

Rural Health Transformation Program

Context



H.R. 1, the One Big Beautiful Bill Act, establishes a **\$50B Rural Health Transformation Program** — dedicating \$10B annually from 2026-2030 to strengthen rural health care across the nation.



Half of the funding will be non-competitive: allocated equally to states with approved applications by December 2025.



The other half will be competitive: awarded by CMS based on demonstrated need and quality of application (e.g., rural population share).



Single, integrated application that covers both non-competitive and competitive funding streams.



Quick turnaround for application but major funding opportunity to deliver transformative solutions for Oklahoma's rural communities — a top priority for state health agencies.



Oklahoma is **committed to centering stakeholder voices** — families, providers, and communities — to shape the strategy/grant application.

CMS Funding Caps

Administrative: 10% of total

Infrastructure: 20% of total

Direct provider payment (incl. uncompensated care): 15% of total

EMR / EHR system replacement:

5% of total if replacing existing system

Tech innovation fund (for startups):

lesser of 10% of total or \$20M

Five CMS Strategic Goals for RHTP



Make Rural America Healthy Again

Support rural health innovations and new access points to promote **preventative health** and address root causes of diseases.



Sustainable Care

Help rural providers become **long-term access points** for care by improving efficiency and sustainability.



Workforce Development

Attract and retain a **highly-skilled health care workforce** by strengthening **recruitment and retention** of health care providers in rural communities.



Innovative Care

Spark the growth of **innovative care models to improve health outcomes**, coordinate care and promote flexible care arrangements.



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.

OK's Rural Health Challenges Inform North Star Vision for Change



Build a resilient, digitally-connected community-anchored provider network that can flexibly deliver care across rural regions.



Design evidence-based solutions tailored to the unique needs of each rural region, accounting for population, resources, geography and health drivers.



Advance whole-person health preventing and managing chronic disease by addressing physical, behavioral and health-related social needs through connected care technologies and site-of-care integration.



Ensure financially sustainable care delivery models in rural communities through building scale with collaboratives and advancing value-based care.

Oklahoma Proposed Initiatives

Innovating the care model: bringing care to communities and communities to care through remote care modalities, transportation support, expanded care teams and funding for health infrastructure.

Moving upstream: investing in community-led health and wellness support, including connections to care and innovative chronic disease prevention and management programs.

Growing next-gen rural talent: building a pipeline for health care talent in rural communities, from “grow your own” programs to recruiting talent to rural communities.

Facilitating regional collaboration: strengthening partnership between rural providers to leverage scale for administrative support, advanced technology and governance support.

Shifting to value: supporting a pathway to risk-sharing through technical assistance, infrastructure build and quality incentive programs.

Building health data utility: expanding access to, use of, and uses for health data through investment in base technology (e.g., EHR), interoperability, and data and analytics functionality.

Sustainability Strategy



Oklahoma's RHT initiatives are designed to create lasting impact beyond the grant period.

Initiatives and associated activities will be sustained beyond the five-year RHT Program period to ensure lasting change through one of five models:

- Billable Service
- Provider Assumed Cost
- Private Funding
- Government Funding
- One-Time Payment