



Rural Health Transformation Program (RHTP) Informational Webinar

September 15, 2025

Webinar Agenda

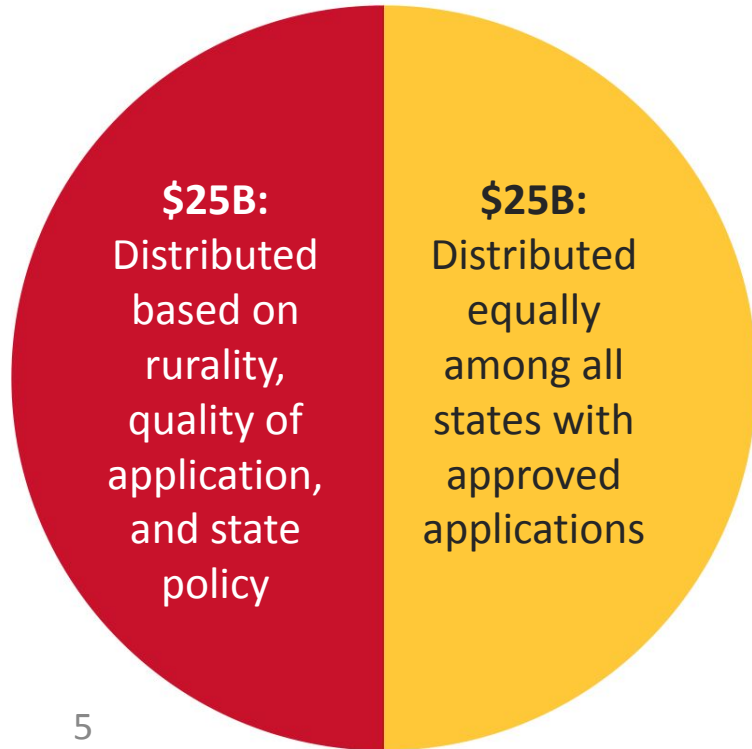
- RHTP Background
- Rural Health in Maryland Overview
- Request for Information and Community Listening Sessions
- Program Timeline
- Q&A

RHTP Background

Creation of the Rural Health Transformation Program (RHTP)

- H.R. 1 (The One Big Beautiful Bill Act, “OBBA”) was signed into law in July 2025.
- OBBA created the Rural Health Transformation Program (RHTP).
- Centers for Medicare & Medicaid Services (CMS) will administer the program.

Funding of the Rural Health Transformation Program (RHTP)



- \$50 billion to 50 states over 5 years
- If the state's application is successful, Maryland could expect to receive at least \$100 million annually
- Funds will be distributed from 2026-2030

Sustainability of Efforts

- H.R. 1 provides RHTP funds for 5 years.
- It will be important to think about the sustainability of ideas and proposals and what will require ongoing funding, as compared to efforts that require only initial support.

RHTP Strategic Goals

CMS has outlined the following strategic goals for the use of the Rural Health Transformation Program (RHTP):

- Make Rural America Healthy Again
 - Prevention and management of chronic disease
 - Behavioral Health
- Sustainable Access
- Workforce Development
- Innovative Care
- Tech Innovation

RHTP: Uses of Funds

“States must use RHT Program funds for three or more of the approved uses of funds:

- Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.
- Providing payments to health care providers for the provision of health care items or services, as specified by the Administrator.
- Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.
- Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
- Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.”

RHTP: Uses of Funds (Continued)

- “Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
- Assisting rural communities to right size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
- Supporting access to opioid use disorder treatment services (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.
- Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate.
- Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator.”

Notice of Funding Opportunity ([NOFO](#))

- The NOFO was released on 9/15.
- The NOFO outlines the points system that will be used. Proposals will receive points based on the initiative being proposed (ex: outcomes), intended state policy actions, and the “workload” (ex: rurality of the state).
- The NOFO has a list of example initiatives that aligns with CMS’ strategic goals.

Definition of Rural

- There are many different definitions of “rural.” The NOFO says the applicant should “Describe the specific criteria or data that your State uses to identify rural areas in this application.”
- [Maryland](#) identifies 18 counties as rural:
 - Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester.
- The NOFO states that CMS will use “The number of people in the State located in a rural area is based on the most recent version of the rural definition maintained by HRSA” in determining the discretionary budget. [HRSA](#) defines rural Maryland as:
 - Full Counties - Allegany, Caroline, Dorchester, Garrett, Kent, Queen Anne’s, Somerset, Talbot and Worcester
 - 1 Census Tract in each of these counties - Calvert, Carroll, Charles

Overview: Rural Health in Maryland

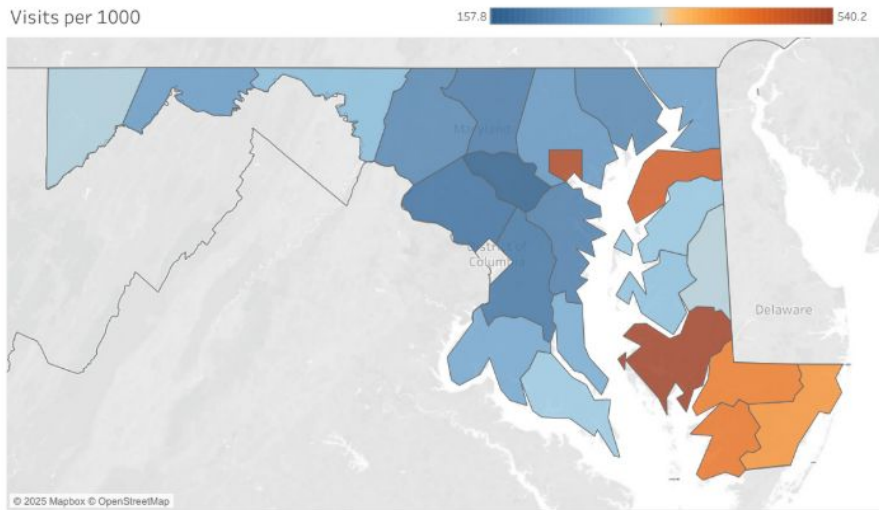
Western Maryland: Allegany, Garrett, and Washington. **Northern Maryland:** Harford, Carroll, and Frederick. **Southern Maryland:** Charles, Calvert, and St. Mary's. **Eastern Shore Maryland:** Cecil, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester.

Rural Maryland Demographics

FEATURES	POPULATION	% 65+ YEARS	% NON-WHITE RACE	% HISPANIC ETHNICITY	% POVERTY	MEDIAN HOUSEHOLD INCOME	% BACHELORS DEGREE OR HIGHER	% MEDICAID COVERAGE
DATA OBTAINED	2024	2024	2024	2024	2021	2019-2023	2019-2023	2023
United States of America	333,287,557	16.8%	24.2%	18.9%	11.6%	\$69,021	33.7%	18.9%
State of Maryland (total)	6,164,660	17.3%	42.8%	12.6%	9.5%	\$101,652	42.7%	19.5%
State-Designated Rural	1,820,142	17.1%	21.4%	5.1%	10.8%	\$70,423	28.0%	18.8%
Western Maryland	252,718	21.0%	11.9%	4.0%	13.7%	\$66,860	23.1%	20.0%
Northern Maryland	741,939	16.6%	19.0%	8.1%	6.7%	\$115,884	41.4%	15.6%
Southern Maryland	385,860	15.3%	35.8%	6.7%	7.0%	\$122,410	34.0%	17.3%
Eastern Shore Maryland	471,087	22.5%	23.6%	6.5%	13.0%	\$77,435	28.7%	20.1%

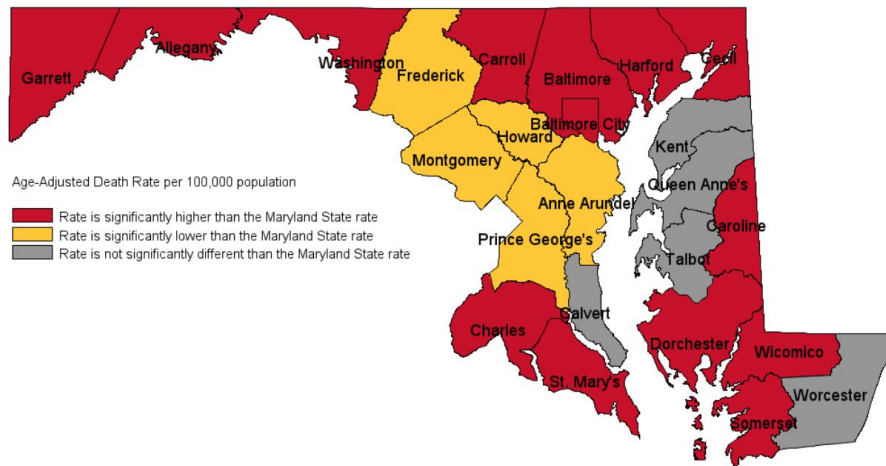
Maryland Rural Health: Top Line Utilization and Mortality Rates

ED Visits per 1000 Residents for All Conditions



CRISP Public Health Dashboard, June 2024 to June 2025.

Age-Adjusted Death Rates for All Causes, Compared to Maryland State Rate

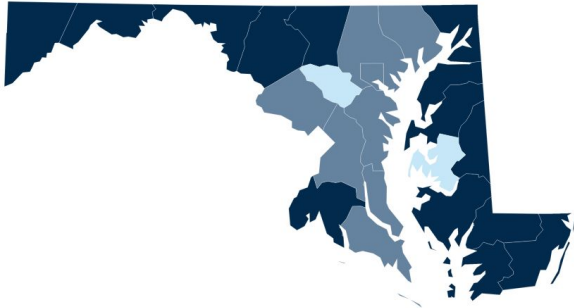


[Vital Statistics Annual Report](#), 2022.

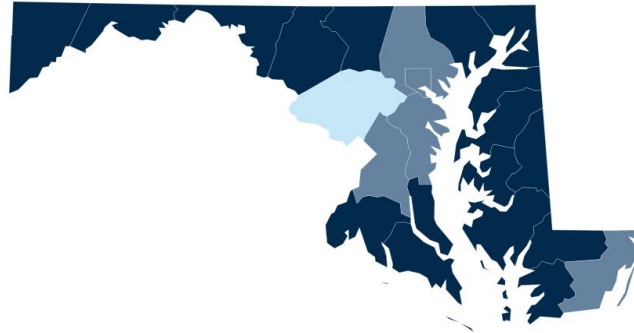
Maryland Rural Health: Workforce Shortage Areas

Federally Designated Health Professional Shortage Areas, July 2025

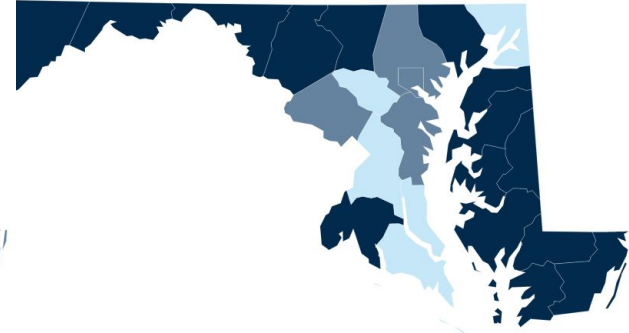
Primary Care



Mental Health



Dental Health



Impact of H.R.1 on Marylanders

- More than 190,000 rural Marylanders are covered by Medicaid.
- Approximately [175,000 Marylanders are estimated to lose Medicaid coverage](#) and Maryland Medicaid will lose up to \$2.7 billion in federal funding.
- More Marylanders will become [uninsured](#) and [pay higher costs for insurance](#) due to changes to the ACA Marketplace.

Request for Information and Community Listening Sessions

MDH Request for Information (RFI)

Maryland is accepting ideas, projects, and approaches through an [online survey](#), which is available on the [MD State Office of Rural Health website](#).

You may also submit your response to the questions in the following ways:

- **Email:** mdh.transformruralhealth@maryland.gov
- **Mail:** Maryland State Office of Rural Health, Maryland Department of Health, 201 West Preston Street Baltimore, MD 21201

Submissions are due by **September 30**.

RFI Survey Overview

The [RFI survey](#) is an opportunity for you or your organization to provide an overview of a project, concept, or approach that could help transform rural health. MDH is open to receiving descriptions of existing projects that could be scaled up, new projects that are ready to launch in the near future, and ideas that could be used to develop future projects.

The RFI is for planning and information gathering purposes. No contracts or grants will be awarded on the basis of survey responses. A formal Request for Proposals or grant application process may follow at a later date. We may reach out to you for further information about your idea.

RFI Questions

1. Name
2. Email address
3. Organization (write “NA” if you are not affiliated with an organization)
4. What part of rural Maryland are you from or do you serve?
5. Provide a high-level summary of your project, concept or approach to improve rural health in Maryland.
6. In which geographic areas would your idea address rural health needs?
7. What challenges to rural health would your project idea address?
8. What are the expected impacts of your project?
9. List any partners or collaborators who would be needed to implement your idea.
10. How does your idea align with the RHTP focus areas and allowable activities?

If your organization is ready to launch this project in the near-term, please answer the following questions.

1. What is your organization’s experience with rural health?
2. Is this an existing model or program that could be scaled or expanded?
3. What is your readiness to implement this project? What would you need to implement this project?
4. Please provide a general timeline for implementation.
5. Please provide an anticipated budget.
6. How would you ensure sustainability of this program?
7. How would we analyze and understand the impact of this program?

Local Listening Sessions

During the month of September, listening sessions will be held in rural communities to understand community needs and collect ideas and recommendations.

Dates and locations will be posted on the [State Office of Rural Health RHTP webpage](#).

Who Should Provide Input?

We welcome input from rural Marylanders and those who serve them. This includes, but is not limited to:

- Rural residents
- Community-based organizations
- Hospitals and health systems
- Federally qualified health centers and community clinics
- Health care professionals and networks - from primary care to specialty care
- Post-acute providers, including skilled nursing and assisted living facilities
- Behavioral health professionals
- Educational institutions and health care workforce programs
- Local government agencies/departments
- Local elected officials

Program Timeline

RHTP Timeline



September

- CMS released Notice of Funding Opportunity (NOFO) on Sept 15
- RFI is open until Sept 30
- Listening sessions will be held in local communities



October

- MDH will provide a summary of feedback received at the Maryland Rural Health Conference
- MDH will share overview of NOFO response prior to submission



November

- MDH will submit our application in response to the NOFO by Nov 5



December

- CMS is required to approve applications by Dec 31

Questions?

Reach out to MDH at:

mdh.transformruralhealth@maryland.gov



Q&A