Hubs with primary care providers and hospitals.

North Carolina

$213.01M
Budget Period 1 Funding

$216.82M
Budget Period 2 Funding



Initiative Name	Initiative Description
Modernize Rural Care Delivery Through Digital Forward Solutions	Upgrades technology in rural healthcare to improve patient care and provider efficiency. It establishes a Rural Health Innovation Fund to help providers adopt new tools like AI and telehealth and empowers patients towards digital health literacy. The initiative partners with the state's Health Information Exchange, Division of Information Technology, and other partners to improve digital access for rural providers and patients.

North Carolina

$213.01M
Budget Period 1 Funding

$216.82M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
CCBHCs
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology

AI Tools
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

North Carolina

$213.01M
Budget Period 1 Funding

$216.82M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, NC did not require schools to reestablish the Presidential Fitness Test	NC committed to this State Policy Action	No Progress	$1.14M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, NC did not require nutrition to be included in CME for physicians	NC committed to this State Policy Action	No Progress	$2.69M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, NC had moderate CON regulations	No State commitment	N/A	$1.44M

North Carolina

$213.01M
Budget Period 1 Funding

$216.82M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, NC was a member of three of the five licensure compacts	NC committed to this State Policy Action	**No Progress:** EMS Compact	$1.94M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, NC had advanced scope of practice (SOP) for PAs, restricted SOP for NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.38M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, NC did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide**	At baseline, NC Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide	No State commitment	N/A	$2.33M

North Dakota

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

North Dakota

$198.94M
Budget Period 1 Funding

$206.38M
Budget Period 2 Funding



Initiative Name	Initiative Description
Strengthen and Stabilize Rural Health Workforce	Strengthens the rural healthcare workforce by creating new training pipelines and providing financial incentives for recruitment and retention. This initiative supports rural and tribal communities by offering programs like on-site childcare and hands-on training to attract and keep providers. It leverages technology and partnerships with higher education institutions to build a resilient workforce for the future.
Make North Dakota Healthy Again | Preventive Care, Healthy Eating	Improves the health of North Dakotans by focusing on preventive care and healthy lifestyles to reduce chronic disease. This initiative promotes physical activity through the "North Dakota Moves Together" campaign and improves access to nutritious food through the "Eat Well North Dakota" program. It builds on community wellness strategies by funding local grants and expanding behavioral health promotion programs like Parents Lead.
Bring High-Quality Health Care Closer to Home	Expands access to care by delivering services directly to rural and frontier communities through technology and mobile solutions. The initiative establishes telehealth access points in community locations and modernizes rural ambulance services to improve emergency response. It leverages a "Clinics Without Walls" strategy, using mobile clinics and remote monitoring to connect residents with primary and specialty care.
Connect Tech, Data and Providers for a Stronger North Dakota	Builds a unified rural health system by modernizing technology and connecting systems, data, and providers across the state. This initiative creates a secure, cloud-based platform to unify patient data, improving care coordination and clinical decision-making. It supports rural providers by establishing cooperative purchasing agreements for technology and uses artificial intelligence to help detect early signs of chronic disease.

North Dakota

$198.94M
Budget Period 1 Funding

$206.38M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

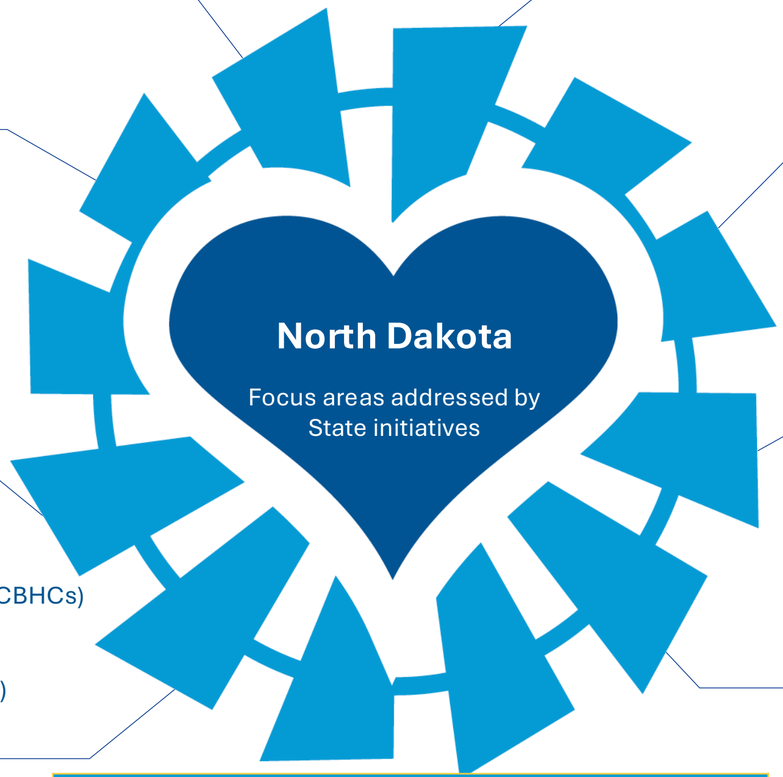
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts
D.3. Scope of Practice

North Dakota

$198.94M
Budget Period 1 Funding

$206.38M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, ND did not require schools to reestablish the Presidential Fitness Test	ND committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, ND had submitted a waiver, being processed by USDA	ND committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, ND had active legislation to require nutrition in CME for physicians	ND committed to this State Policy Action	Complete	$5.38M

North Dakota

$198.94M
Budget Period 1 Funding

$206.38M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, ND had limited CON regulations	No State commitment	N/A	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, ND was a member of four of the five licensure compacts	ND committed to this State Policy Action	**Complete:** PA Compact	$2.29M
D.3. Scope of Practice: PA, NP, Pharmacist, Dental Hygienist	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, ND had full scope of practice for PAs, NPs, and Dental Hygienists. Pharmacist scope of practice was considered restricted.	ND committed to this State Policy Action	**In Progress:** Pharmacist SOP	$2.96M

North Dakota

$198.94M
Budget Period 1 Funding

$206.38M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, ND did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, ND Medicaid covered all three types of remote care services and had one type of policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Ohio

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Initiative Name	Initiative Description
Ohio Rural School Based Health Centers (SBHCs)	Improves healthcare access for children and the community by establishing sustainable clinics on school (K-12 and college) campuses. These centers provide primary care, dental care, screenings, behavioral health services, and telehealth connections with specialty providers, reducing student absenteeism and creating a pipeline for future clinicians at the college level. The initiative operates through partnerships with Federally Qualified Health Centers (FQHCs), rural school districts, and the Ohio Department of Health (ODH).
OH Student Eye Exam (SEE), vision, hearing, and dental services for rural students	Expands mobile health services to provide vision, hearing, and dental care for students in rural areas. This program brings care directly to school campuses via mobile units, addressing the significant gap in follow-up care for students who fail initial screenings. It builds upon the existing OH SEE program by partnering with school districts and health providers, and universities across the state.
Ohio Rural Health Innovation Hubs	Establishes integrated networks of local providers to improve the quality, efficiency, and coordination of patient care in rural Ohio. These hubs support alliances among physicians, hospitals, and community resources to enhance patient outcomes while controlling costs. The initiative leverages partnerships with existing clinical networks and state agencies to help providers become self-sustaining.
Rural Ohio Emergency Care Transformation	Builds upon an existing pilot project to improve emergency response times and connect patients to the most appropriate level of care. This initiative scales alternate destination transport and treat-in-place options for rural communities across the state. It relies on partnerships between local EMS, hospitals, and other healthcare providers to reduce unnecessary emergency department visits.
Rural Health Workforce Pipeline and Development Projects	Develops a long-lasting pipeline of healthcare professionals by engaging students early and creating pathways to rural careers. The initiative coordinates activities between schools, colleges, and healthcare employers to provide work-based learning and career placement agreements. It supports these efforts by offering recruitment incentives and upskilling programs for community health workers and pharmacists.

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Initiative Name	Initiative Description
Maternal and Infant Wellness Home Visiting in Rural Ohio	Provides nurse-led, evidence-based home visiting services to mothers and infants in all rural and partially rural counties. This program supports families by providing education on topics like safe sleep, lactation, and early childhood mental health. It complements existing state funds and relies on partnerships with nurses, colleges of nursing, and home visiting organizations.
Rural Hospital Training and Technical Assistance Center (RHTAC)	Offers no-cost technical assistance, training, and guidance to help rural hospitals achieve financial solvency and sustainability. The center conducts workshops for healthcare leaders on best practices, such as joining an integrated network or developing formal sustainability plans. This initiative leverages the expertise of an experienced vendor to work directly with Ohio's critical access hospitals.
Electronic Medical Record Access for Pharmacies	Equips pharmacists with the tools and training needed to operate under an expanded scope of practice and become an integrated part of the patient care team. This initiative gives pharmacists access to electronic medical records to support point-of-care testing and prevent prescription drug misuse. It is implemented through a partnership between the Ohio Board of Pharmacy and the Ohio Pharmacists Association.
Healthier Ohio Initiatives	Engages rural communities in a collective movement to improve health outcomes by bridging medicine and preventive behaviors. The program implements initiatives focused on nutrition, physical activity, and stress management in clinical settings, schools, and community-serving agencies. It leverages partnerships with schools and community agencies to create a culture of wellness for the resident population.

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/
Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults

Technology

EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, OH did not require schools to reestablish the Presidential Fitness Test	OH committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, OH had submitted a waiver, being processed by USDA	OH committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, OH did not require nutrition to be included in CME for physicians	OH committed to this State Policy Action	No Progress	$2.69M

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, OH had limited CON regulations	No State Commitment	N/A	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, OH was a member of four of the five licensure compacts	No State Commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, OH had moderate or reduced scope of practice (SOP) for PAs and NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$1.19M

Ohio

$202.03M
Budget Period 1 Funding

$201.93M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, OH did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, OH Medicaid reimbursed most types of remote care services. OH did not have policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$1.45M

Oklahoma

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Initiative Name	Initiative Description
Innovating the Care Model	Expands access to primary and specialty care for rural Oklahomans by deploying digital solutions, transportation support, and expansion of the non-physician workforce. This initiative establishes a statewide telestroke network, expands RPM for maternal health, and integrates behavioral health into primary care settings. It leverages partnerships with the Oklahoma Association of Regional Councils (OARC) and the Oklahoma State Department of Health (OSDH) and enhances community paramedicine, doulas, and school-based health services.
Moving Upstream	Empowers individuals and communities to build a healthier Oklahoma through innovative, consumer-focused prevention programs. This initiative supports community-led wellness hubs, expands the use of community health workers (CHWs) in hospitals, and provides funding for chronic disease management. It leverages partnerships with local health departments to connect residents with community-based resources. Establishes a closed-loop community care platform, chronic disease management programs, consumer-facing technology for chronic disease prevention and management and behavioral health, lung cancer screening, and Presidential Fitness Test preparation funding.
Facilitating Regional Collaboration	Supports access to high-quality healthcare through strategic regionalization of services across the state. This initiative establishes a rural-focused Clinically Integrated Network (CIN) to foster collaboration and creates a centralized EMS platform to improve efficiency. It builds upon existing relationships between rural hospitals and the to gain scale through shared services. Develops a Rural Regional Reorientation Plan to bring rural hospitals and ecosystem partners (outpatient providers, long-term care, payers) together to align on the future system of care grounded in the needs of rural communities and oriented toward improved access to upstream prevention and primary care.
Shifting to Value	Builds a path to value-based care for primary care, behavioral health, and hospital providers. This initiative provides capacity-building funds for primary care practices to support value-based clinical extension models and expands the Program of All-Inclusive Care for the Elderly (PACE). It supports providers serving dual-eligible populations by integrating Medicare and Medicaid financing to deliver comprehensive, team-based care.

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Initiative Name	Initiative Description
Growing the Next Generation of Rural Talent	Creates a sustainable workforce pipeline by expanding training capacity and attracting providers to underserved areas. The initiative launches new rural residency programs for surgery, psychiatry, and OBGYN and provides relocation incentives for behavioral health providers. It leverages "Grow Your Own" programs, partnering with the Oklahoma Department of Career and Technology Education to train high school students for healthcare careers.
Building Health Data Utility	Creates a connected rural health data ecosystem to support statewide planning and improve clinical decision-making. This initiative expands EHR access for smaller independent providers and enhances interoperability through the state health information exchange (HIE). It is administered through the Oklahoma State Health Information Network Exchange (OKSHINE) to build an integrated analytics platform that enables real-time information sharing.

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

CHWs
Early Career Exposure / High School Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, OK did not require schools to reestablish the Presidential Fitness Test	OK committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, OK had a waiver approved by USDA	No State commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, OK did not require nutrition to be included in CME for physicians	OK committed to this State Policy Action	No Progress	$2.69M

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, OK had limited CON regulations	No State commitment	N/A	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, OK was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, OK had full scope of practice (SOP) for PAs. NP, Pharmacist, and Dental Hygienist SOP were all considered restricted	No State commitment	N/A	$0.79M

Oklahoma

$223.48M
Budget Period 1 Funding

$227.10M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, OK did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, OK Medicaid covered all three types of remote care services. OK did not have policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$1.74M

Oregon

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Oregon

$197.27M
Budget Period 1 Funding

$197.25M
Budget Period 2 Funding



Initiative Name	Initiative Description
Regional Partnerships & System Transformation	Applies regional solutions to enhance Oregon's shared healthcare infrastructure and promote financial stability in rural communities. This initiative funds local proposals to create and sustain partnerships between health care and social service entities. It leverages a hub-and-spoke model to improve care coordination and build long-term sustainability, with a focus on at-risk services like maternity care.
Healthy Communities & Prevention	Bolsters rural health systems by expanding access to integrated primary care and social health services that promote prevention and care management. The initiative supports Oregonians across all life stages, from expanding nurse home-visiting programs for new families to community-based services that help seniors age in place. It leverages local partnerships and technology-driven solutions to address health needs across the entire lifespan.
Workforce Capacity & Resilience	Addresses the growing shortage of health care professionals in rural communities through targeted investments and innovative strategies. This initiative expands Oregon’s skilled health care workforce by creating new training opportunities and long-term capacity across the state. It supports the current workforce by enhancing provider wellness and retention through peer support and expanded tele-mentoring.
Technology & Data Modernization	Transforms Oregon's rural health communities through investments in enhanced technological approaches and solutions including AI and remote patient monitoring. This initiative ensures digital access and secure sharing of health information, reducing administrative burden and improving coordination across providers, patients, and systems. It focuses on support for providers and rural communities to thoughtfully invest in technologies that meet their needs.
Tribal	Supports the Nine Federally Recognized Tribes of Oregon in implementing and enhancing projects that align with their individual priorities and goals. This initiative honors the self-determination and sovereignty of the Tribes, recognizing them as best positioned to lead healthcare transformation for their communities. It leverages partnerships between the Oregon Health Authority (OHA) and Tribal governments to ensure investments create long-lasting and sustainable impacts.

Oregon

$197.27M
Budget Period 1 Funding

$197.25M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

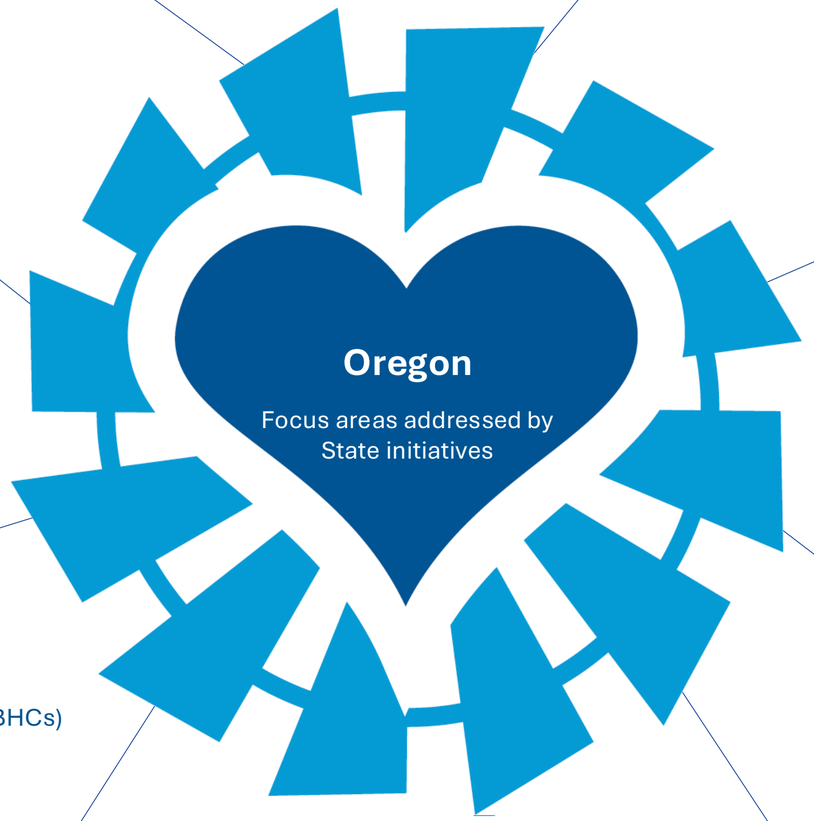
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

Commitments no longer being pursued

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Oregon

$197.27M
Budget Period 1 Funding

$197.25M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, OR had moderate CON regulations	No State commitment	N/A	$1.44M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, OR had advanced or full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered limited authority	Commitment no longer being pursued	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, OR Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Pennsylvania

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Initiative Name	Initiative Description*
Maternal Health	Creates regional rural Maternal Health Hubs to serve as centralized access points for comprehensive, coordinated maternity care. The initiative links hospitals, community providers, and behavioral health partners to ensure every pregnant and postpartum person has access to a full spectrum of services. It builds on existing partnerships with Rural Care Collaboratives (RCCs) to address regional needs and expand access to care.
Behavioral Health	Expands crisis services and increases access to care through remote behavioral health consultation and a telehealth bridge clinic for same-day Substance Use Disorder (SUD) treatment. The program expands the rural behavioral health workforce by offering educational awards for peer and recovery specialists and developing a statewide training management system. This initiative leverages partnerships with the PA Office of Vocational Rehabilitation and county agencies to support rural communities.
Aging and Access	Implements activities to reduce readmissions, build the nurse aide workforce, improve infection control, and simplify access to long-term care services statewide. The initiative funds targeted quality improvements in long-term care communities and expands the Program of All-Inclusive Care for the Elderly (PACE) to underserved rural counties. It leverages the state's "Aging Our Way, PA" strategic plan to support older adults and rural providers.
EMS-Transportation	Modernizes emergency medical services and infrastructure to improve readiness and response capacity in rural communities. This initiative strengthens the EMS workforce through targeted recruitment, training, and mental health mentorship programs. It leverages partnerships with regional EMS councils and county Public Safety Answering Points (PSAPs) to ensure resources are dispatched efficiently.

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Initiative Name	Initiative Description*
Technology and Infrastructure	Transforms the statewide health data infrastructure to improve patient care through innovative and connected digital technologies. This initiative strengthens Pennsylvania's care network by expanding digital tools, mobile health units, and community telehealth hubs. It enables stronger connections between healthcare and community resources by leveraging partnerships with regional and statewide organizations.
Workforce	Strengthens and modernizes the rural health workforce by recruiting rural students into health careers and expanding clinical training opportunities. This initiative builds a durable pipeline of providers by supporting innovative, team-based care models that make rural practice more attractive and sustainable. The program leverages partnerships with rural hospitals, community health centers, and educational institutions to "Grow Our Own" workforce.

*Note: Pennsylvania's RHTP design includes the establishment of 8 Rural Care Collaboratives (RCCs). Each RCC will identify local priorities and determine how funding is allocated, ensuring that investments reflect regional challenges and opportunities. Descriptions may vary among RCCs.

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural GME
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Aging-in-Place/Home Visiting
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization



State Policy Action Commitments

D.2. Licensure Compacts

Accessible Care

Mobile Health
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Physical Activity

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, PA had active legislation to create SNAP waiver	No State Commitment	N/A	$1.66M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, PA had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, PA was a member of four of the five licensure compacts	PA committed to this State Policy Action	**In Progress:** PA Compact	$2.17M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, PA had reduced scope of practice (SOP) for PAs and NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State Commitment	N/A	$0.79M

Pennsylvania

$193.29M
Budget Period 1 Funding

$190.73M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, PA did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, PA Medicaid covered one type of remote care service. PA did not have policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State Commitment	N/A	$0.87M

Rhode Island

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Initiative Name	Initiative Description
Integrated Rural Population Health Infrastructure	Establishes a comprehensive population health infrastructure by integrating clinical care hubs with community-led health networks. Transforms rural healthcare delivery by mobilizing local partners and resources to build healthier community environments. Delivers a strong clinical backbone that provides accessible, integrated medical care to rural residents.
Rural Community-Integrated and Mobile Health Services	Utilizes rural Community Learning Centers (CLCs) as multipurpose hubs for uses such as dedicated telemedicine spaces equipped with advanced audiovisual technology, digital stethoscopes, and electrocardiogram machines. Deploys trained personnel to actively assist residents in accessing and navigating virtual medical visits encompassing disability services, lifestyle interventions, and pre- and post-natal support. Improves healthcare access for rural individuals by bridging the digital divide through hands-on technical support.
Expanding Access to Rural Community Resources	Addresses critical physical barriers that prevent older adults and persons with disabilities from accessing medical offices and community spaces. Funds the installation of equipment and other accessibility improvements in public facilities, as well as assessments and trainings to support these investments. Complements broader healthcare infrastructure efforts by making existing community resources physically accessible to all residents.
Rural EMS Health Access and Integration	Transforms EMS into an integrated, patient-centered extension of the traditional healthcare system scaling Rhode Island's Mobile Integrated Health–Community Paramedicine (MIH-CP). Delivers preventive, urgent, and follow-up care directly within rural communities to improve patient outcomes. Reduces heavy reliance on emergency departments by resolving minor medical issues on-site.
Rural Hospital-at-Home Program	Strengthens local access to acute and post-acute services by establishing a scalable, home-based hospital care model. Delivers safe, high-quality medical treatment in patients' homes as a direct substitute for traditional inpatient admission. Replicates proven clinical standards to ensure safe and effective acute-level care outside of hospital walls while reducing costs.

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Initiative Name	Initiative Description
Expanding Behavioral Health Services Availability in Rural Regions	Expands mental health, substance use disorder, and crisis intervention services across rural regions with the creation of a 24/7 behavioral health and crisis stabilization center to ensure timely support for adults 18 and above. Improves patient engagement in treatment programs through the introduction of recovery community centers and builds stronger linkages to long-term recovery networks. Strengthens statewide recovery capacity to provide sustainable, community-based behavioral health resources.
Strengthening Rural Oral Health Delivery Through Innovation and Integration	Improves oral healthcare delivery and reduces unnecessary emergency department visits for dental complaints in underserved areas. Enhances provider capacity across the state through specialized clinical training and remote professional consultation. Creates a sustainable network of dental care capable of treating individuals with complex needs close to home.
Building Capacity for Block Island Health and Human Services	Integrates clinical hub concepts, enhanced emergency services, health technology infrastructure, and workforce development to support Rhode Island's only rural health clinic in Block Island. Expands the existing community medicine program to deliver home-based, preventive, and follow-up care and aims to establish the first Program of All-Inclusive Care for the Elderly (PACE). Targets elderly and chronically ill residents to improve their overall quality of life.
Modernizing Health Care Delivery for the Narragansett Indian Tribe	Partners with the Tribe to modernize local health infrastructure, strengthen workforce capacity, and enhance care coordination. Deploys digital diagnostic tools, remote patient monitoring, and integrated electronic health records to improve data accuracy. Accelerates early disease detection and chronic disease management through advanced technology.
Rural Workforce Program	Builds a stable and highly skilled rural health workforce by expanding clinical training opportunities for medical and dental providers. Strengthens local education-to-employment pathways while supporting professional career advancement. Provides targeted recruitment and retention incentives, to establish a solid workforce foundation for other health initiatives, and tuition support to increase the supply of qualified rural-serving healthcare professionals.

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Initiative Name	Initiative Description
Supporting Hospitals and Primary Care in Value-Based Payment Transition	Supports the long-term financial sustainability of rural hospitals and primary care practices through technical assistance, infrastructure development, and readiness for value-based payment arrangements. These investments will strengthen provider capacity to participate in innovative payment models, including Rhode Island's Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, while advancing care coordination, quality improvement, and sustainable rural healthcare delivery.
Rural Health Information Technology Modernization Program	Equips rural healthcare providers with a Rhode Island wide interoperable electronic health record system to reduce administrative burdens. Streamlines secure data exchange to facilitate better care coordination and continuity across different systems. Distributes infrastructure grants to help providers acquire digital tools for telehealth and workflow optimization.
Rural Health Data and Workforce Tracking System	Develops integrated data systems to track upstream social drivers of health and coordinate patient care. Connects community-based organizations with clinical providers to streamline communication. Informs future public investments in targeted preventive and non-clinical health interventions and develops comprehensive provider tracking system to assess workforce distribution.

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

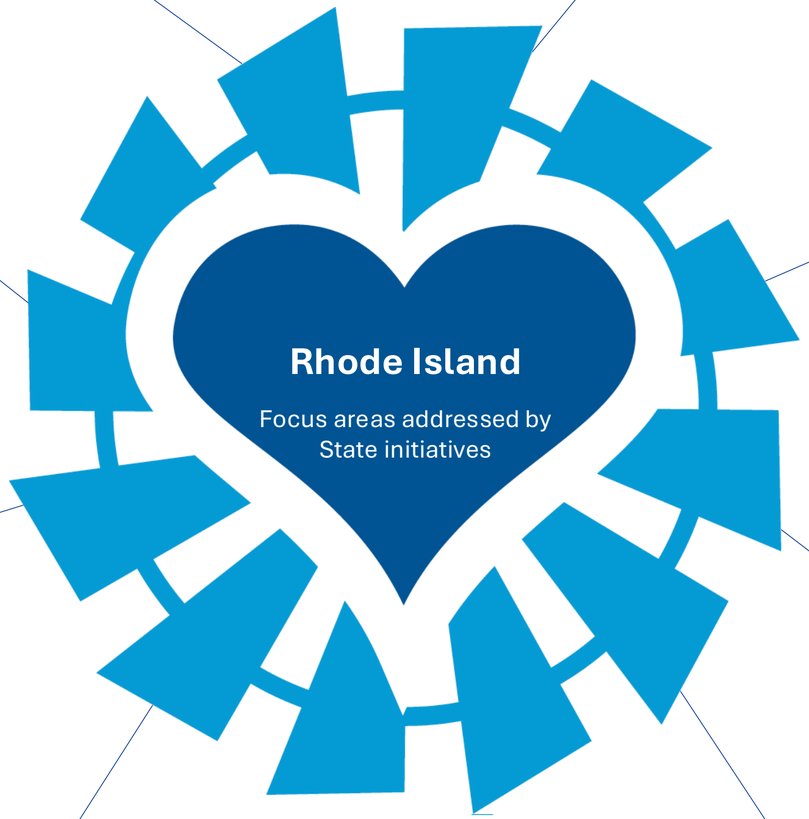
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency



State Policy Action Commitments

B.4. Nutrition Continuing Medical Education
C.3. Certificate of Need
D.2. Licensure Compacts
D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Transportation

Technology

EHR Modernization
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, RI did not require nutrition to be included in CME for physicians	RI committed to this State Policy Action	In Progress	$4.71M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, RI had stringent CON regulations	RI committed to this State Policy Action	Complete	$1.44M

Rhode Island

$156.17M
Budget Period 1 Funding

$158.17M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, RI was a member of two of the five licensure compacts	RI committed to this State Policy Action	**Complete:** PA Compact	$1.72M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, RI had moderate scope of practice (SOP) for PAs, full SOP for NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	RI committed to this State Policy Action	**No Progress:** Pharmacist SOP **Complete:** Dental Hygienist SOP	$2.37M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, RI Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

South Carolina

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Initiative Name	Initiative Description
Connections to Care	Expands digital infrastructure by implementing electronic health records, remote patient monitoring, telehealth services and a statewide resource database platform to improve care coordination and access. Assists health care entities in transitions from a paper-based system to a fully electronic medical record system with integrated modules, to improve interoperability, reduce duplication, and support value-based care, as well as to improve care coordination and streamline admissions. Implements a patient-facing digital intake platform in rural clinics to streamline documentation and identify drivers of health outcomes at the point of care. Supports purchasing standards-based (to promote interoperability) remote patient monitoring (RPM) equipment for diabetes, hypertension, chronic obstructive pulmonary disease (COPD), and heart disease patients, and the monitoring infrastructure for providers, with staff support for monitoring and troubleshooting.
Leveling Up	Scales successful pilot programs statewide, focusing on chronic disease management, pediatric care quality, and workforce development. This initiative expands proven local and regional programs, such as care coordination models and school mental health programs, to reach all rural communities. The program enhances Graduate Medical Education (GME) by partnering with rural hospitals to improve training experiences, scales proven chronic disease programs and successful pilot programs, and conducts comprehensive needs assessments to identify gaps in access, infrastructure, and services, ensuring future investments are data-driven and sustainable.
Wellness Within Reach	Deploys mobile health units, crisis response teams, and pop-up clinics to bring care directly to underserved populations. Supports mobile crisis response improvements, expands community care sites including permanent clinics, seasonal pop-ups, mobile vans, and intermittent service locations, emergency medical services. Establishes community-based health kiosks with equipment and supplies for a 24-hour pharmacy kiosk that distributes necessary medications in rural healthcare locations.

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Initiative Name	Initiative Description
Shoring Up Sustainability	Strengthens rural healthcare systems through targeted investments in workforce recruitment, facility upgrades, and provider training. This initiative establishes healthcare workforce grants which include providing one-time signing bonuses to recruit quality providers with a five-year commitment. Enhances rural health facilities and establishes a masterclass training series to support partnerships with large hospital systems and rural hospitals for assistance in developing a strategic plan. Expands partnerships between rural family medicine physicians and obstetricians/gynecologists (OB-GYNs) to create a prenatal care network and forms a provider collaborative to assist new entities with planning and implementation.
Tech Catalyst Fund	Supports rural health technology startups and community-based innovations to drive long-term health and economic improvements. This initiative accelerates innovation by investing in local entrepreneurs and scalable technologies that improve chronic disease management across South Carolina.

South Carolina is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Population Health
Behavioral Health

Workforce
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Community Paramedicine & Treat-in-Place

Health System Innovation
EMS Modernization
Hospital Financial Stability
Operational Efficiency



Accessible Care
Mobile Health
Place-Based Care
Telehealth / eConsults

Technology
AI Tools
Cybersecurity
EHR Modernization
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care
Chronic Disease
Primary Care

Health Promotion
Upstream Drivers of Health

State Policy Action Commitments
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
C.3. Certificate of Need

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, SC had submitted a waiver, being processed by USDA	SC committed to this State Policy Action	Complete	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, SC had moderate CON regulations	SC committed to this State Policy Action	No Progress	$1.80M

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, SC was a member of three of the five licensure compacts	No State commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, SC had reduced scope of practice (SOP) for PAs, restricted SOP for NPs and Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$0.40M

South Carolina

$200.03M
Budget Period 1 Funding

$195.99M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, SC did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, SC Medicaid covered most types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.62M

South Dakota

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Initiative Name	Initiative Description
Tech and Data Connection for a Healthier South Dakota	Modernizes healthcare delivery through a comprehensive approach to digital health infrastructure and information exchange. This initiative provides funding to help healthcare facilities adopt electronic health records (EHRs) and unifies siloed data into a single platform. It leverages the South Dakota Health Data Atlas to enable providers and policymakers to make better data-driven decisions.
Building a Sustainable Rural Healthcare Workforce	Strengthens the state's rural health workforce by offering tiered sign-on bonuses and relocation assistance to attract new professionals. This initiative supports the existing workforce with funding for education and certification to improve retention in high-need rural areas. The program relies on partnerships with technical colleges and universities to create a stable and skilled workforce.
Expand and Strengthen Rural Community Health Worker (CHW) Workforce	Establishes a robust community health worker (CHW) and community health representative (CHR) workforce to serve as a bridge between clinical care and community services. The initiative develops a CHW/CHR training and certification program and provides financial support to rural healthcare providers to hire and deploy CHWs. It partners with the South Dakota Department of Health and local health systems to improve care coordination for underserved populations.
Rural Health Forward: Training and Resource Hub	Creates a centralized hub to deliver best-in-class training, technical assistance, and leadership development for rural healthcare providers and allied health workers. The initiative helps rural facilities adapt to new care delivery models and improve financial stability. This program leverages partnerships with state universities, medical schools, and long-term care and home health agencies to ensure providers have the tools to succeed.
Medicaid Primary Accountable Care Transformation	Improves health outcomes and lowers costs by moving primary care practices from a fee-for-service model to a value-based payment system. This initiative offers flexible, capitated payments that give providers the resources and autonomy to deliver patient-centered care. The program will leverage South Dakota Medicaid's managed care program to incentivize quality outcomes over volume.

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Initiative Name	Initiative Description
Medicaid Rural Health Access and Quality Grants	Preserves access to critical services by providing direct financial support to rural hospitals and clinics to improve quality and modernize their facilities. The grants will support professional services such as financial, legal, and organizational change management, and regional assessments and partnerships that strengthen coordination and sustainability. The grants will be awarded through competitive Requests for Proposals (RFPs).
Strengthening Chronic Disease Management	Reduces the impact of chronic conditions by providing targeted rural funding and expanding provider training. The initiative empowers patients and their families by offering essential caregiver support and chronic disease self-management programs. It leverages partnerships with local providers and public health agencies to improve long-term health outcomes for rural residents.
Regional Maternal and Infant Health Hubs	Improves health outcomes for mothers and infants by creating regional hubs that provide comprehensive, coordinated care. This initiative deploys multidisciplinary teams, including obstetricians, behavioral health specialists, community health workers, and tribal doulas, to support women from pregnancy through the postpartum period. The program is modeled after successful maternal health programs and leverages partnerships with local hospitals and clinics.
Integrated Behavioral Health through CCBHC & Collaborative Care	Transforms behavioral health in rural South Dakota by implementing the Certified Community Behavioral Health Clinic (CCBHC) model statewide. This initiative ensures same-day access to care and 24/7 crisis response for individuals with mental health and substance use needs. It also expands the Collaborative Care Model (CoCM) to integrate behavioral health services into primary care settings.
Enhancing Sustainable Emergency Medical Services	Creates a coordinated, regional system to ensure timely and sustainable emergency medical services across the state. This initiative establishes regional EMS hubs to improve response times and provides funding to upgrade equipment and training for local agencies. It leverages telemedicine and advanced technology to improve patient outcomes and enhance real-time data collection and sharing.

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

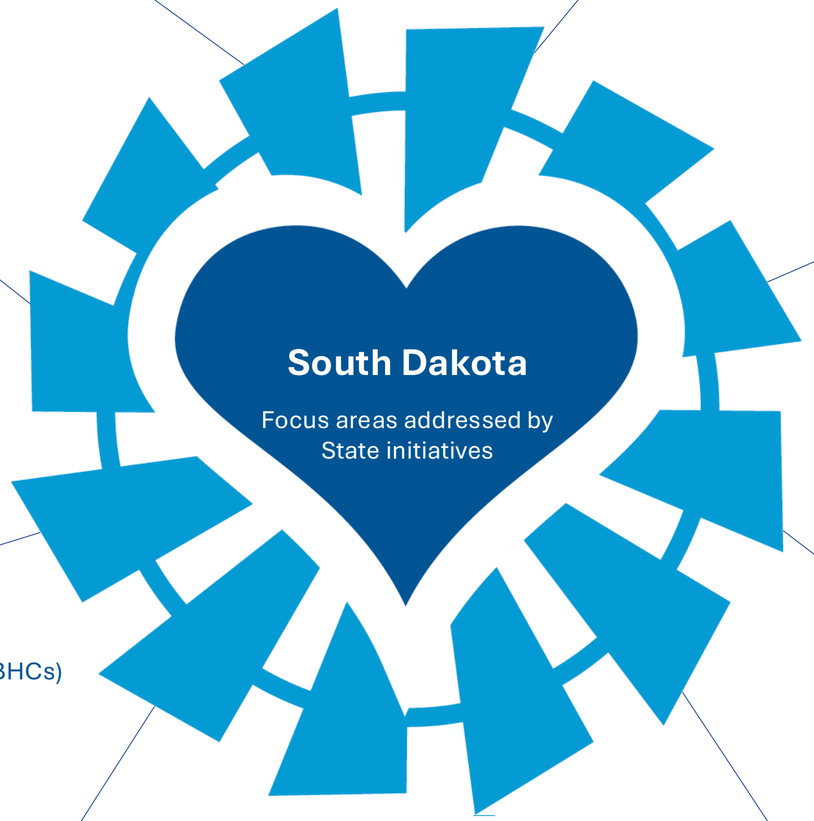
CHWs
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
CAH Innovation/REH Conversion
Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
D.2. Licensure Compacts

Accessible Care

Mobile Health
Telehealth / eConsults
Transportation

Technology

AI Tools
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Primary Care

Health Promotion

Upstream Drivers of Health

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, SD did not require schools to reestablish the Presidential Fitness Test	SD committed to this State Policy Action	No Progress	$1.14M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, SD had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, SD was a member of four of the five licensure compacts	SD committed to this State Policy Action	**Complete:** PA Compact	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, SD had full scope of practice (SOP) for PAs and NPs. Pharmacist SOP was considered restricted and Dental Hygienist SOP was considered semi-restricted.	No State commitment	N/A	$1.98M

South Dakota

$189.48M
Budget Period 1 Funding

$187.65M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, SD did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, SD Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Tennessee

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthcare Resiliency Program: Service Line Expansion & Co-Location	Utilizes the proven Healthcare Resiliency Program (HRP) model to improve health outcomes. Expands access to comprehensive healthcare for rural communities through a competitive grant process. This initiative helps rural hospitals and clinics add or expand needed services like perinatal care, behavioral health, and primary care.
Last Mile Teams	Unifies multiple efforts to expand emergency care and bring integrated health services to hard-to-reach areas. The program funds new ambulances, expands Emergency Medical Technician (EMT) training, and deploys mobile health clinics. It builds upon existing programs like Project Rural Recovery and the Community Health Access and Navigation in Tennessee (CHANT) program to connect pregnant and post-partum women with critical care.
Optimizing Rural Health Care	Increases access to primary, public, and dental health services for uninsured adults in Tennessee. It expands the Uninsured Adult Healthcare Safety Net Program to counties currently lacking providers. The initiative uses the state's network of local health departments to connect patients with services like specialty care, medication assistance, and transportation.
Memory Care Assessment Network	Improves access to diagnosis and treatment for rural adults experiencing Alzheimer’s Disease and Related Dementias (ADRD) through a hub-and-spoke model. Modeled after successful programs in other states, it connects specialized Memory Assessment Clinics with Neuropsychiatry resources. The network uses telehealth and trained Dementia Navigators to overcome geographic and workforce barriers.
Rural Capacity Building	Develop rural providers' capacity by establishing leadership pathways and expanding the behavioral and community health workforce. This initiative leverages Tennessee's successful Community Health Worker program through partnerships with academic centers and TennCare to improve health outcomes for rural residents.

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Initiative Name	Initiative Description
Dental Pilot	Enhances investments in the rural dental workforce to improve oral health access across the state. Building on a successful pilot, this initiative recruits dental providers and establishes new dental access points in underserved communities. It focuses on integrating preventive oral health services into Dental Health Professional Shortage Areas (HPSAs).
Healthcare Resiliency Program: Maternal and Child Health	Builds a safer start for every mother and child in rural Tennessee by strengthening systems of care. The Healthcare Resiliency Program (HRP) will fund projects to expand maternity care capacity, improve perinatal education, and enhance data systems. It is guided by the state's Maternal and Infant Health Strategic Plans.
Value-Based Payment: Maternal, Hospitals, Dental	Catalyzes the shift to value-based payment (VBP) models for rural hospitals, obstetric providers, and dental clinics. This initiative strengthens infrastructure and workforce readiness to support participation in programs that reward high-quality care. It focuses on coordinated models like the Patient-Centered Obstetric Medical Home, the Rural Hospital VBP Capacity Program, and the Patient-Centered Dental Home.
Healthcare Resiliency Program: Make Rural TN Healthy Again (MaRTHA)	Expands competitive grants for community-driven prevention efforts across Tennessee. This initiative allows providers and community organizations to deliver integrated services that address the root causes of poor health. Projects may include establishing community health centers, expanding telehealth, or hiring school nurses.
Rural Health Improvement Grants	Funds competitive grants for locally-led prevention, nutrition, and active living projects. It uses County Health Councils to deploy grants that fund health improvement projects and build community capacity. The initiative expands access to health-promoting environments like parks, trails, and farmers markets.

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Initiative Name	Initiative Description
Healthcare Resiliency Program: Rural Non-Emergency Transportation	Develops and scales solutions to reduce transportation barriers for people in rural Tennessee. The Tennessee Rural Non-Emergency Transportation (RNET) Initiative will create an integrated coordination system for accessing primary, preventive, and specialty care. It builds on successful hospital-led shuttle programs and community-based ride partnerships.
Healthcare Resiliency Program (HRP): Health-Tech	Provides competitive grants for rural health technology infrastructure to empower providers. This initiative helps rural hospitals, clinics, and health systems implement scalable and secure digital solutions. It builds on the success of the HRP to improve access and clinical integration.
Statewide Health Information Exchange	Develops a statewide Health Information Exchange (HIE) to connect rural providers, hospitals, and payers. This initiative will create a secure, interoperable data infrastructure to enable seamless data sharing. A public-private partnership will leverage existing cloud technologies to build and launch the HIE.
TN Community Compass	Expands Tennessee's successful closed-loop referral system to connect individuals with community-based organizations. TN Community Compass (TNCC) addresses health-related social needs like food, housing, and transportation. This expansion will scale integration across key state agencies to build a single, interoperable referral platform.
Rural Health Innovation Catalyst	Connects innovation offices to rural providers to advance health technology. Led by the University of Tennessee Health Science Center's Rural Center of Excellence (CoE), this initiative accelerates rural health transformation. It provides technical assistance and grants to help rural providers adopt technology-enabled solutions.

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Initiative Name	Initiative Description
Statewide eConsult Platform	Establishes a statewide eConsult platform to improve specialty care access for uninsured individuals in rural Tennessee. This secure digital system allows primary care providers to consult with specialists electronically, reducing the need for in-person visits. The platform addresses the critical shortage of specialty care in rural areas.
Comprehensive Health Workforce Pipeline	Builds a comprehensive rural health workforce pipeline to create a sustainable supply of clinicians and administrators. This initiative expands and aligns the full continuum of workforce development, from early exposure to advanced practice. Investments include residency programs, recruitment incentives, and early exposure programs in schools.

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

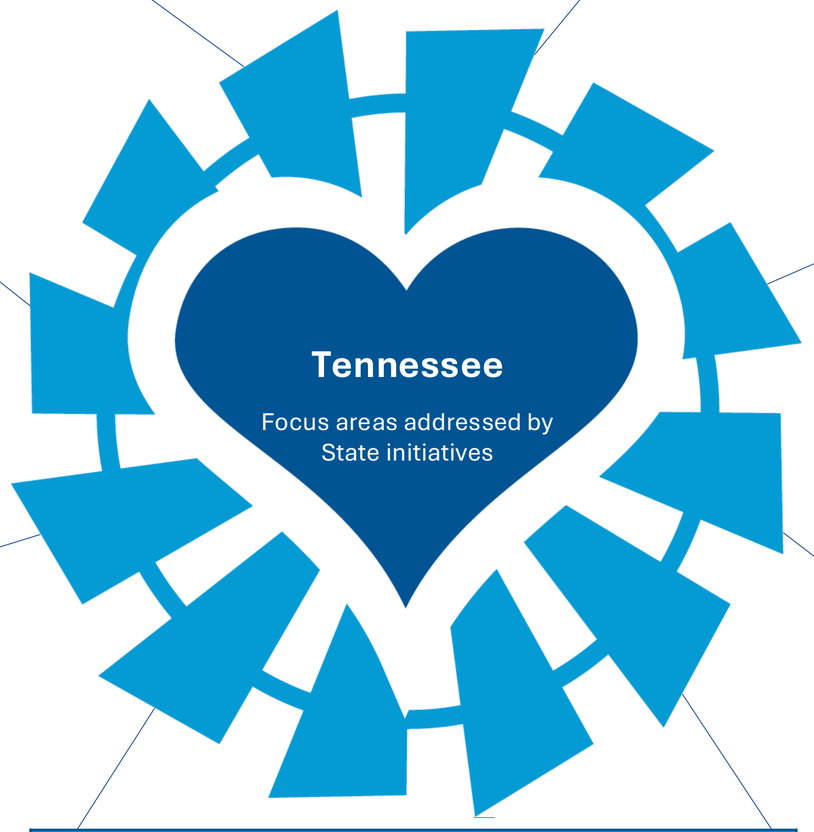
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
C.3. Certificate of Need
D.3. Scope of Practice

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
HIE Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Total State Policy Action Commitments: 8

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, TN did not require schools to reestablish the Presidential Fitness Test	TN committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, TN had submitted a waiver, being processed by USDA	TN committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, TN did not require nutrition to be included in CME for physicians	TN committed to this State Policy Action	In Progress	$4.71M

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Total State Policy Action Commitments: 8

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, TN had moderate CON regulations	TN committed to this State Policy Action	**No Progress:** Behavioral Outpatient, Medical Outpatient, Medical Inpatient, Day Services, Long-term Care Facilities, Ancillaries, Other	$2.16M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, TN was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, TN had moderate scope of practice (SOP) for PAs, restricted SOP for NPs and Dental Hygienists, and limited authority for Pharmacists	TN committed to this State Policy Action	**No Progress:** NP, Dental Hygienist SOP **In Progress:** PA, Pharmacist – Lab Testing, Pharmacist – Independent Testing SOP	$1.98M

Tennessee

$206.89M
Budget Period 1 Funding

$210.34M
Budget Period 2 Funding



Total State Policy Action Commitments: 8

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, TN did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, TN Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Texas

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Initiative Name	Initiative Description
Make Rural Texans Healthy Again	Part 1 issues targeted direct awards to Rural Hospital Districts and authorities with a publicly owned and operated hospital within their jurisdiction. Part 2 issued target grants through a competitive process to public and private rural hospitals to enhance community-based prevention, wellness, and nutrition programs. Targets the reduction of critical chronic conditions including diabetes, cardiovascular disease, chronic respiratory illness, and obesity among rural residents. Promotes healthier lifestyles through localized education and wellness services to improve long-term medical outcomes.
Rural Texas Patients in the Driver's Seat	Invests in technology to establish consumer-facing health portals that engage patients and facilitate the exchange of health information between patients, providers, and payers. Empowers rural residents to communicate directly with their healthcare teams through secure messaging and virtual visits. Provides providers and payers with access to patient medical documentation and health information to make informed care and coverage decisions.
Lone Star Advanced AI and Telehealth	Invest in AI and telehealth technologies to assist rural health care providers in their work to predict and improve patience outcomes, maintain care and more efficiently adjust medication and therapy for patience and linking rural primary care providers and their patients directly to specialized clinical experts. Funding also includes establishing local, patient-focused hubs where they can receive telehealth care.
The Next Generation of the Small Town Doctor and Team	Strengthens the rural healthcare workforce by surrounding local physicians with midlevel practitioners and allied health professionals. Delivers comprehensive, community-based medical care to rural residents by expanding local clinical teams. Reduces regional shortages of essential health professionals by implementing targeted recruitment for specific provider types and retention for providers. Locally driven efforts will focus on developing career paths for local high school students, providing educational awards for recent high school graduates, offering relocation or signing bonuses for early, mid, or late career professionals, creating a new residency training program, fellowship or combination program, including partnering with academic institutions or an existing teaching hospital.

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Initiative Name	Initiative Description
Unified Care Infrastructure and Rural Cyber Protection	Establishes a unified care infrastructure and bolsters cybersecurity defenses across rural healthcare providers. Deploys advanced managed security solutions including endpoint detection and response, comprehensive, all-time security operations center monitoring, and comprehensive user training to protect sensitive patient records and maintain system integrity. Aligns local technology standards to safeguard rural health networks against digital threats.
Infrastructure and Capital Improvement for Rural Texas	Modernizes rural healthcare services by allowing rural local clinics, hospitals, pharmacies, EMS, and behavioral health providers to add and replace outdated equipment. Upgrades essential technology within public health offices and emergency medical systems to improve overall patient care. Adheres to required capital limitations to strategically enhance existing facilities without costly new construction.

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Primary Care
Tribal Health & Engagement
Veteran's Health

Workforce

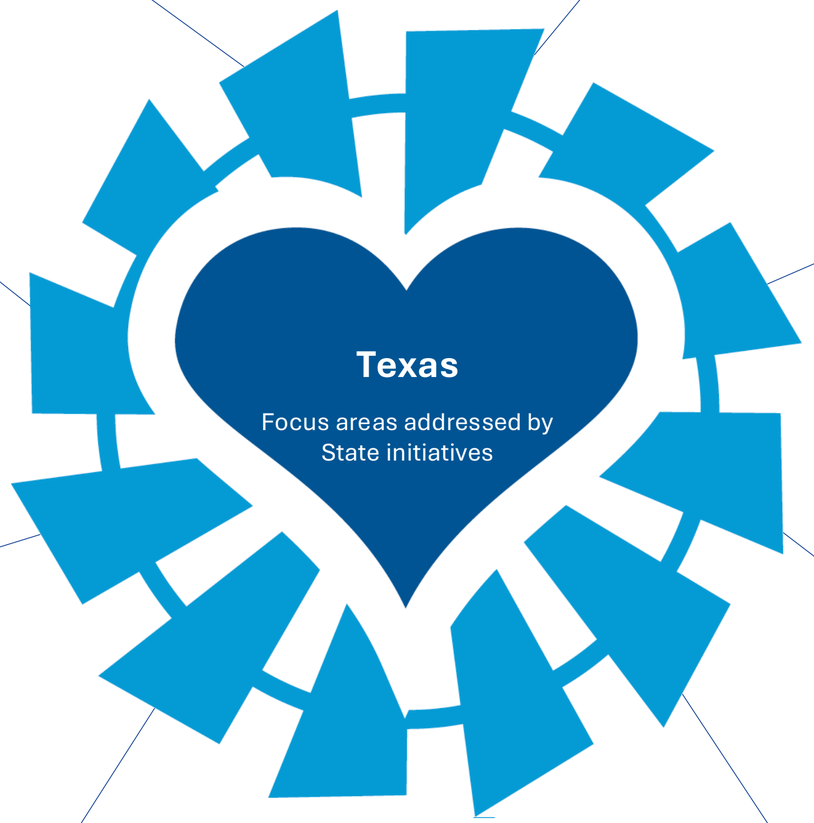
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Clinically Integrated Networks / Regionalized Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education

Accessible Care

Mobile Health
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, TX did not require schools to reestablish the Presidential Fitness Test	TX committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, TX had a waiver approved by USDA	No State commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, TX had passed legislation or finalized regulation to require nutrition in CME for physicians	TX committed to this State Policy Action	In Progress	$4.71M

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, TX had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, TX was a member of four of the five licensure compacts	No State commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, TX had moderate scope of practice (SOP) for PAs, restricted SOP for NPs and Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$0.79M

Texas

$281.32M
Budget Period 1 Funding

$281.98M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, TX did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, TX Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Utah

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Utah

$195.74M
Budget Period 1 Funding

$191.92M
Budget Period 2 Funding



Initiative Name	Initiative Description
Making Rural Utahns Healthy: Preventive Action and Transformation for Health (PATH)	Advances rural health through innovations in nutrition, physical activity, and built environments to establish lifelong healthy behaviors and impact maternal and behavioral health. Establishes community care hubs using regional stakeholder groups to create integrated models that improve physical and mental health and funding local partners to support efforts including nutritious foods and physical activity. Targets rural Utahns across their entire lifespan to prevent chronic disease and support behavioral health.
Rural Incentive and Skill Expansion (RISE)	Invests in career pathways starting in grade school to build a sustainable rural healthcare workforce. Connects local education and expanded clinical training directly to regional healthcare needs and expands on the capacity of rural clinical preceptor programs across various provider types. Aligns with state leadership goals to increase the total number of primary care providers in rural counties by five percent.
Sustaining Health Infrastructure for Transformation (SHIFT)	Transforms preventive care through targeted enhancements to local service delivery including the introduction of a 24/7 crisis stabilization center and multi-purpose facilities delivering preventive and specialist care services. Builds a resilient, interconnected system centered on proactive wellness, early clinical intervention, and care delivered at home. Addresses interconnected economic, infrastructure, and workforce barriers that cause disproportionately poor health outcomes in rural populations.
Financial Approaches for Sustainable Transformation (FAST)	Resolves core financial and care delivery challenges that hinder the viability of rural healthcare in Utah. Transitions local providers to value-based payment models and proactive care while streamlining revenue cycles for efficiency. Pilots alternative funding models to secure reliable specialist access for rural communities and allow patients to receive care from home.
Leveraging Innovation for Facilitated Telehealth (LIFT)	Improves physical and behavioral healthcare access in rural communities through scalable, data-informed telehealth strategies. Delivers hands-on training and technical assistance to facilitate effective technology implementation and lasting impact. Expands timely access to high-quality care to address lower cancer survival rates and higher rates of suicide.

Utah

$195.74M
Budget Period 1 Funding

$191.92M
Budget Period 2 Funding



Initiative Name	Initiative Description
Shared Utilities for Partnered Provider Operational Resources and Technology (SUPPORT)	Partners with rural facilities to build common critical digital, technological, and administrative infrastructure across facilities. Leverages economies of scale by offering collaborative opportunities and shared operational resources. Preserves local operational autonomy while helping rural clinics and hospitals reduce infrastructure costs, and providers limit time spent on administrative and non-clinical tasks.
Leveraging Interoperability Networks to Connect Services (LINCS)	Creates a connected health ecosystem by modernizing the secure electronic exchange of health data among rural clinics, hospitals, and public health entities. Aligns with the Centers for Medicare and Medicaid's Interoperability Framework to advance open, standards-based data exchange. Positions the state at the forefront of digital healthcare coordination through secure, real-time data sharing and ongoing recruitment and training for associated staff.

Utah

$195.74M
Budget Period 1 Funding

$191.92M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

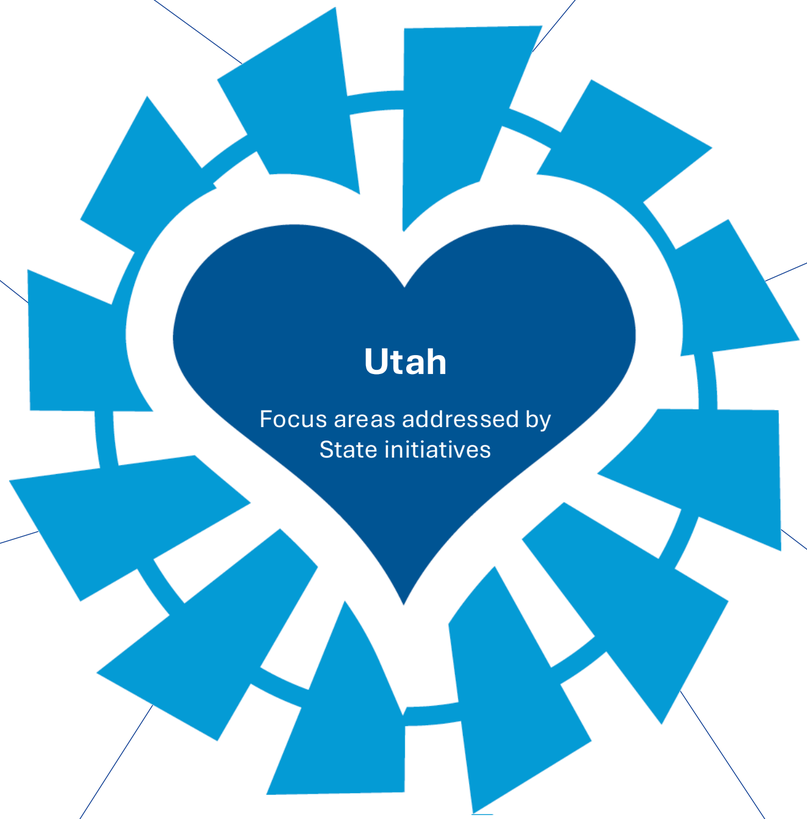
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



State Policy Action Commitments

B.2. Health and Lifestyle

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Cancer Prevention & Treatment
Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

Utah

$195.74M
Budget Period 1 Funding

$191.92M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, UT did not require schools to reestablish the Presidential Fitness Test	Utah committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, UT had a waiver approved by USDA	No State commitment (Waiver in place)	N/A	$6.64M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, UT had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M

Utah

$195.74M
Budget Period 1 Funding

$191.92M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, UT was a member of all five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, UT had full scope of practice (SOP) for PAs and NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$2.37M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, UT did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, UT Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Vermont

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Vermont

$195.05M
Budget Period 1 Funding

$190.00M
Budget Period 2 Funding



Initiative Name	Initiative Description
Regionalization and Innovative Care Strategies	Conducts detailed strategic planning and implementation to establish a transformed, regional system of care ensuring health services are right sized and optimally distributed. Expands immediate access to community-based care through new urgent care and mobile medical units. Invests in specialized equipment like dialysis units and ventilators to deliver high-acuity services to nursing home residents.
Establishing a Clinically Integrated Network of Shared Services	Fosters collaboration and partnerships across the continuum of healthcare providers in the state collaborating with an organizing entity to implement initiative components. Implements a system of shared services to produce operational efficiencies, lower costs, and preserve patient choice. Funds the purchase of necessary clinical technologies, including telehealth, electronic consultations, remote patient monitoring, and artificial intelligence scribes.
Strengthening Primary Care	Creates a modern, enhanced iteration of the state's existing Blueprint model to upgrade the current model originating in 2005. Focuses on integrated treatment for complex chronic conditions, evidence-based workforce training, and analytical and technical practice transformation assistance. Delivers continuous quality improvements to establish a highly coordinated learning and performance monitoring network.
Health Care Workforce Development	Strengthens the state's rural healthcare pipeline through strategic investments in recruitment, training, and retention. Enables local clinical providers to operate at the top of their professional licenses. Fosters a sustainable network of skilled professionals to improve overall care delivery in underserved areas and encourages partnerships among hospitals, educational institutions, and community partners.
Price Transparency and Insurance Competition	Increases access to affordable, high-quality care for rural residents by improving pricing transparency and insurance market participation. Enhances the state's ability to analyze cost, quality, and access metrics through a new technical platform accessible to policymakers, regulators, and the public. Supports a statewide assessment to evaluate options for expanding affordable health coverage options.

Vermont

$195.05M
Budget Period 1 Funding

$190.00M
Budget Period 2 Funding



Population Health

Behavioral Health

Workforce

Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Pharmacy Innovation



Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

State Policy Action Commitments

B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Vermont

$195.05M
Budget Period 1 Funding

$190.00M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, VT did not have a SNAP waiver in place	VT committed to this State Policy Action	No Progress	$3.32M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, VT was a member of two of the five licensure compacts	No State commitment	N/A	$1.37M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, VT had advanced or full scope of practice (SOP) for PAs, NPs, and Dental Hygienists. Pharmacist SOP was considered limited authority	No State commitment	N/A	$2.57M

Vermont

$195.05M
Budget Period 1 Funding

$190.00M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, VT Medicaid covered all three types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment (Medicaid coverage for specified remote care services in place; supportive remote care access policies in place)	N/A	$2.91M

Virginia

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Virginia

$189.54M
Budget Period 1 Funding

$195.71M
Budget Period 2 Funding



Initiative Name	Initiative Description
CareIQ	Advances innovative technologies that promote efficient care delivery, improved provider satisfaction, and enhanced patient outcomes in rural areas. Enables local healthcare providers to leapfrog outdated service models to deliver highly effective, data-informed medical treatments. Supports clinical decision-making through the deployment of modern digital health tools. Supports early-stage health technology start-ups based in Virginia, providers in adoption new, pre-selected tools to improve productivity through better decision support, documentation automation, workflow efficiency, and adopting upgraded EHR, cybersecurity and data analytics platforms, and hospitals to support scaling of remote patient monitoring (RPM).
Homegrown Health Heroes	Grows the rural provider workforce while providing clear career pipelines and economic opportunities for rural Virginians. Builds a sustainable local talent pipeline to address critical medical staffing shortages in underserved communities. Encourages residents to train and remain in their home counties as highly skilled clinical professionals. Funds residency slots across rural health systems in priority specialties, supports stand up of mobile labs, and expands capacity for existing and new healthcare credentials.
Connected Care, Closer to Home	Rewires how rural healthcare is delivered by bringing essential services directly into remote communities. Expands local access to primary, urgent, specialty, substance use disorder, dental, vision, and maternity care. Supports mobile care units, telehealth kiosks, “clinics in a box”, e consults, and development of “hubs”. Supports local EMS in training, staffing, and equipping to expand scope of services. Supports innovative maternal care through technical assistance for RPM.
Live Well, Together	Focuses on preventing chronic disease through a series of community-based, whole-health sub-initiatives. Supports Food as Medicine sub-initiative by piloting food pharmacies that offer produce, nutrition counseling, and medically tailored meals for food insecure patients with or at risk of chronic disease or recently discharged from the hospital. Pilots integrated chronic disease management programs to scale approaches to monitor and support high needs patients. Supports minor renovation and repurposing of community spaces into recreational spaces for structured physical activity programs, sports, and wellness education. Provides community-based education and engagement to support dual-eligible seniors in navigation of health care coverage and enrollment in integrated care plans.

Virginia is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

Virginia

$189.54M
Budget Period 1 Funding

$195.71M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics
Tribal Health & Engagement

Workforce

Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Medicaid Innovation
Operational Efficiency



Accessible Care

Mobile Health
Place-Based Care
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Virginia

$189.54M
Budget Period 1 Funding

$195.71M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, VA did not require schools to reestablish the Presidential Fitness Test	VA committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, VA had submitted a waiver, being processed by USDA	VA committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, VA already required nutrition to be included in CME for physicians	No State commitment (Nutrition CME requirement in place)	N/A	$5.38M

Virginia

$189.54M
Budget Period 1 Funding

$195.71M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, VA was a member of four of the five licensure compacts	No State commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, VA had advanced scope of practice (SOP) for PAs, reduced SOP for NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.78M
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, VA did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M

Virginia

$189.54M
Budget Period 1 Funding

$195.71M
Budget Period 2 Funding



Total State Policy Action Commitments: 2

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, VA Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Washington

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Washington

$181.26M
Budget Period 1 Funding

$177.06M
Budget Period 2 Funding



Initiative Name	Initiative Description
Ignite innovation in Washington's rural hospitals	Strengthens the financial health and sustainability of The Rural Collaborative (TRC), 30 independent rural hospitals, through new business models, technology, and forms of cooperation. This initiative expands a rural health network to create greater efficiencies and broadens the pathway for hospitals to participate in value-based care arrangements, shared staffing, and group purchasing. It leverages partnerships with the TRC and the Washington State Hospital Association (WSHA) to improve hospital operating efficiency.
Prevent disease and manage care in community settings	Builds and expands programs that support rural residents in settings outside the walls of clinical systems. The initiative expands the community-based workforce, develops dementia-capable communities, and modernizes emergency medical services transport to reduce delays for time-sensitive emergencies. It leverages partnerships with existing community hubs like senior centers, churches, and schools to promote prevention and connect people to social services.
Invest in the health of Native families	Improves the health and well-being of Native families by making critical investments in workforce development and care coordination. This initiative supports the training and hiring of Community Health Representatives, doulas , and other community-based workers to help families navigate complex health systems. It fosters strategic partnerships between Tribes and local hospitals through written care coordination agreements.
Adopt technology and data solutions to enable health improvements	Provides start-up funding and technical assistance for new and emerging technologies that increase efficiency, access, and quality in Washington's rural health care system. This initiative expands remote care services and provider mentorship through Project ECHO (Extension for Community Healthcare Outcomes) and invests in a provider technology fund for tools like AI, remote patient monitoring, and telehealth. It leverages partnerships with the University of Washington and other medical centers to bring expertise to rural communities.

Washington

$181.26M
Budget Period 1 Funding

$177.06M
Budget Period 2 Funding



Initiative Name	Initiative Description
Develop Washington's rural workforce to support rural communities	Launches a comprehensive strategy to strengthen the rural health workforce by focusing on key roles like nurses, primary care providers, and dental hygienists. This initiative expands rural family residency programs and supports "grow-your-own" training models that create pathways from high school to health careers. It leverages the Washington, Wyoming, Alaska, Montana, and Idaho regional collaborative (WWAMI) and Washington State University (WSU) to develop well-trained physicians prepared for rural practice.
Expand and sustain Washington's rural behavioral health system	Addresses the urgent and unmet behavioral health needs in rural Washington by expanding mobile crisis supports and investing in the workforce. This initiative helps transition behavioral health clinics to the Certified Community Behavioral Health Clinics (CCBHCs) model and improves access to school-based services for youth. It leverages the National Behavioral Health Crisis Care Guidance framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and investing in local EMS to provide a full spectrum of care.

Washington

$181.26M
Budget Period 1 Funding

$177.06M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
CCBHCs
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Operational Efficiency



State Policy Action Commitments

No commitments made

Accessible Care

Mobile Health
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Infectious Disease
Primary Care

Health Promotion

Upstream Drivers of Health

Washington

$181.26M
Budget Period 1 Funding

$177.06M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, WA had moderate CON regulations	No State commitment	N/A	$1.44M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, WA was a member of four of the five licensure compacts	No State commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, WA had advanced or full scope of practice (SOP) for PAs and NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$2.17M

Washington

$181.26M
Budget Period 1 Funding

$177.06M
Budget Period 2 Funding



Total State Policy Action Commitments: 0

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, WA Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

West Virginia

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Initiative Name	Initiative Description
Connected Care Grid	Builds the infrastructure to bring virtual and in-person primary, preventive, urgent, and specialist care access to people on-demand. This initiative bridges the gap between urban and rural communities by creating an integrated network that connects clinics, homes, and hospitals through modern technology. It expands specialty care access by leveraging partnerships with the WV Health Information Network (WVHIN) and local provider hubs.
Rural Health Link	Addresses transportation barriers by enabling access to a unified health-mobility platform for rural residents. The initiative connects citizens to transport options like public buses, rideshares, and volunteers for non-emergency medical needs. It builds on existing Medicaid non-emergency medical transportation (NEMT) and regional transit programs by partnering with the Departments of Health and Transportation to reduce missed appointments.
Mountain State Care Force	Addresses persistent health workforce shortages by developing home-grown talent and attracting providers to the state. This initiative expands rural residency programs and offers incentives for providers who commit to practicing in rural areas. It builds on existing state workforce programs by partnering with West Virginia's medical schools, the community and technical college system, and K-12 education.
Smart Care Catalyst	Helps rural providers reduce administrative burden and modernize operations by focusing on value and quality. This initiative supports the transition from fee-for-service to outcomes-driven payment models that improve both the quality and affordability of healthcare. It will partner with managed care organizations and commercial payers to develop standardized, multi-payer value-based care models.
Health to Prosperity	Tackles health issues that pose barriers to employment by connecting adults with chronic conditions to coordinated care and job placement. The initiative helps employees stay healthy by embedding wellness and preventive services directly in the workplace. It expands on successful state programs by partnering with employers and Medicaid managed care organizations (MCOs).

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Initiative Name	Initiative Description
Personal Health Accelerator	Empowers West Virginians to take ownership of their health through nutritious food, exercise, and local care connections. The initiative supports nutrition and lifestyle improvements by integrating wellness promotion and tracking into medical data systems. It creates synergies with the Connected Care Grid by engaging local, private sector, and provider partners to build sustainable programs.
HealthTech Appalachia	Incubates and scales breakthrough technologies that improve rural health and productivity while drawing private investment to expand statewide impact. This initiative fosters tech-enabled innovations to address chronic disease management and Substance Use Disorder recovery. The program will partner with universities, entrepreneurs, and investors to test and scale technologies that make care accessible in rural settings.

West Virginia is also implementing a Rural Technology Catalyst Fund, which promotes consumer-facing, technology-driven solutions for chronic disease prevention and management in rural populations.

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Pediatrics

Workforce

Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Alternative Payment Models
Aging-in-Place/Home Visiting
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place
Hub and Spoke Models of Care
Program of All-inclusive Care for the Elderly (PACE)

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



State Policy Action Commitments

B.2. Health and Lifestyle
B.4. Nutrition Continuing Medical Education
F.1. Remote Care Services

Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults
Transportation

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring
Rural Health Tech Catalyst Funding

Disease Prevention & Care

Chronic Disease
Primary Care

Health Promotion

Upstream Drivers of Health
Healthy Eating and Farming
Physical Activity

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, WV did not require schools to reestablish the Presidential Fitness Test	WV committed to this State Policy Action	Complete	$2.28M
B.3. SNAP Waivers	The Supplemental Nutrition Assistance Program (SNAP) provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, WV had a waiver approved by USDA	No State Commitment (Waiver in place)	N/A	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, WV did not require nutrition to be included in CME for physicians	WV committed to this State Policy Action	Complete	$5.38M

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, WV was a member of the five licensure compacts	No State commitment (Member of all five licensure compacts)	N/A	$2.29M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, WV had advanced scope of practice (SOP) for PAs, reduced SOP for NPs, limited authority for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.78M

West Virginia

$199.48M
Budget Period 1 Funding

$202.08M
Budget Period 2 Funding



Total State Policy Action Commitments: 3

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, WV did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, WV Medicaid covered two types of remote care services and had policies in place to allow out-of-State clinicians to provide telehealth/remote care	WV committed to this State Policy Action	**Complete:** Medicaid Payment for Remote Patient Monitoring	$2.91M

Wisconsin

State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Wisconsin

$203.67M
Budget Period 1 Funding

$203.70M
Budget Period 2 Funding



Initiative Name	Initiative Description
Rural Talent Recruitment and Retention	Combats severe provider shortages in rural areas by training new healthcare workers and recruiting them to locations of need. Focuses investments on building long-term innovative workforce systems and supporting career pathways for rural health care providers. Boosts adoption of community health workers (CHWs) and developing Medicaid reimbursement pathway for CHW services. Establishes a sustainable support infrastructure to retain clinical professionals in their roles for years to come.
Interoperability Infrastructure and Modernization	Helps rural communities connect and deliver medical care by upgrading local technology networks, purchasing patient and provider devices, and leveraging group purchasing power for new solutions and infrastructure. Distributes critical hardware, software, and technical assistance to improve clinical efficiency and enhance cybersecurity capacity. Launches transformative technology projects to improve overall health outcomes for rural populations.
Population Health Infrastructure	Transforms care delivery across rural communities through strategic partnerships. Supports the development of innovative, community-based care models to improve long-term population health reducing costs and preventable hospital visits. Connects local health stakeholders to establish highly coordinated medical interventions at the most appropriate and cost-effective site including in-home. Facility modifications may be permissible if in alignment with permissible use of funds for construction as defined by the program.

Wisconsin

$203.67M
Budget Period 1 Funding

$203.70M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement
Veteran's Health

Workforce

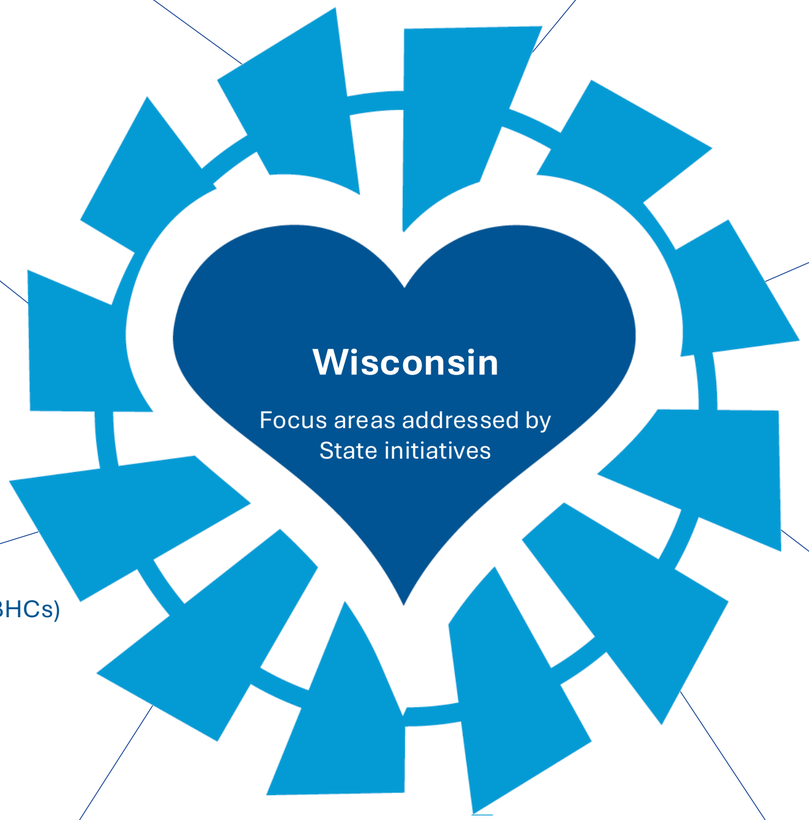
Community Health Workers (CHWs)
Early Career Exposure / High School Programs
Grow-Your-Own Workforce Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Certified Community Behavioral Health Clinics (CCBHCs)
Clinically Integrated Networks / Regionalized Care
Hub and Spoke Models of Care

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency
Pharmacy Innovation



Accessible Care

Mobile Health
Place-Based Care
School-Based Programs
Telehealth / eConsults

Technology

AI Tools
Cybersecurity
EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Patient Engagement Platforms
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Upstream Drivers of Health

State Policy Action Commitments

B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers

Wisconsin

$203.67M
Budget Period 1 Funding

$203.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, WI had active legislation to create SNAP waiver	WI committed to this State Policy Action	In Progress	$4.98M
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, WI had limited CON regulations	No State commitment	N/A	$2.16M

Wisconsin

$203.67M
Budget Period 1 Funding

$203.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, WI was a member of four of the five licensure compacts	No State commitment	N/A	$1.83M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline, WI had advanced or full scope of practice (SOP) for PAs and NPs, restricted SOP for Pharmacists, and semi-restricted SOP for Dental Hygienists	No State commitment	N/A	$1.78M

Wisconsin

$203.67M
Budget Period 1 Funding

$203.70M
Budget Period 2 Funding



Total State Policy Action Commitments: 1

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, WI did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, WI Medicaid covered all three types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$2.33M

Wyoming

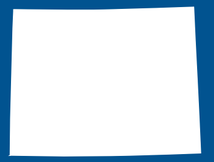
State Snapshot: 2026 Release

RURAL HEALTH TRANSFORMATION

Wyoming

$205.00M
Budget Period 1 Funding

$207.23M
Budget Period 2 Funding

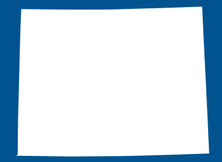


Initiative Name	Initiative Description
Access to emergency medical care	Shores up rural Wyoming's access to basic medical infrastructure across underserved communities. Secures essential regional resources for ambulance services, emergency departments, and labor and delivery units. Establishes the “Critical Access Hospital – Basic” (CAHB) incentive program to offer essential community services and emergency medical services regionalization efforts.
Rural workforce supply	Grows the supply of essential healthcare workers across Wyoming using a strategic combination of individual education support awards, educational capacity grants, and the 5-year required service periods. Expands training capacity at local schools while implementing mandatory five-year service commitments in rural areas. Establishes a highly skilled, sustainable workforce to meet the long-term clinical needs of remote counties through workforce education individual support, physician post-graduate medical education slots, workforce education start-up.
Health technology transformation	Leverages sensible technology investments to help groups of rural providers deliver better patient care closer to home. Expands remote patient access to clinical consultations and deepens the patient-provider relationship through virtual communication tools. Enhances the long-term management of chronic diseases while improving clinical efficiency through regional collaboration. Addresses the technology adoption challenge to improve care delivery closer to home, build interoperability across providers, and cut wasteful administrative activity. Establishes a statewide tele-specialist platform, a non-emergency transportation coordination platform, and improved centralized billing capacity.
Make Wyoming Healthy Again	Improves the metabolic, behavioral, and cardiovascular health of rural residents through integrated primary care expansion, clinically-integrated care coordination for chronic disease, exercise, and healthy diet promotion. Integrated primary care expansion increases the number and geographical reach of Federally Qualified Health Centers around Wyoming, with a focus on improving the integration of primary care with behavioral health, obstetric and gynecological care, as well as dental and preventive health services. Exercise and healthy diet promotion efforts establish partnerships with local non-profits to defray operational costs for organizing physical evidence-based activities.

Wyoming

$205.00M
Budget Period 1 Funding

$207.23M
Budget Period 2 Funding



Population Health

Behavioral Health
Maternal Health
Tribal Health & Engagement

Workforce

Early Career Exposure / High School Programs
Rural Residency Programs & Rural Graduate Medical Education (GME)
Workforce Incentive Programs
Workforce Training Programs

Payment & Service Models

Critical Access Hospital (CAH) Innovation/ Rural Emergency Hospital (REH) Conversion
Clinically Integrated Networks / Regionalized Care
Community Paramedicine & Treat-in-Place

Health System Innovation

EMS Modernization
Hospital Financial Stability
Medicaid Innovation
Operational Efficiency



Accessible Care

Place-Based Care
Telehealth / eConsults
Transportation

Technology

EHR Modernization
Health Information Exchange (HIE)
Connectivity/Data Sharing
Remote Patient Monitoring

Disease Prevention & Care

Chronic Disease
Dental Care
Primary Care

Health Promotion

Healthy Eating and Farming
Physical Activity

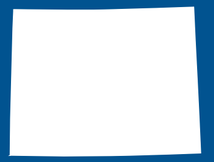
State Policy Action Commitments

B.2. Health and Lifestyle
B.3. Supplemental Nutrition Assistance Program (SNAP) Waivers
B.4. Nutrition Continuing Medical Education
D.2. Licensure Compacts
D.3. Scope of Practice

Wyoming

$205.00M
Budget Period 1 Funding

$207.23M
Budget Period 2 Funding



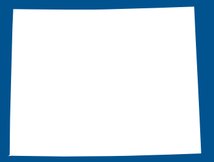
Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
B.2. Health and Lifestyle	Rural populations are disproportionately impacted by chronic diseases. Promoting prevention through physical activity and proper nutrition can reduce overall cost of care burden and improve health outcomes. **This State Policy Action captures whether a State requires schools to reestablish the Presidential Fitness Test.**	At baseline, WY did not require schools to reestablish the Presidential Fitness Test	WY committed to this State Policy Action	No Progress	$1.14M
B.3. SNAP Waivers	SNAP provides food benefits to low-income families to supplement their grocery budget. Restricting the use of SNAP benefits on non-nutritious foods can help improve dietary intake and clinical indicators associated with long-term disease in rural populations. **This State Policy Action captures State efforts to obtain a USDA SNAP Food Restriction Waiver to prohibit purchase of non-nutritious items.**	At baseline, WY did not have a SNAP waiver in place	WY committed to this State Policy Action	Complete	$6.64M
B.4. Nutrition Continuing Medical Education	Improved nutrition education among physicians through continuing medical education (CME) requirements can directly contribute to improving the health of Americans who live in rural areas given the disproportionate impact of chronic disease on rural America. **This State Policy Action captures State efforts to require nutrition to be a component for CME.**	At baseline, WY did not require nutrition to be included in CME for physicians	WY committed to this State Policy Action	Iin Progress	$3.37M

Wyoming

$205.00M
Budget Period 1 Funding

$207.23M
Budget Period 2 Funding



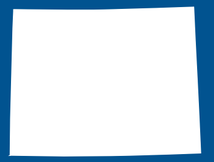
Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
C.3. Certificate of Need	Certificate of Need (CON) laws require healthcare providers to seek permission from the State before they can open new facilities or expand service offerings. Eliminating or loosening CON laws allows providers to establish new facilities in underserved rural regions without increased burden, addressing the scarcity of local care options. **This State Policy Action captures State efforts to ease CON laws across several service and facility types.**	At baseline, WY had no CON regulations across facility types	No State commitment (No CON regulations in place)	N/A	$2.88M
D.2. Licensure Compacts	Licensure compacts provide clinicians with the opportunity to serve patients across State borders, increasing the supply of accessible rural health providers. **This State Policy Action captures State participation in licensure compacts for physicians, nursing, EMS, psychology, and Physician Assistants.**	At baseline, WY was a member of four of the five licensure compacts	WY committed to this State Policy Action	**No Progress:** PA Compact	$2.06M
D.3. Scope of Practice	Physician supply challenges in rural areas could be mitigated by expanding the scope of practice of other clinicians who have training and competency in caring for many of the cases currently limited to physician care. **This State Policy Action captures State efforts to expand scope of practice for Physician Assistants, Nurse Practitioners, Pharmacists, and Dental Hygienists.**	At baseline WY had full scope of practice (SOP) for PAs and NPs. Pharmacist SOP and Dental Hygienist SOP were considered restricted	WY committed to this State Policy Action	**No Progress:** Pharmacist – Drug Administration, Pharmacist – Lab Testing, Pharmacist – Independent Prescribing, Dental Hygienist SOP	$2.37M

Wyoming

$205.00M
Budget Period 1 Funding

$207.23M
Budget Period 2 Funding



Total State Policy Action Commitments: 5

State Policy Action	Description	Baseline	Commitment	Status	Associated Funding Received in Year 2
E.3. Short-term, limited-duration insurance (STLDI)	Rural populations consistently have higher uninsurance rates than their urban counterparts. Short-term, limited duration insurance (STLDI) plans may offer some rural individuals lower-cost, short-term coverage options. **This State Policy Action captures whether a State restricts availability, use, or timeframe of STLDI beyond the latest federal guidance.**	At baseline, WY did not restrict STLDI plans beyond the latest federal guidance	No State commitment (No STLDI plan restrictions beyond federal guidance)	N/A	$2.57M
F.1. Remote Care Services	Remote care services can help expand access to care by allowing clinicians to provide care to rural residents from another location via telehealth, remote patient monitoring, or other modalities. **This State Policy Action captures State Medicaid coverage of remote care services and the presence of other policies to allow out-of-State clinicians to provide telehealth/remote care.**	At baseline, WY Medicaid covered two types of remote care services and had one policy in place to allow out-of-State clinicians to provide telehealth/remote care	No State commitment	N/A	$1.74M

RURAL HEALTH
TRANSFORMATION