NEVADA HEALTH AUTHORITY

Public Workshop:
Rural Health Transformation Program

Director's Office – Community Engagement & Workforce Development

October 2, 2025

NVHA.nv.gov

Agenda

1. Overview of the Rural Health Transformation Program & Grant
2. Rural Health Transformation Survey Results and Project Proposals
3. Path Forward

Overview of the Rural Health Transformation Program

What is the Rural Health Transformation Program?

H.R. 1 Section 71401, the One Big Beautiful Bill Act (OBBBA), enacted July 4, 2025, establishes a new federal grant program called the Rural Health Transformation Program.

$10 billion per federal fiscal years 2026-2030 for a total of $50 billion available across all states.

The program is intended to make investments in rural health and lead to truly sustainable transformation of health care in rural areas.

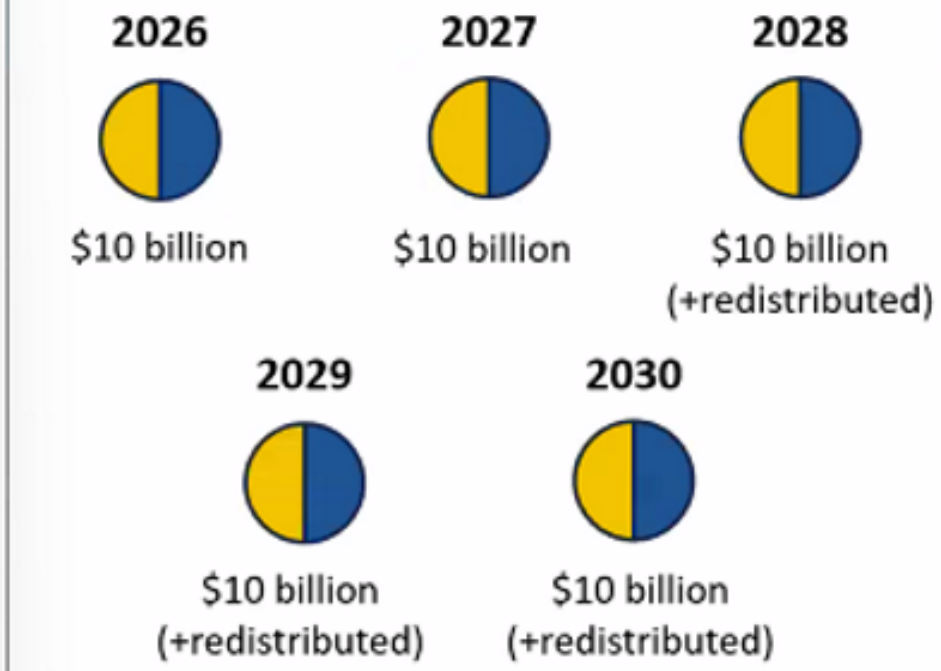
NEW Rural Transformation Grant

Key Items for Consideration

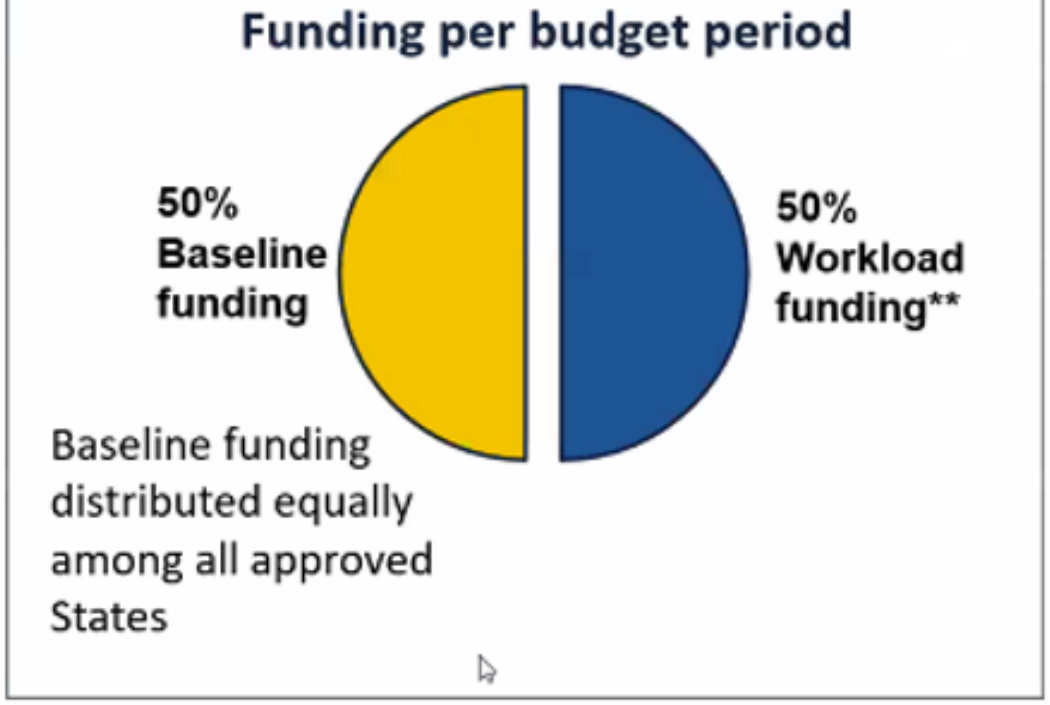
- Designed to mitigate some of the effects of changes to Medicaid financing for rural hospitals and providers resulting from H.R. 1.
- **One-time application process**.
- CMS released the Notice of Funding Opportunity (NOFO) September 15th.
- **Application due by 11:59 ET November 5, 2025** – no exceptions.
- All applications must be approved or denied no later than December 31, 2025.
- **NVHA developing Nevada's application strategy in coordination with stakeholders –** tribes, counties, and providers are all *critical partners*.
- To receive funds, states must submit a detailed **Rural Health Transformation Plan** on how the state will improve access to community providers & improve health outcomes in rural areas over the next 5 years.

Grant Funds Split into Two Pools Across Awardees

$50 billion awarded over five years,*
with $10 billion awarded each budget period
(plus any redistributed funds)

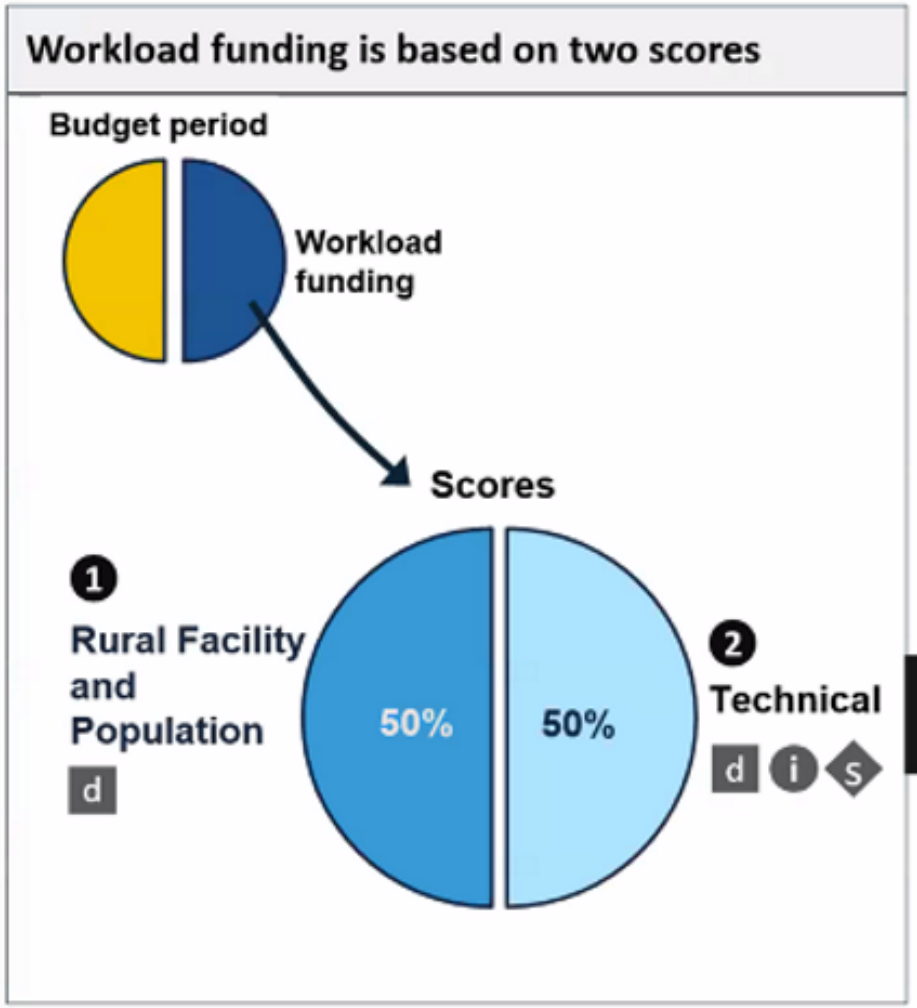


For each budget period, available funding is split equally between baseline and workload funding



** 50% awarded to at least 25% of states demonstrating the greatest rural challenges

Overview of Workload Funding



Scores are awarded based on three types of funding score factors

d **Data-driven:**
value of State's metrics compared to other States

i **Initiative-based:**
qualitative assessment of programmatic initiatives outlined in the application and subsequent follow through

S **State policy actions:**
current State policy, proposed policy action that the State commits to by accepting the award, and subsequent follow-through toward meeting policy action commitments

For all three score factor types, scores are indexed to 100 points total for a given factor

Rural Health Transformation Plan

States must include detailed strategies to:

- **Improve Access to Care:** Describe how the state will increase access to hospitals, healthcare providers, and essential health care items and services for rural residents.
- **Improve Health Outcomes:** Outline plans to enhance the health outcomes of rural residents, such as implementing evidence-based interventions for prevention & chronic disease management.
- **Prioritize New and Emerging Technologies:** Emphasize the use of innovative technologies that focus on prevention and managing chronic diseases.
- **Strengthen Local and Regional Partnerships:** Detail how the state will initiate, foster, and strengthen partnerships between rural and other healthcare providers.

Rural Health Transformation Plan

Continued detailed strategies must include:

- **Enhance Workforce Recruitment and Training:**
  Include strategies to improve economic opportunities and increase the supply of healthcare clinicians in rural areas through enhanced recruitment and training programs.
- **Leverage Data and Technology Solutions:**
  Prioritize data-driven and technology-enabled solutions that help rural hospitals and providers deliver high-quality services close to patients' homes, such as advanced health IT systems and cybersecurity improvements.
- **Manage Financial Solvency of Rural Hospitals:**
  Provide plans to ensure the long-term financial stability and sustainable operating models of rural hospitals.
- **Identify Causes of Rural Hospital Challenges:**
  Analyze and identify specific causes driving the increasing risk of rural hospitals closing, converting, or reducing services, and propose targeted solutions to address these issues.

RHT Program Strategic Goals

Make Rural America Healthy Again	Sustainable Access	Workforce Development	Innovative Care	Tech Innovation
Support rural health innovations and new access points to promote preventative health and address root causes of disease	Help rural providers become long-term access points for care by improving efficiency and sustainability	Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities.	Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements	Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients

Use of Funds Requirements

Approved states may use funds awarded by CMS to invest in at least 3 of these **permissible uses**:

- Prevention and chronic disease
- Provider Payments
- Consumer Tech Solutions
- Training and Technical Assistance
- Workforce
- Information Technology Advances
- Appropriate Care Availability
- Mental Health and Substance Use Disorder
- Innovative Care

Additional uses, as determined by CMS Administrator:

Capital Expenditures and Infrastructure

Including minor building alterations, or renovations and equipment upgrades, subject to restrictions.

Fostering Collaboration

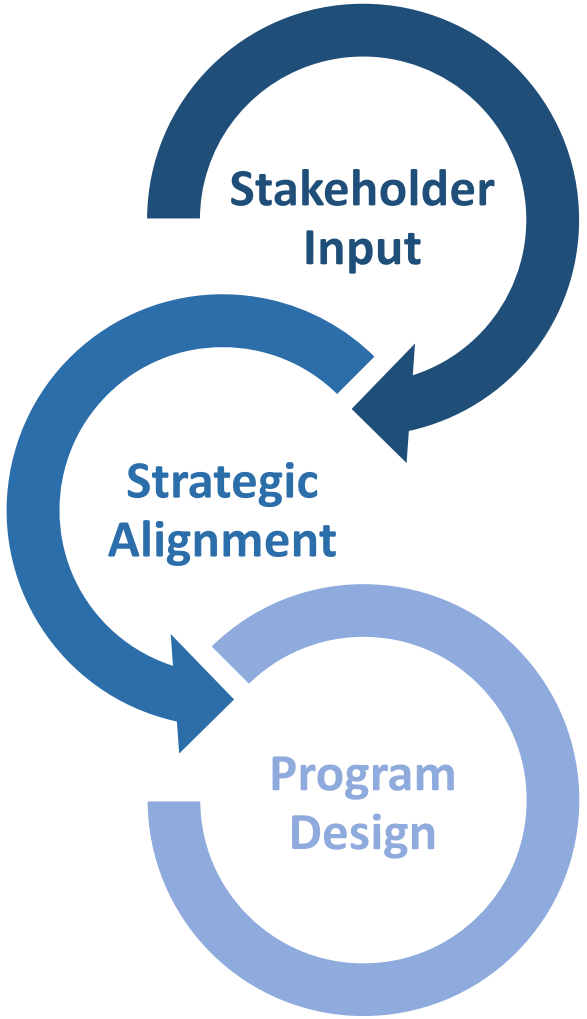
Strengthening local and regional partnerships

Rural Health Transformation Program: Nevada Stakeholder Survey Results

Why Stakeholder Input Matters

Engaging Community Voices

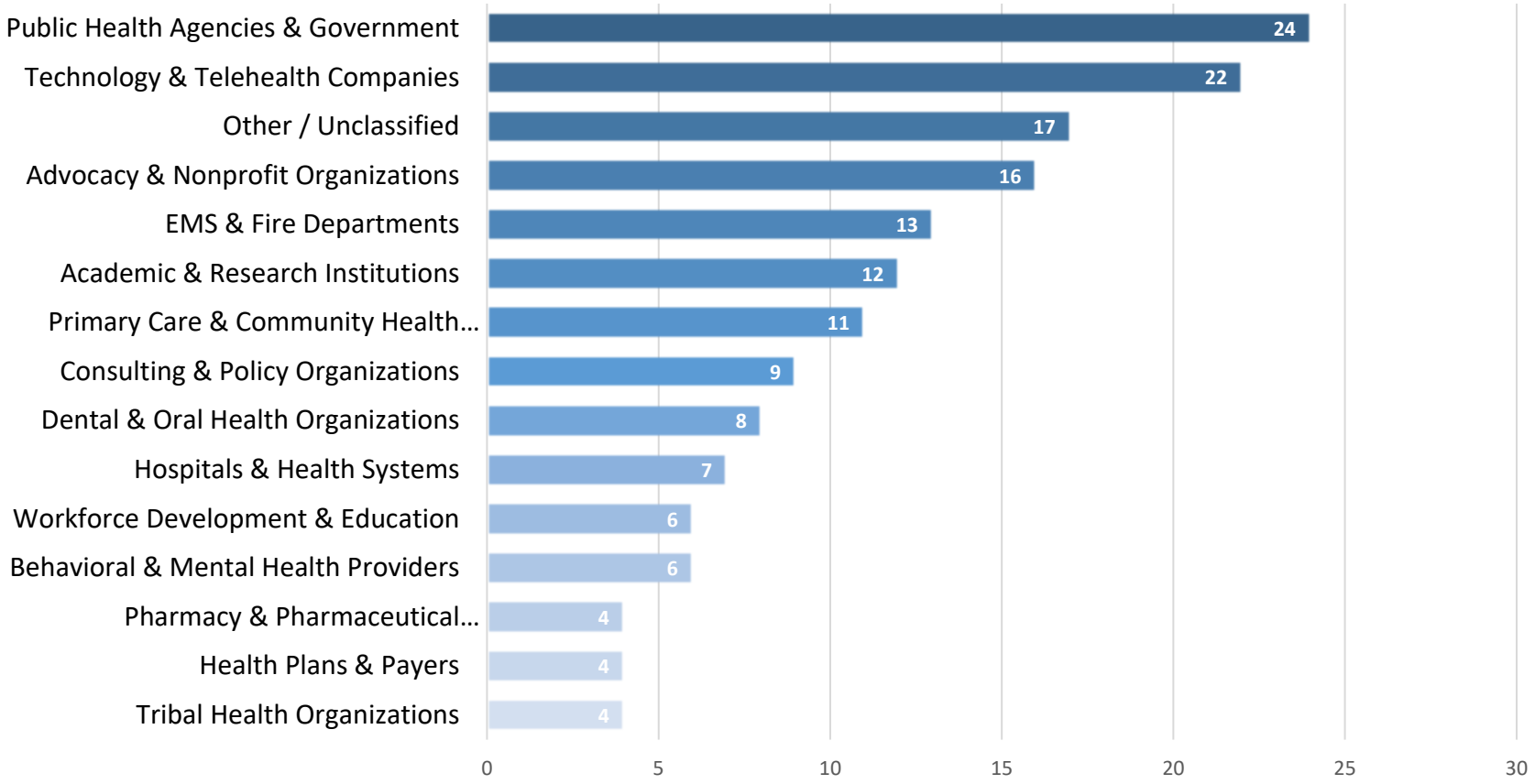
- Ensures Nevada's strategy reflects real **community needs**
- Grounds planning in **on-the-ground realities**
- Stakeholder input ensures alignment with:
  - CMS strategic goals
  - Use-of-funds categories
  - Implementation Feasibility



Who We Heard From

Survey Respondents by Stakeholder Type

165 responses from organizations across the rural health eco-system



Highlights:

- **165** total **responses**
- **Broad representation** across the rural-health landscape.
- **Some groups** were more **heavily represented**
- **Rural residents** and **smaller providers** were **underrepresented**, an important limitation
- Findings interpreted with this in mind

What We Asked

What We Asked Stakeholders

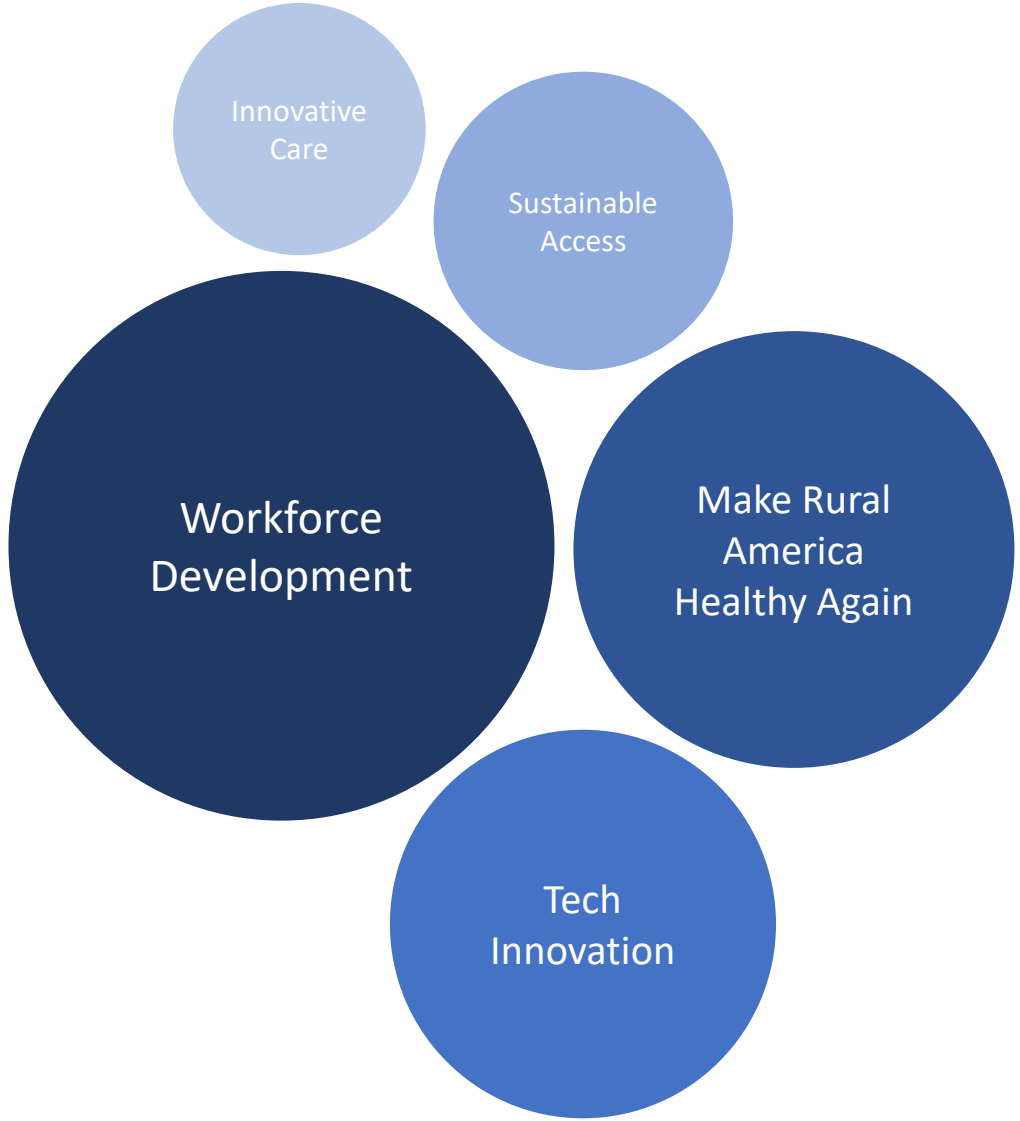
- **Closed- and open-ended questions** aligned with CMS strategic goals
- Explored **priorities, barriers, innovations, and definitions of rural**

Analysis Methodology

- Responses were **coded thematically** using CMS's five strategic goals
- Findings reflect **quantitative rankings** and **qualitative insights**

Stakeholder Priorities

- **Workforce Development** was the most frequently cited goal
- Priorities, like **access, prevention, and technology**, were often discussed in **combination**
- Stakeholders emphasized **systems, not silos**
- Quantitative rankings reinforced these insight:
  - Top 3 investment areas:
    - Workforce Recruitment and Retention
    - Prevention and Chronic Disease
    - Right-Sizing Rural Health Systems



Workforce Development

The Foundation of Rural Health Transformation

- Most frequently cited, seen as a **prerequisite for success** in other areas
- Common Themes:
  - **Local Training Pipelines**
  - **Loan Repayment and Incentives** for high-need areas
  - **Community Health Workers and Peer-Support** as a trusted scalable workforce model.
  - Address **Burn-out and Retention** challenges

> Rural health workforce development offers the greatest opportunity for transformative impact by addressing the root cause of provider shortages
>
> Rural Provider

> Buildings don't heal people, people do
>
> Advocate

Make Rural America Healthier

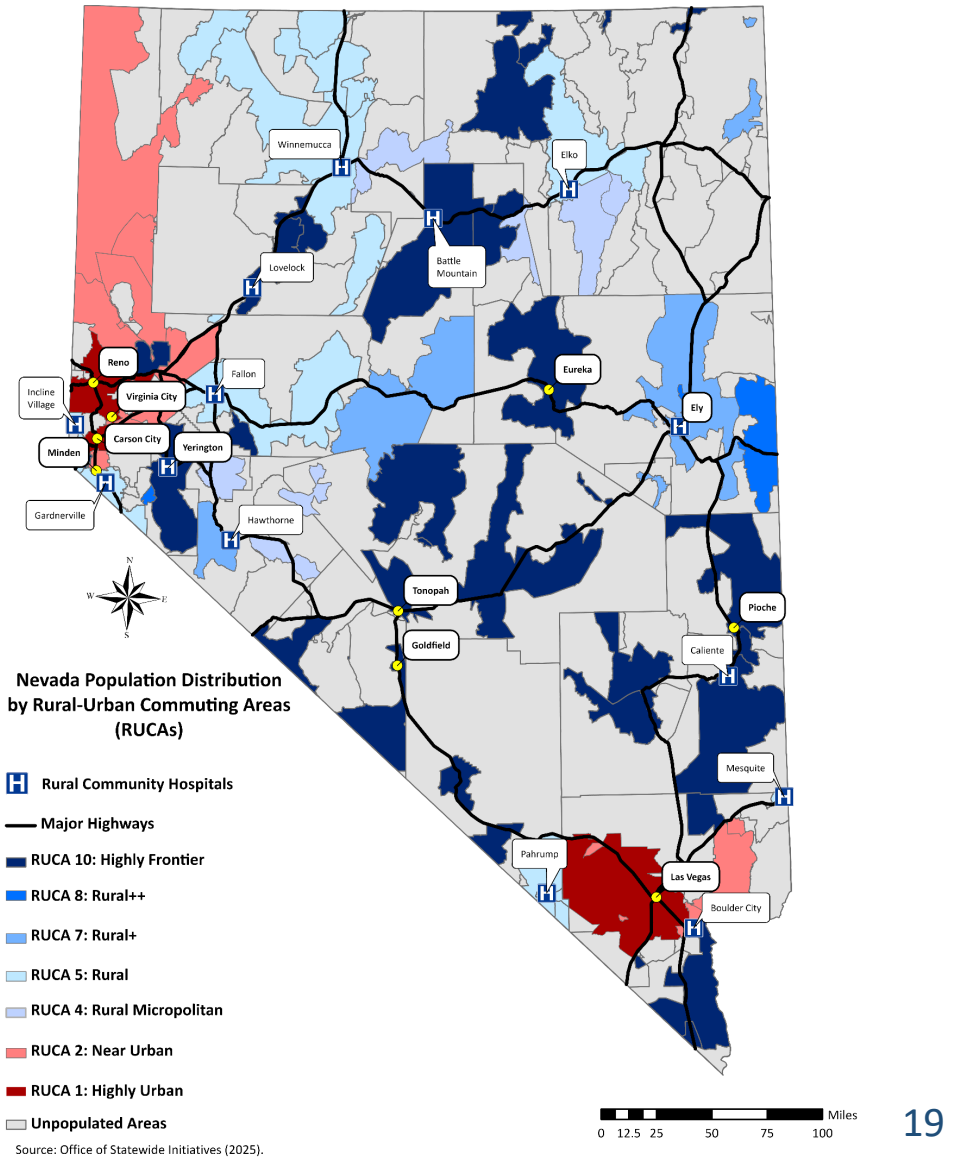
Upstream, Community-Based Care

- Described as the entry point to broader systems of care, and closely tied to other strategy goals
- Common Themes:
  - **Primary Care** as a Stabilizer
  - **Behavioral Health** Crisis
  - **Maternal Care** is Disappearing
  - **Oral Health** Prevention

Sustainable Access

More than Availability of Services

- Access was described as a combination of **transportation, infrastructure, and care models working together**
- Common Themes:
  - **Transportation** is the top barrier
  - **Mobile and Hybrid Care** Models
  - **Facility viability** and capital needs
  - **Right-sizing** care



Source: Office of Statewide Initiatives (2025).

Innovative Care

Flexible, Community-Based Models

- Innovation was often described as **redesigning care to meet people where they are**
- Common Themes
  - **Community paramedicine and treat-in-place EMS**
  - **Peer-led crisis models**
  - **Integrated Care**
  - **Payment Reform**

> Standing up a virtual health center would be a powerful and novel way to deliver health to rural communities...
>
> Local Government

Tech Innovation

> Technology becomes a durable backbone for rural health delivery; it lowers staff workload, supports long-term workforce retention, and ensures care delivery remains accessible
>
> Vendor

Extending Reach, Reducing Burden

A tool to expand access and ease provider workload, **often integrated with workforce, infrastructure, and training**

- Common Themes
  - **Telehealth infrastructure**
  - **Remote patient monitoring**
  - **AI and automation**
  - **Data Sharing and Modernization**

Cross Cutting Themes

Several themes appeared consistently across goals, suggesting **shared priorities** and **interconnected challenges**

- **Workforce is Foundational**
- **Behavioral Health Needs**
- **Mobile and Flexible Care Models**
- **Telehealth as a Connector**
- **Care Extenders**

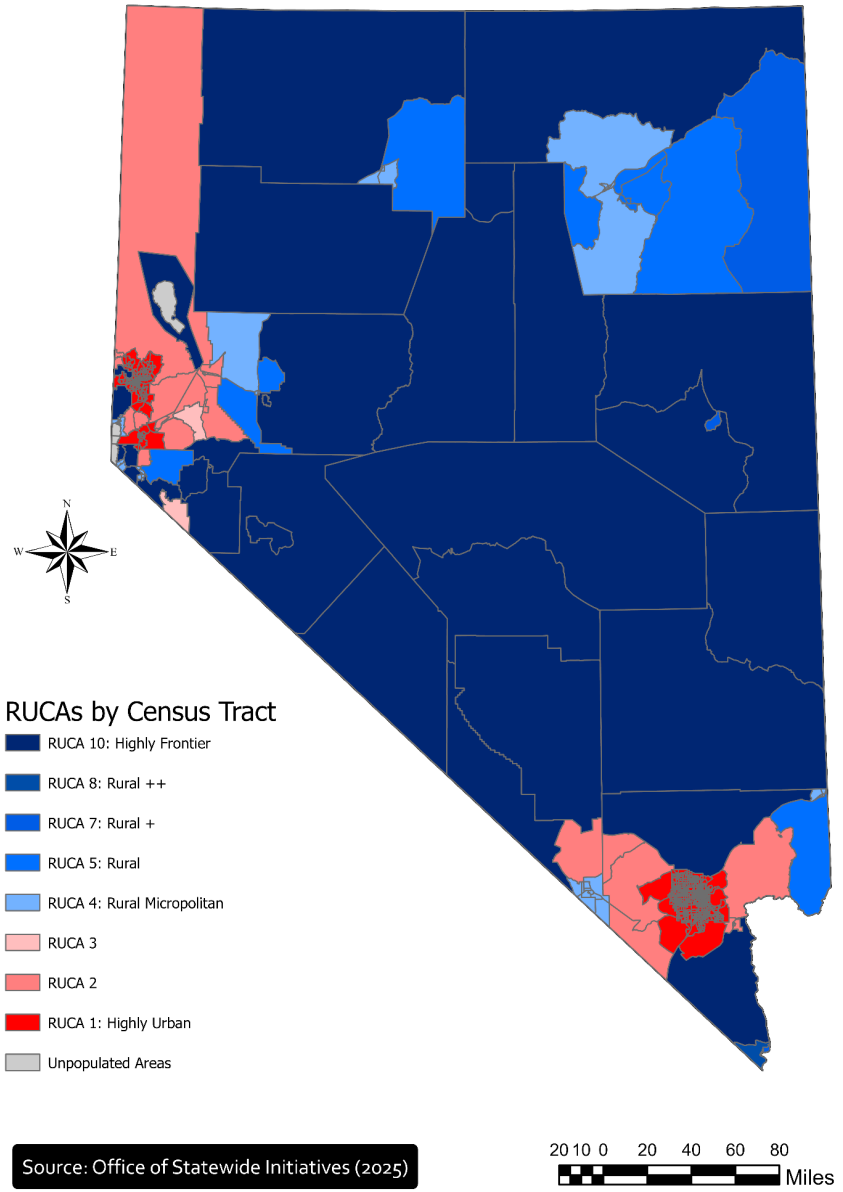
Implementation Considerations

Defining Rural

Most respondents supported using **federal definitions** but suggested flexibility to reflect the state's unique geography and access gaps

Urban Participation

Respondents were **cautiously open**, but emphasized rural-led governance, formal partnerships, and measurable rural impact



Examples: Workforce Development Projects

Workforce Proposals

Many of the projects submitted so far focus on building rural training pipelines, supporting retention and strengthening frontline capacity, particularly EMS and primary care

Rural Residency Program – Banner Churchill

Establishes a rural family medicine residency in Fallon to grow the physician workforce

Medical Assistant Loan Repayment Program

Offers loan repayment to MAs who commit to serve at FQHCs (require retention for loan repayments)

EMS Outreach and Simulation Training

Delivers high-fidelity mobile simulation training to rural EMS providers

Rural School-to-Career Pathways

Supports CHW, CNA, and EMT certification programs for rural residents

Examples: Make Rural America Healthy Projects

Upstream, Community-Based Care

Stakeholders emphasized prevention and early intervention, particularly in primary, behavioral, maternal, and oral health. With many focused-on models that are mobile, school-based, or peer-led.

Living-Room Models

Peer-led, non-clinical crisis stabilization centers designed to divert patients from emergency departments.

School-Based Telehealth Access

Expands access to behavioral and primary care for rural students through telehealth.

Mobile Behavioral Health and Primary Care Outreach and Education

Delivers behavioral health education and services directly to rural communities

Examples: Sustainable Access Projects

Access to Care

Access was described as more than availability, but about transportation, infrastructure and care models working together.

Mobile Rural Health Clinics and Pharmacies

Mobile unites proposed to deliver primary care, pharmacy, and diagnostics to remote areas with limited infrastructure.

Shared Specialists

Shared employment models for specialists rotating across rural providers to expand access without overextending local systems.

Fund for Rural Health Infrastructure

Capital investment proposals to upgrade aging facilities and stabilize rural hospitals and clinics, including transportation vehicles for services.

Examples: Innovative Care Projects

Flexible, Community-Based Models

Projects focus on flexible models that reduce ED use, and bring services closer to where people live, aligning with stakeholder calls to build systems, not silos

Rural Innovation Grants

Competitive grant program to fund rural health improvement pilots across the state.

REDi Health Model

Multi-state financial and operational transformation model for rural hospitals.

Virtual Care Coordination and AI-Enabled Chronic Disease Management

AI-driven platform offering virtual MAT, chronic disease management and chronic disease management

Examples: Tech Innovation Projects

Extend Care, Reduce Burden

Proposals focus on tools that support providers, improve coordination, and expand access, reflecting stakeholder interest in tech as a workforce extender.

Remote Patient Monitoring

Tools to support chronic disease management and reduce emergency visits.

FQHC Epic Network

Creates a shared EHR system to improve care coordination and analytics.

AI for Clinical Workflow Optimization

Automates documentation and administrative tasks to reduce provider burnout.

Proposed Path Forward

Based on Input: Suggested Focus for Nevada

Workforce	• Attract and retain providers in rural areas
Prevention & Chronic Disease	• Health Focused: Prevention, chronic disease, behavioral health, and maternal health
Appropriate Care Availability	• Sustainable access and operational efficiency/sustainability of rural health care systems; including maternal health access
Innovative Care	• New care models for improved health outcomes and effective care
Technology Innovation	• Foster use of innovative technologies to enhance health care delivery, security, and digital health tools

Next Steps

- Collect feedback on the suggested themes and focus areas:
  - Follow-up survey to open **October 6-10th**, 2025.
  - Second Public Workshop to be held Wednesday, **October 15th**
  - Updates will be sent via Listserv and posted online at nvha.nv.gov/Community/Rural_Health_Transformation
- Issue a one-page executive summary of application approach publicly **by October 15th** via Listserv
- **October 3 – Nov 3**: Draft and finalize application for submission to CMS
- Per federal statute, awards to be announced by CMS **no later than December 31, 2025**.

Sign up for our Nevada Health Authority ListServ HERE!

Questions?

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