

3.9.2026



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Rural Health Transformation Program (RHTP)



Disclaimer

This presentation is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$197,271,577.67 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



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RHTP Background and Timeline

Background

- H.R. 1, the Trump Administration's federal budget reconciliation bill, was signed into law on July 4, 2025, introducing an estimated \$15 billion in cuts to federal funding from Oregon for health insurance coverage, food benefits, and other programs. **Federal funding through RHTP is not intended to offset H.R. 1 Medicaid cuts.**
- H.R. 1 establishes a **one-time, five-year** Rural Health Transformation Program (RHT Program or RHTP), which makes funding available to states for health-related activities supporting rural communities and rural health system transformation.
- The Centers for Medicare & Medicaid Services (CMS) is charged with administering the program as a cooperative agreement.

CMS announced \$50B in awards to all 50 states

- On 12/29/25, CMS announced all 50 states will receive awards
- In 2026, first-year awards average \$200M, ranging \$147-281M
- **Oregon is receiving \$197.3M in 2026**
 - OHA submitted a revised budget on January 30, 2026
 - CMS approved the revised budget on February 18, 2026, and has partially lifted restrictions on the funds
- If approved for a similar amount in subsequent years, Oregon will receive an estimated \$1B over the five-year grant period

CMS RHTP Strategic Goals

Make Rural America Healthy Again

- Support rural health innovation and new access points to promote disease prevention, chronic disease management, behavioral health, and prenatal care.

Sustainable Access

- Improve efficiency and sustainability of long-term access points through high-quality regional systems and coordinated operations, technology, primary and specialty care, and emergency services.

Workforce Development

- Attract and retain a high-skilled workforce with a broader set of health care providers who are supported in practicing at the top of their license.

Innovative Care

- Spark the growth of innovative care models and develop and implement payment mechanisms to improve quality, outcomes, and care coordination, and shift care to lower cost settings.

Tech Innovation

- Foster investment and use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools for rural facilities, providers, and patients.

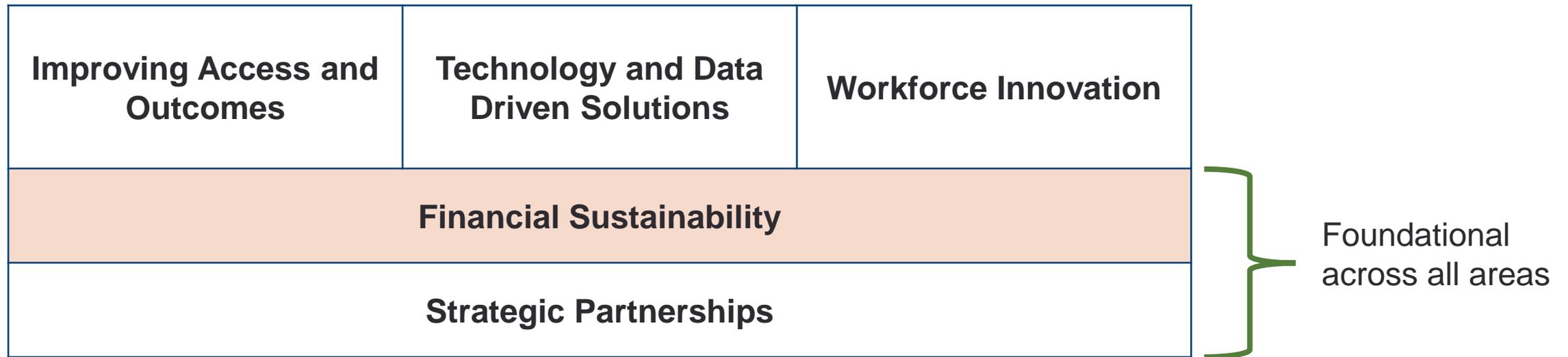


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Oregon's Transformation Plan Framework and Initiatives

Oregon's RHTP Transformation Plan

- **Goal:** We envision healthy rural communities where people, partners, and technology come together to build thriving communities of care – rooted in prevention, strengthened by regional collaboration, sustained by a resilient workforce, and guided by smart data for better health and well-being.
- **Anchor Strategies:** Oregon's rural health transformation will be anchored in the following focus areas:



Framing the Initiatives

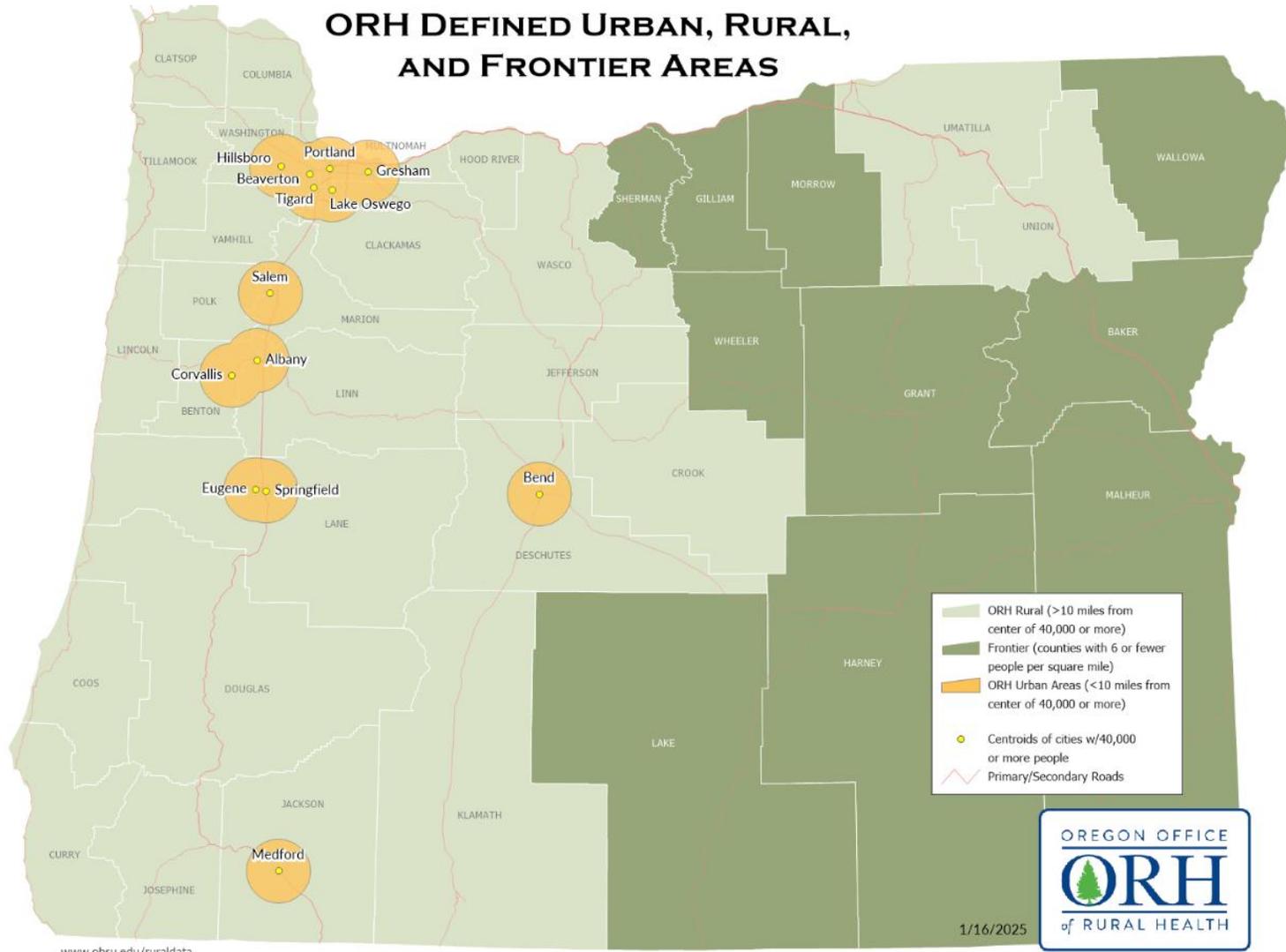
- **Align with CMS Strategic Goals:** Each initiative is mapped to one or more CMS strategic goals (e.g., MAHA, sustainable access, workforce development, innovative care, and tech innovation) to ensure federal alignment and maximize scoring potential.
- **Integrate Public Comment Ideas:** Initiatives include for consideration projects submitted during public comment, ensuring responsiveness to community-identified needs and alignment with ongoing efforts.
- **Elevate What's Already Working:** Models and programs that have demonstrated success and clear timelines will be strongly considered as initiative projects, allowing for replication and scaling.
- **Invest in Sustainable Transformation:** Support ready-to-launch projects for immediate impact and longer-term, regionally-driven efforts for sustainable transformation.

This approach allows for local solutions and innovation while maintaining state-level oversight and adaptability, ensuring funds are used effectively and within required timelines.

Oregon's Five Initiatives

Regional Partnerships & System Transformation	Healthy Communities & Prevention	Workforce Capacity & Resilience	Technology & Data Modernization	Tribal Initiative
<p>Focus on building rural regional networks and shared services to accelerate long-term sustainable strategies</p>	<p>Focus on scaling successful delivery models and creating new health access points to rural counties</p>	<p>Focus on developing a broad workforce from training to professional development programs</p>	<p>Focus on expanding and connecting rural health systems to needed technologies and data infrastructure</p>	<p>Focus on supporting the Tribes with improving health access and outcomes</p>
<p>Example Use of Funds:</p> <ul style="list-style-type: none"> Regional convenings & collaboratives Hub-and-spoke models Investment in Critical Access Hospitals Learning collaboratives Shared infrastructure, workforce, data Maternity care coalitions EMS modernization Standby Capacity Payments 	<p>Example Use of Funds:</p> <ul style="list-style-type: none"> Expanding access points Social health services Behavioral health integration Non-traditional models of care (e.g., digital tools and mobile vans) Chronic disease prevention 	<p>Example Use of Funds:</p> <ul style="list-style-type: none"> Rural residencies and fellowships Rural k-12 pathway programs Tele-mentoring and e-consults Training and certification of non-physician providers Recruitment incentives and family assistance 	<p>Example Use of Funds:</p> <ul style="list-style-type: none"> Health IT system investments AI-enabled tech solutions Community-information exchange & closed-loop referrals Cybersecurity Technical assistance for IT implementation 	<p>Example Use of Funds:</p> <ul style="list-style-type: none"> Strengthen Tribal Health Systems Facility & Infrastructure Behavioral health expansion “Grow Your Own” workforce programs Consumer-facing tech tools for managing chronic disease IT support and EHR upgrades

How is Oregon defining “rural” communities?



www.ohsu.edu/ruraldata

- Oregon is using the definition of “rural” used by the Oregon Office of Rural Health, which is defined as areas greater than 10 miles away from a population center of 40,000 or more people.
- All funds will be directed to rural and remote/frontier areas, with specific exceptions for only if funds will specifically advance rural health transformation (e.g., new medical residency programs).

Advisory Body

- The [Rural Health Coordinating Council](#) (RHCC), an 18-voting member council [statutorily](#) required to advise the Office of Rural Health, will serve as the advisory body for the state RHT Program.
 - ❑ Consists of healthcare provider organizations, rural consumers, and healthcare leaders.
 - ❑ Act as an accountability board; and
 - ❑ Advise on matters related to aligning RHT Program activities with the needs of rural and remote communities.



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RHTP & ADPC Alignment

RHTP Targets Across the Continuum

ADPC	RHTP Targets
HEALTH & SAFETY: Encourage more naloxone distribution in communities with low access	Increase access to naloxone
TREATMENT: Ensure timely access to the appropriate level of care at all entry points	EMS overdose reversal and buprenorphine initiation
	Increase availability of remote medication assisted treatment and ensure connection to local emergency departments
	Assess feasibility and implement ambulatory detox programs
YOUTH AGENDA: Non-clinical Recovery Spaces	Identify strategic investments for improving access for both A) dually eligible population, and B) children and youth with complex needs <ul style="list-style-type: none"> • Current exploration of projects that expand/support youth third spaces*
	Integrate SUD and MH standardized screening tool(s) and early intervention protocol into schools

Healthy Communities – Outcome 2 Targets

Outcome 2: Increase availability of mental health and substance use disorder treatment

Topic	Target- Year 1	Target –Year 2	Target – Year 3
School based screening & intervention	Integrate SUD and MH standardized screening tool(s) and early intervention protocol into at least 3 schools	Integrate SUD and MH standardized screening tool(s) and early intervention protocol into at least 3 additional schools	Integrate SUD and MH standardized screening tool(s) and early intervention protocol into at least 3 additional schools
Naloxone	Increase access to community naloxone in at least 5 rural counties	Increase access to community naloxone in at least 10 additional rural counties	
EMS OD Reversal	Identify 2-3 EMS providers to pilot overdose reversal and buprenorphine initiation in the field for 2027 and 2028 implementation		1-2 EMS providers are piloting initiation of buprenorphine in the field post overdose reversal
Remote MAT			Increased availability of remote medication assisted treatment in 3 counties and ensure connection to local emergency departments
Ambulatory detox		Assess feasibility for ambulatory detox and identify at least 3 sites for FY2028	Implement at least 3 ambulatory detox programs
Dual Eligible Children & Youth with complex needs	Identify strategic investments for improving access to integrated care for dually eligible individuals and/or child and youth with complex needs		Invest in innovative integrated care models for dually eligible individuals and/or children and youth with complex needs in at least 3 rural communities
Mental Health Prevention (NEW)	Identify strategic investments and increase availability of mental health prevention programs and activities	Increase availability of mental health prevention programs and activities	
Address Unmet Mental Health Needs	Establish, or expand, projects that close service gaps for people living with mental health conditions in at least 5 rural counties	Establish, or expand, projects that close service gaps for people living with mental health conditions in at least 10 additional rural counties	

Workforce Capacity & Resilience Outcomes & Year 1 Targets

OUTCOME

Yr 1 Targets

1: Increase # of rural providers/partner organizations participating in workforce training programs

- conduct 15 simulation trainings for at least two specialties to support rural providers
- launch new provider training programs for rural providers
- establish one new peer-to-peer e-consultation line

2: Increase # of providers recruited to deliver health care in rural areas through local partnerships and relocation and retention incentives

- Develop and implement rural provider incentive programs such as free or reduced tuition or training, relocation grants including bonuses, housing stipends, family relocation and childcare assistance.
- identify sponsoring institution for new family medicine residency.

3. Increase health care career pathway programs in rural K-12 schools

- Develop pathway programs connecting K-12 schools with higher education institutions or health care settings such as hospitals or clinics to create or expand health care career exploration programs for K-12.

4. Increased hiring, training, and use of non-physician, non-hospital, and allied health professionals

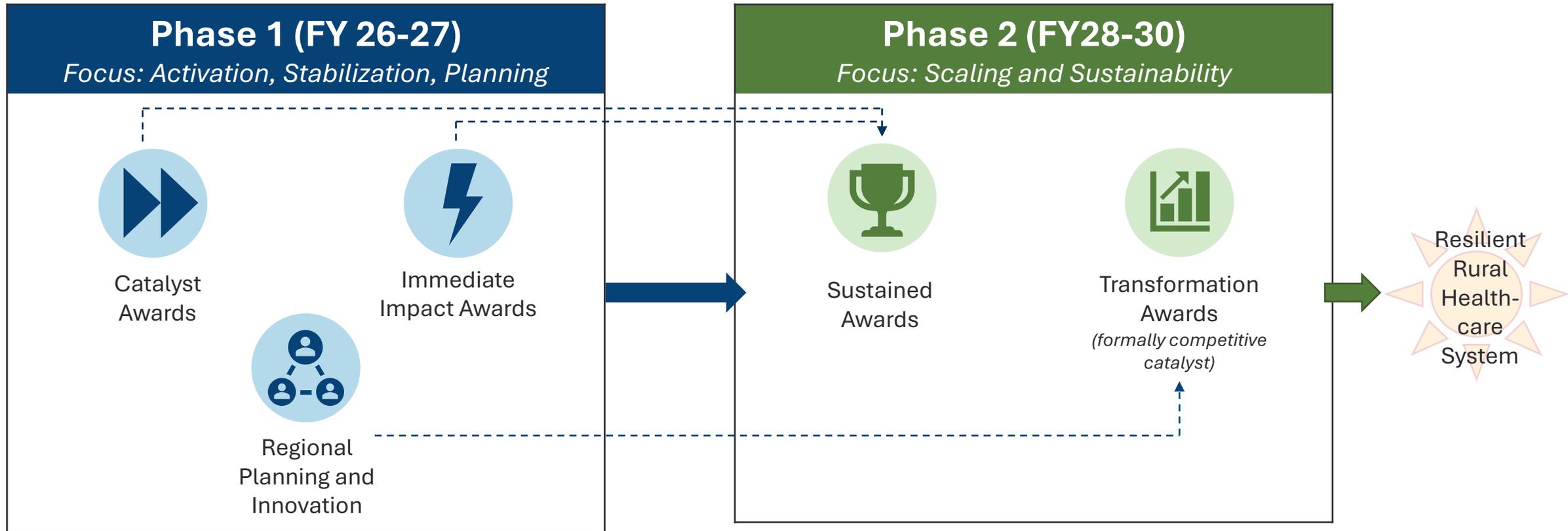
- Coordinate training for non-physician, non-hospital and allied health professions in rural areas such as dental hygienists, pharmacy technicians, traditional health workers such as peer support specialists and other allied health workers.



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Distribution Timeline and Plan

Oregon's Rural Health Transformation Journey



Phase 1 (FY26 – FY27)

Initial phase will focus on three pathways for implementation

- 1. Catalyst Awards:** Through a Request-for-Grant-Proposal (RFGP) process, organizations will be expected to apply across initiatives for ready-to-go projects that can be implemented within the first two years of the RHT Program.
- 2. Immediate Impact:** Direct awards (non-competitive) for a select set of aligned opportunities identified by the state (not through an application process). Strategic investments will be made to independent rural hospitals, critical access hospitals, and rural health clinics to stabilize essential services and build readiness for Phase 2.
- 3. Regional Planning and Innovation:** Partner with the Office of Rural Health to facilitate regional convenings and technical assistance to eligible entities as they form or further develop their regional partnerships, shared infrastructure plans, and build capacity to apply for Phase 2 funding.

Phase 2 (FY28 – FY30)

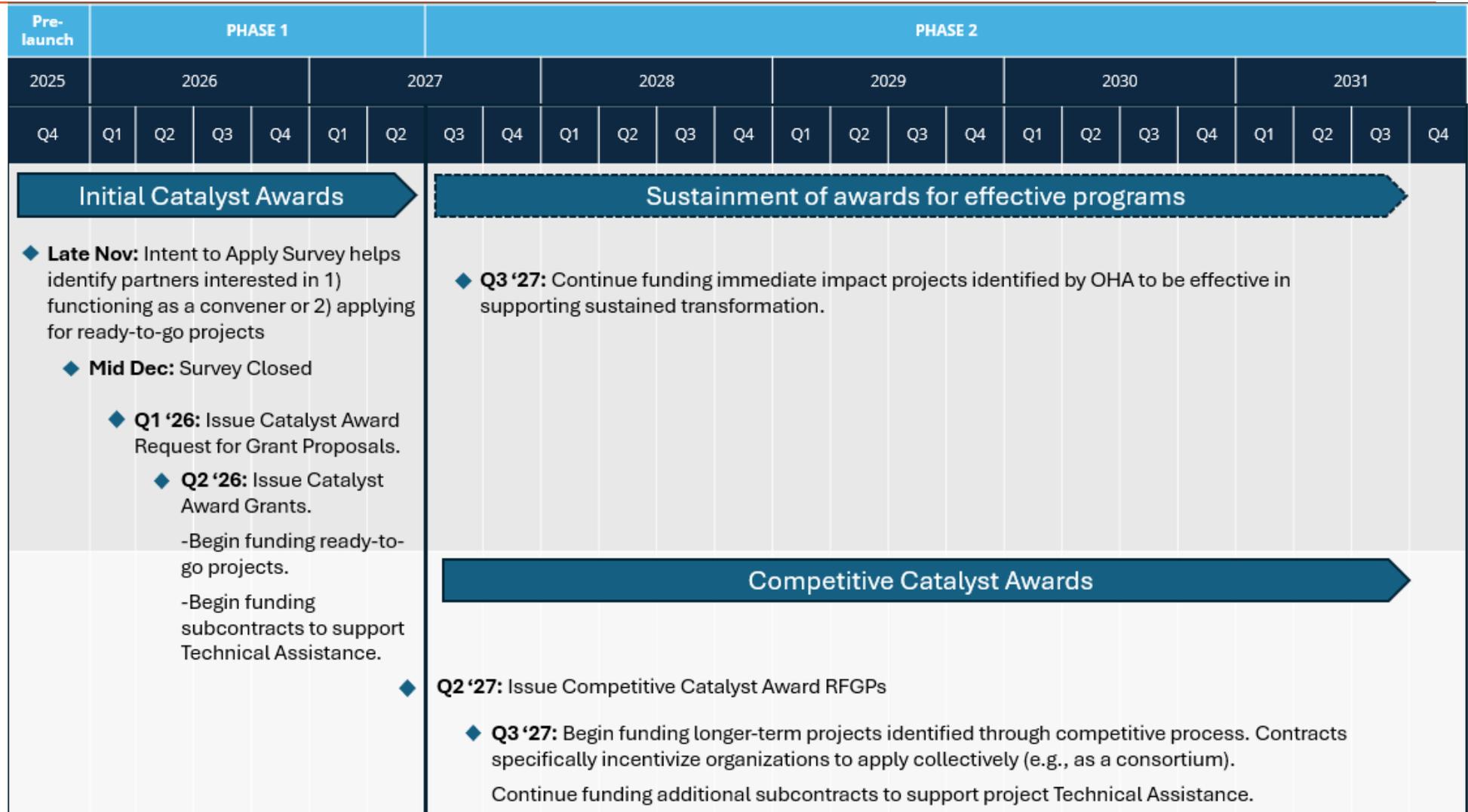
Phase 2 will mirror the initial phase but focus on incentivizing true transformation with increased expectations related to regional alignment and sustainability.

- 1. Competitive Catalyst awards:** Through a competitive RFGP, organizations will be incentivized to apply collectively (e.g., as a consortium, part of a formal agreement, a CIN) or demonstrate significant alignment with regional priorities and needs.
- 2. Sustained awards:** Fund some Phase 1 projects that have demonstrated significant success and valuable impact but require additional years of investment to ensure completion.

RHT Program Distribution Timeline

Request for Grant Proposals (RFGPs) to fund ready-to-go projects...

Another round of procurement to fund longer-term projects...



Funding by Initiative

Initiatives	BY1	BY2	BY3	BY4	BY5
1. Regional Partnerships	\$39,000,000	\$40,000,000	\$40,000,000	\$40,000,000	\$55,000,000
2. Healthy Communities	\$75,000,000	\$75,000,000	\$55,000,000	\$50,000,000	\$50,000,000
3. Workforce	\$37,600,000	\$30,000,000	\$45,000,000	\$35,000,000	\$35,000,000
4. Tech/Data	\$7,400,000	\$15,000,000	\$20,000,000	\$35,000,000	\$20,000,000
5. Tribal	\$21,699,874	\$21,699,874	\$21,699,874	\$21,699,874	\$21,699,874

Proposed Funding by Pathways

Funding Pathways	Proportion	*Amount budgeted per year under \$200 million budget
1. Phase 1 Catalyst Awards	~40%	~\$80 million
2. Immediate Impact Direct Awards	~20%	~\$40 million
3. Regional Sustainability	~20%	~\$40 million
4. Tribal Set-Aside	10%	~\$20 million
<i>Administrative Costs, distributed across</i>	<10%	<\$20 million

[Note: Application does not require details of how funds would be divided between the Tribes]

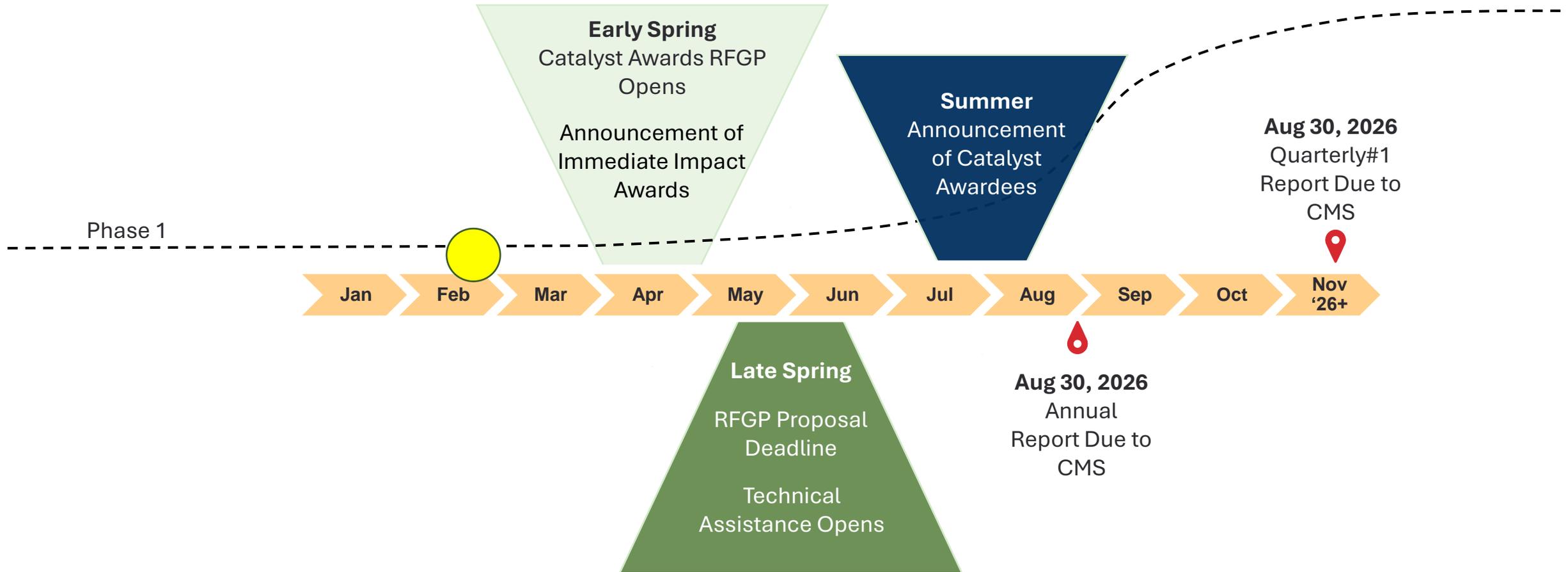
Note on Admin: OHA personnel staffing estimates for the full pricing are ~\$5.5M, with \$14.5M being distributed across subcontractors, and 10% of total admin reserved for the Tribal Initiative



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Preview of Next Few Months

2026 Roadmap



*All dates are proposed and contingent on CMS prior approval and release of funds decisions.

Year 1, Phase 1 Considerations

- **Goals:**
 - Support ready-to-launch projects for timely impact and funding
 - Stabilize critical services and meet year 1 targets through direct awards
 - Support regional convenings to propel planning and innovation
- **Receiving any RHTP award or TA does not prevent you from applying for other RHTP awards, including Phase 2 Transformation Awards.**

Catalyst Awards – Request for Grant Proposals (RFGP)

- **Opening:** Spring 2026 (Target: Early April 2026)
- **Goals:** Support “ready-to-launch” projects for timely impact and effectively utilize available funding
- **Award Details:** Limited number of *grant* awards will be available (50-100 range)
- **Eligibility (non-exhaustive):**
 - Serve rural community members
 - Provide services in alignment with one of our four initiatives and CMS’s use of funds category
 - Demonstrate connection to an initiative outcome, metric, and target
 - Represent new or expanded work (not currently reimbursable activities)
 - *The types of eligible entities are currently being finalized and will be shared soon*
- **Proposal Requirement:** All proposers must submit an RFGP to be considered for funding, regardless of involvement in past Intent to Apply or other public surveys.
 - Collaborative proposals are welcomed but one eligible entity needs to be the lead proposer/fiduciary
- **Next Update:** Newsletter and webinar focused on Catalyst Award expected March 2026

Phase 1 Immediate Impact Awards

- **Award Details:** Direct Awards – there is no application process
- **Goals:**
 - Stabilize critical services through direct investments in qualifying rural hospitals and rural health clinics
 - Secure subsequent year funding by meeting Year 1 CMS targets
 - Distribute funding primarily through existing agreements that align with public input
- **Project Selection:** Projects identified from public comments and partner engagements
 - Candidates demonstrate broad impact across Oregon while addressing specialized gaps and niche services
 - Clear connection and ability to achieve Year 1 CMS targets
 - OHA is already in touch with organizations under consideration
- **Next Update:** Announcement of Immediate Impact Awards expected mid-Spring 2026

Regional Planning and Innovation

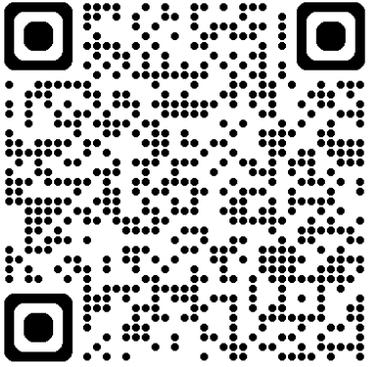
- **Partner** with the Office of Rural Health
- **Activities:**
 - Facilitated regional convenings
 - Technical assistance across community-identified issue areas
- **Goal:**
 - Develop or advance regional partnerships
 - Create shared infrastructure plans
 - Build capacity for Phase 2 funding – help organizations without ready-to-launch projects prepare and plan to apply in Phase 2
- **Upcoming Event:**
 - Vendor Roadshow in October 2026 in conjunction with Rural Health Conference
 - Vendor Interest Form – [link to form](#)



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Communication

Newsletter

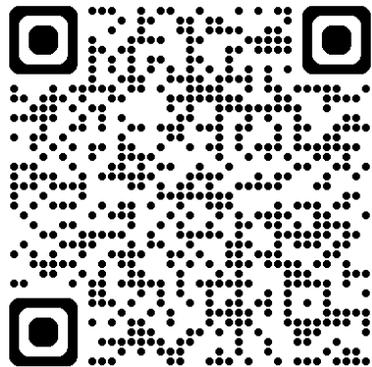


- Visit our home page:

<https://www.oregon.gov/oha/hpa/hp/pages/rural-health-transformation.aspx>

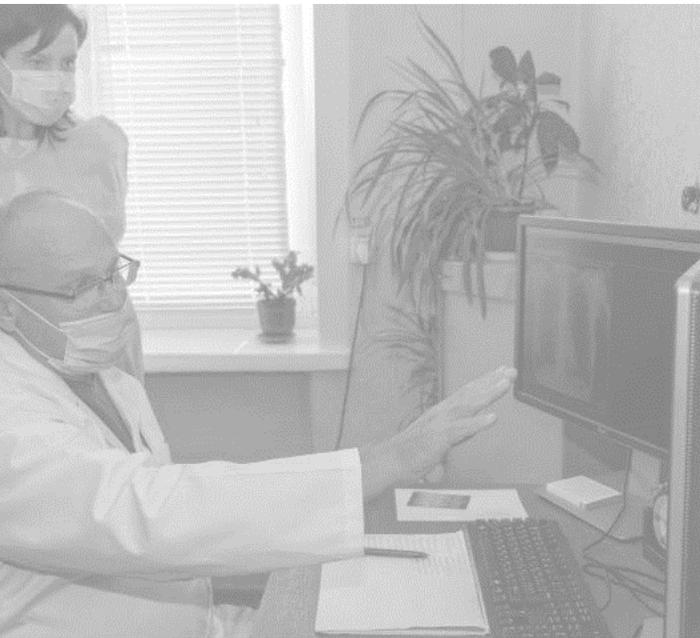
- Sign up for bimonthly newsletter:

https://public.govdelivery.com/accounts/ORHA/subscriber/new?topic_id=ORHA_209



Next Communications

- Details on the Catalyst Awards RFGP will be shared via home page updates, newsletter announcement, and a dedicated webinar
- **Webinar Date:**
 - Date: TBD (Target: March 2026)
 - Purpose: Walk through RFGP details
- **Office Hour:** Planned for Spring 2026 to support interested proposers
- Look out for upcoming communication on the home page and in the newsletter for webinar and office hour schedules



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Thank You

Website: <https://www.oregon.gov/oha/HPA/HP/Pages/rural-health-transformation.aspx?>

Email: rhtp@oha.oregon.gov



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Appendix

Metrics and Outcomes: Healthy Communities & Prevention

Initiative: Healthy Communities & Prevention

Outcome 1: Universal access to home visiting services

Metric: Number of families receiving home visits.

Data Source & Timing: County-specific, Oregon Family Care Connects data, annual

Outcome 2: Increase availability of mental health and substance use disorder treatment.

Metric: Follow up after ED visit for MH & SUD (7-day and 30-day rates)

Data Source & Timing: State-specific, Oregon Medicaid data for CMS Core (NCQA), annual

Outcome 3: Increase patient engagement with new preventative health and/or self-management programs.

Metric: Number of new preventative health or self-management programs in rural Oregon.

Data Source & Timing: State-specific, participant-reported, annual

Outcome 4: Increase rural populations served by new health care and social health services (i.e. health services)

Metric: Number of new access points to care

Data Source & Timing: State-specific, participant-reported, annual

Outcome 5: Expanded access to health care services, including chronic disease management, through increase availability of telehealth.

Metric: Increase proportion of telehealth encounters

Data Source & Timing: County-specific, claims and encounter data, annual

Metrics and Outcomes: Workforce Capacity & Resilience

Initiative: Workforce Capacity & Resilience

Outcome 1: Increase number of rural providers/partner organizations participating in workforce training programs.

Metric: Number of provider trainings held.

Data Source & Timing: State-specific, participant-reported, annual

Outcome 2: Increase number of providers recruited to deliver health care in rural areas through local partnerships and relocation and retention incentives.

Metric: Provider-to-population ratio (direct patient care FTE per 100,000 population) in rural areas.

Data Source & Timing: County-specific, Oregon Health Care Workforce Reporting Program data, annual

Outcome 3: Increase health care career pathway programs in rural K-12 schools.

Metric: Number of K-12 health career pathway programs launched.

Data Source & Timing: State-specific, participant-reported, annual

Outcome 4: Increased hiring, training, and use of non-physician, non-hospital, and allied health professionals.

Metric: Number of non-physician, non-hospital, and allied health professionals recruited to rural areas.

Data Source & Timing: State-Specific, participant-reported, annual

Metrics and Outcomes: Technology & Data Modernization

Initiative: Technology & Data Modernization

Outcome 1: Robust engagement in IT technical assistance

Metric: Percent of organizations requesting health IT technical assistance that complete health IT and cybersecurity self-assessment

Data Source & Timing: State-specific, participant-reported, annual

Outcome 2: Increase health IT adoption and interoperability

Metric: Number of tools/capabilities adopted by awardees

Data Source & Timing: County-specific, participant-reported, annual

Note: Tools/capabilities are counted at the organization level

Outcome 3: Reduce administrative burden on providers

Metric: Percent of organization adopting a new health IT tool/capability that self

Data Source & Timing: State-specific, participant-reported, annual

Outcome 4: Improve organizational cybersecurity practices

Metric: Percent of organizations completing a cybersecurity self-assessment implementing measures to improve cybersecurity.

Data Source & Timing: State-specific, participant-reported, annual

Outcome 5: Increased use of remote care services and remote patient monitoring to prevent and manage chronic disease and reduce hospital

Metric: Percent increase in providers using remote patient monitoring.

Data Source & Timing: State specific, claims data, annual

Metrics and Outcomes: Regional Partnerships & Systems Transformation

Initiative: Regional Partnerships & Systems Transformation

Outcome 1: Reduce operating costs for rural health organizations through shared infrastructure according to regional/local needs.

Metric: Operating margins for CAHs

Data Source & Timing: State-specific, Oregon Hospital Financial and Utilization Data, quarterly

Outcome 2: Increase access to high need or at-risk service lines, such as maternity care

Metric: Number of patients receiving care from shared resources for at-risk service

Data Source & Timing: State-specific, participant-reported, annual

Outcome 3: Increase regional planning efforts focused on shared governance models, including CINs and consortiums

Metric: Number of organizations participating in regional partnerships

Data Source & Timing: State-specific, participant-reported, annual

Outcome 4: Increase participation in value-based care models

Metric: Number of organizations participating in value-based care models

Data Source & Timing: State-specific, participant-reported, annual

Example Outcome, Metric, and Targets: Workforce Capacity & Resilience

Initiative: Workforce Capacity & Resilience

Outcome 1: Increase # of rural providers/partner organizations participating in workforce training programs.

Metric: # of Provider Trainings held

Data Source & Timing: State Specific, participant-reported, annual

Targets:

YR1: By September 30, 2026, conduct 15 simulation trainings for at least two specialties; launch one new project ECHO or comparable education programs designed for rural providers; establish one additional peer-to-peer e-consultation line for rural providers.

YR2: By September 30, 2027, conduct 20 simulation trainings for at least two specialties; launch three new project ECHO or comparable education program for rural providers; expand hours of access to peer-to-peer e-consultation line for rural providers and promote consult line to increase access and availability of resource.

YR3: By September 30, 2028, maintain at least 20 simulation trainings across two specialties; add additional consultation capacity and incorporate more regional expertise.

YR4: By September 30, 2029, maintain at least 20 simulation trainings across two specialties; begin transitioning non RHT Program funding for sustainability of provider consultation service.

YR5: By September 30, 2030, secure sustainable funding to maintain and expand workforce training programs as needed by communities.

State Policy and Program Alignment

Proposed Initiatives	Alignment Opportunities
Healthy Communities & Prevention	Aligns with existing state-led efforts, such as public health grants, enhanced maternity payments, home visiting programs, and allied health professional training programs.
Regional Partnerships and Systems Coordination	May leverage existing partnerships and infrastructure to provide targeted technical assistance, peer learning opportunities, and support the convening of experts and partners focused on developing short and long-term solutions to regionally specific challenges and at-risk services, such as maternity care.
Workforce Capacity & Resilience	Opportunities to leverage the Health Care Provider Incentive Program to reach more individuals and a broader range of provider types while ensuring alignment with RHTP goals and needs.
Technology and Data Modernization	May support existing and future Health Information Exchange and Community Information Exchange efforts by offering technical assistance and support for projects that complement RHTP investments among all providers types.

RHTP Application Components

Rural Health Transformation Plan

Detailed plan that presents Oregon's vision, goals, and strategies for transforming rural health.

Project Narrative and Proposed Initiatives

Key components include alignment with CMS' strategic goals and permissible uses of funds, clear performance and outcome metrics, strong partnership engagement, and detailed plans for sustainability and implementation.

Budget Narrative

Detailed description for costs linked to each activity and explanation for dividing expenses between lead agency and subcontracted partners.

Public Comment Themes: Challenges

OHA sought public comment in August and September 2025 via structured survey. We received over 240 responses to questions addressing areas of unmet need, ready-to-launch projects, regionally coordinated partnerships and strategies, and evidence-based initiatives to strengthen care delivery.

Top Challenges Identified:

1. **Workforce Development** – Lack of robust training programs, recruitment & retention difficulties, housing shortages, and insufficient professional development and support across all provider types.
2. **Access to Care** – Service gaps all around, including dental, mental health, pharmacy, and specialty care. Limited transportation and long travel distances. EMS shortages and unstable workforce.
3. **Chronic Disease Management and Prevention** – Higher rates of preventable diseases. Limited prevention programs and access to specialists. Need for more community-based solutions, care coordination, and CHW-led programs.
4. **Telehealth & Technology**– Insufficient investment in digital infrastructure, technologies, and telehealth services for patient access and provider efficiency.
5. **Behavioral Health & SUD** – Severe shortages in behavioral health services, including addiction treatment. Need for more integration with primary care and outpatient services, especially for youth.
6. **Financial Instability** – Insufficient reimbursement rates and concerns about Medicaid cuts. Rural hospitals and clinics operating at a loss.
7. **Maternal & Child Health** – Maternity deserts, closures of L&D units, and lack of alternative perinatal care and early childhood interventions.
8. **Data & Quality Infrastructure** – Lack of capital to update HIT systems with improved EHRs, real-time analytics, and shared platforms.

Public Comment Themes

OHA sought public comment in August and September 2025 via structured survey. We received over 240 responses to questions addressing areas of unmet need, ready-to-launch projects, regionally coordinated partnerships and strategies, and evidence-based initiatives to strengthen care delivery.

Top Areas of Action Identified (non-exhaustive list of projects and strategies):

- **Primary Care Access and Outcomes** – new pharmacy access points, mobile clinics, CHW-led home visits, school-based health, nutrition classes
- **Behavioral Health** – fellowships and apprenticeships, youth residential treatment programs, integrated BH in outpatient settings
- **Technology and Data-driven Care** – digital health tools, e-consults, virtual psychiatry, and closed-loop referral systems
- **Workforce Development** – rural residency programs, loan forgiveness, telementoring and upskilling opportunities
- **Maternal and Child Health** – perinatal coordination, caregiver support systems, OB training programs for family physicians
- **Capital investments and infrastructure** – facility upgrades, equipment investments, short-term housing for staff
- **Emergency Services** – EMS system improvements, EMS buprenorphine train-the-trainer program, community paramedicine
- **Regional Partnerships and System Transformation** – cross-sector planning and forming of structured partnerships including clinically integrated networks (CIN), learning collaboratives, health information exchanges

Other Considerations

- H.R. 1 does not place limitations on types of entities that can receive funding through RHTP; only the discretionary portion (50%) requires CMS to consider rural representation.
 - States decide which entities receive funding. Oregon intends to direct this funding to high-need health care services for rural communities.
- RHTP is structured as a “Cooperative Agreement,” so states should expect more involvement, including detailed reporting and technical assistance, from CMS than typical grant programs would necessitate.

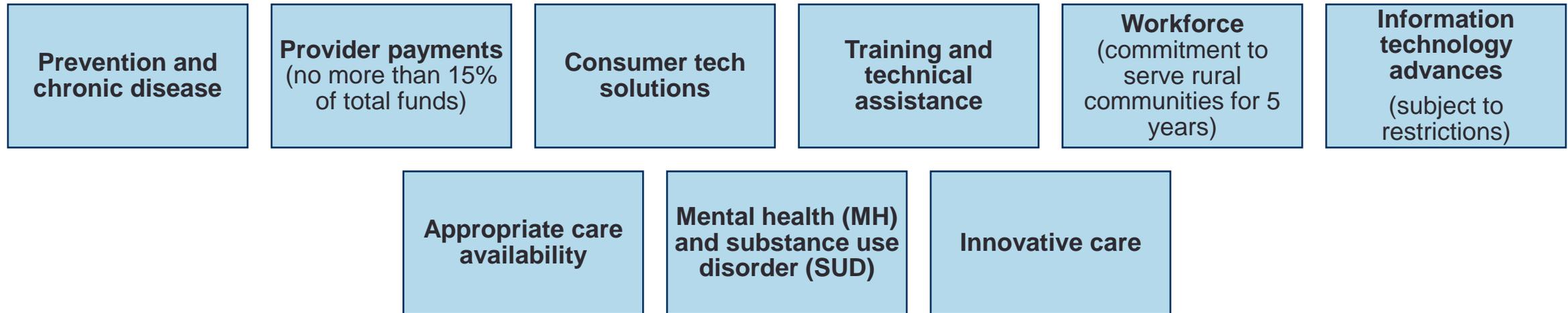
Oregon's Initiatives and CMS Strategic Goals

	Healthy Communities & Prevention	Regional Partnerships and Systems Coordination	Rural Workforce Capacity & Resilience	Technology and Data Modernization
Oregon's Initiatives	<p>People in rural Oregon can easily and affordably access the essential care they need through innovative, community-driven solutions that provide choice, including a variety of provider types, care delivery approaches (e.g., telehealth, home visits, mobile clinics), and tools to support personal health care management at all stages of life from prenatal to end-of-life care.</p>	<p>Oregon's rural health care system is organized in a way that enables regionally driven approaches to meet the unique and evolving needs of communities by sharing resources, providers, and technology.</p>	<p>Oregon is able to meet the health care needs of rural communities through innovative workforce solutions that expand capacity and utilize creative approaches, including enhanced recruitment and retention efforts, new residency and training programs specifically focused on rural and maternity care, supporting "grow-your-own" efforts, new staffing models, and a broader array of provider types.</p>	<p>Oregon's rural communities are supported through enhanced technological approaches and solutions to ensure digital access, secure information-sharing, reduced administrative complexity, and better communication across providers, patients and systems.</p>
CMS Strategic Goals	<p>Make rural America healthy again: Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.</p>	<p>Sustainable access: Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.</p>	<p>Workforce development: Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and patient navigators.</p>	<p>Tech innovation: Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.</p>

Innovative care: Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or ACOs to reduce health care costs, improve quality of care, and shift care to lower cost settings). CMS's fifth strategic goal has relevance across multiple initiatives. And because financial sustainability is foundational to achieving our Oregon's transformation goal for the program, this strategy will not be treated as standalone and, instead, integrated throughout.

RHT Program Use of Funds Requirements

Approved states may use funds awarded by CMS to invest in at least three of the permissible uses below:



Additional uses, as determined by the Administrator:



Note: No more than 10% of the amount allotted to a state for a budget period may be used by the state for administrative expenses. This 10% limit applies to administrative costs for the entire budget, including indirect and direct costs. See appendix for more information unallowable costs.

Funding Policies and Limitations

CMS will not allow the following costs:

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| <ul style="list-style-type: none">▪ Pre-award costs.▪ Meeting matching requirements for any other federal funds or local entities.▪ Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services.▪ Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.▪ Goods or services not allocable to the project.▪ Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.▪ Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.▪ The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477.▪ Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order. | <ul style="list-style-type: none">▪ Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.▪ Meals, unless in limited circumstances such as:<ul style="list-style-type: none">○ Subjects and patients under study.○ Where specifically approved as part of the project or program activity, such as in programs providing children's services.○ As part of a per diem or subsistence allowance provided in conjunction with allowable travel.▪ Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to: Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body.▪ Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying. |
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RHT Program Specific Limitations

CMS will also not allow the following RHT-specific costs:

- **New construction.** Supplanting funding for in-process or planned construction projects or directing funding towards new construction builds is unallowable. Renovations or alterations, as described in category J of the program requirements and expectations use of funds section, are allowed if they are clearly linked to program goals.
 - **Category J funding cannot exceed 20% of the total funding CMS awards states in a given budget period.**
- **To replace payment for clinical services that could be reimbursed by insurance. CMS will not accept payments to clinical services if they duplicate billable services and/or attempt to change payment amounts of existing fee schedules.** (If a state plans to fund direct health care services, the state must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model.)
 - **Funding for provider payments**, as described in category B of the program requirements and expectations use of funds section, **cannot exceed 15% of the total funding CMS awards states in a given budget period.**
 - **Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures** that fall within the definition of a specified **sex-trait modification procedure** at 45 CFR 156.400 because that is beyond the scope of this program.
- **No more than 5% of total funding CMS awards to a state in a given budget period can support funding the replacement of an EMR system** if a previous HITECH certified EMR system is already in place as of September 1, 2025.
- **Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative”** (as described in the appendix) cannot exceed the lesser of (1) 10% of total funding awarded to a State in a given budget period or (2) \$20M of total funding awarded to a State in a given budget period, and funding is subject to all restrictions and requirements described in the example initiative
- **Clinician salaries or wage supports** for facilities that subject clinicians to **non-compete contractual limitations.**
- **None of the funding shall be used by the state for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.**
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on **payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.**

1. Healthy Communities & Prevention

Focus: Primary care (for physical, behavioral, and oral health needs) and chronic disease management, maternal and child health, and population health infrastructure

Future vision:

People in rural Oregon can easily and affordably access the essential care they need through innovative, community-driven solutions that provide choice, including a variety of provider types, care delivery approaches (e.g., telehealth, home visits, mobile clinics), and tools to support personal health care management at all stages of life from prenatal to end-of-life care.



2. Regional Partnerships and Systems Coordination

Focus: Shared infrastructure, regional planning, cross-sector collaboration

Future vision:

Oregon's rural health care system is organized in a way that enables regionally driven approaches to meet the unique and evolving needs of communities by sharing resources, providers, and technology.



3. Workforce Capacity & Resilience

Focus: Recruitment, training, retention, and wellness of rural health providers

Future vision:

Oregon is able to meet the health care needs of rural communities through innovative workforce solutions that expand capacity and utilize creative approaches, including enhanced recruitment and retention efforts, new residency and training programs specifically focused on rural and maternity care, supporting “grow-your-own” efforts, new staffing models, and a broader array of provider types.



4. Technology and Data Modernization

Focus: Health information technology (HIT) infrastructure, data exchange, cybersecurity, and provider-facing technology

Future vision:

Oregon's rural communities are supported through enhanced technological approaches and solutions to ensure digital access, secure information-sharing, reduced administrative complexity, and better communication across providers, patients and systems.



1. Healthy Communities & Prevention

Proposed Use of Funds	Proposed Disbursement Plan
<ul style="list-style-type: none">• Targeted investments in stabilizing services lines that are most strained or under-resourced in rural communities, including primary care, BH services and EMS services• Innovative access points (e.g., schools, mobile clinics, remote pharmaceutical dispensing)• Consumer-facing technology and AI-enabled tools for chronic disease management• Community-based programs to promote healthy behaviors (e.g., nutrition education, chronic disease self-management programs)• Expand maternal health care team (e.g., doulas, lactation consultants, and CHWs)• Risk-appropriate Labor & Delivery coordination and services (e.g., free-standing birth center)• Community-based services that support families through residential treatment programs• Care navigation connecting members to mental health and SUD resources	<ul style="list-style-type: none">• RFP to small rural facilities, clinics, counties, etc.• RFP for statewide coordinated case management• Direct funding or wrap-around payments

2. Regional Partnerships and Systems Coordination

Proposed Use of Funds	Proposed Disbursement Plan
<p>Phase 1</p> <ul style="list-style-type: none">• Start-up funding to support regional planning efforts (e.g., developing shared resources, shared workforce, and targeted service line expansion)• Assistance in setting up organization frameworks (e.g., clinically integrated networks)• Investments in care coordination models supporting integration of primary care, behavioral health, and social health services <p>Phase 2</p> <ul style="list-style-type: none">• Implementation of shared/distributed network services, such as telehealth services, network-wide staff recruitment and retention, billing and coding support for providers• Implementation of regional solutions that build in efficiencies in the delivery of care that can improve financial status and enhance sustainability while providing a pathway to value-based care	<ul style="list-style-type: none">• RFP to hospitals or regional collaboratives

3. Workforce Capacity & Resilience

Proposed Use of Funds	Proposed Disbursement Plan
<ul style="list-style-type: none">• Rural physician, nursing, and advanced practice provider residency programs in high-need specialties, including family medicine, obstetrics/maternity care, and psychiatry• Rural behavioral health fellowships and clinical apprenticeship programs• Tele-mentoring training for rural providers• Mobile simulation trainings for rural hospitals and ERs• Training programs for Community Health Workers, school-based mental health service providers, palliative care doulas, etc.• Rural preceptor recruitment and training models for programs including pharmacy and nursing• Programs to support rural students interested in pursuing health careers• Supporting and funding housing solutions and incentivizing collaboration between local employer and private sector	<ul style="list-style-type: none">• RFP to hospitals, medical schools, and clinical training or placement sites• State-distribution (RFA) for new medical residency programs

4. Technology and Data Modernization

Proposed Use of Funds	Proposed Disbursement Plan
<ul style="list-style-type: none">• Population health software and clinical support tools• AI-enabled tools and other technologies to extend the workforce and decrease administrative burden• Electronic Health Records (EHR) modernization• Interoperable technology systems across CBOs, hospitals, health centers, local health departments, clinics, behavioral health, and other social supports	<ul style="list-style-type: none">• RFP for organizations to allow for independent and regional solutions and purchases

Initiative Activities



Regional Partnerships

- Regional convenings & collaboratives
- Hub-and-spoke models
- Investment in Critical Access Hospitals
- Learning collaboratives
- Shared infrastructure, workforce, data
- Maternity care coalitions
- EMS modernization



Healthy Communities & Prevention

- Expanding access points
- Social health services
- Behavioral health integration
- Non-traditional models of care (e.g., digital tools and mobile vans)
- Chronic disease prevention



Tribal

- Strengthen Tribal Health Systems
- Facility & Infrastructure
- Behavioral health expansion
- “Grow Your Own” workforce programs
- Consumer-facing tech tools for managing chronic disease
- IT support and EHR upgrades

RHTP Initiatives



Technology & Data Modernization

- Health IT system investments
- AI-enabled tech solutions
- Community-information exchange & closed-loop referrals
- Cybersecurity
- Technical assistance for IT implementation



Workforce Capacity & Resilience

- Rural residencies and fellowships
- Rural k-12 pathway programs
- Tele-mentoring and e-consults
- Training and certification of non-physician providers
- Recruitment incentives and family assistance