Rural Health Transformation Program

Rural Health Transformation Committee
Senator Bekkedahl, Chairman

Sarah Aker | Executive Director | Medical Services

October 14 - 15, 2025

NORTH Dakota | Health & Human Services
Be Legendary.

Agenda

- Rural Health Transformation Program (RHTP) Overview
- Rural Health in North Dakota
- HHS RHTP Activities to Date
- Allowable and Unallowable Uses of RHTP Funds
- RHTP Fund Distribution and Federal Policy Guidance
- RHTP Funding Recommendations
- Budget Prioritization

What is the Rural Health Transformation Program?

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (OBBBA - Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.

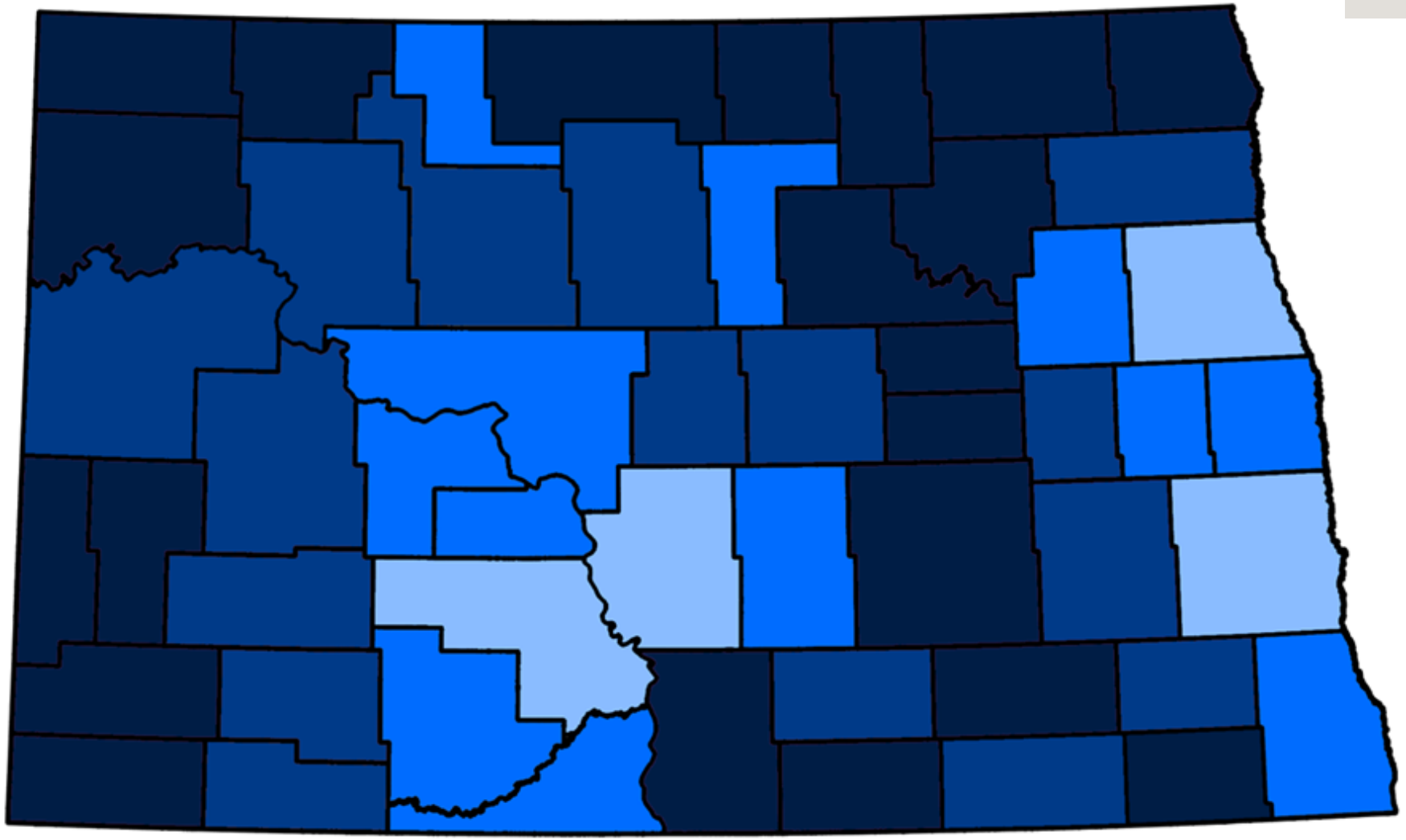
- OBBBA appropriates $50 billion to a Rural Health Transformation Program from Federal Fiscal Year 2026 – 2030.
- One time application for all 5 years. Applications must be approved by CMS before December 31, 2025.

Federal RHTP Strategic Goals

Rural Health in North Dakota

What is considered rural?

Notice of Funding Opportunity does not dictate the location where RHTP funds must be spent.



- Partially Rural
- Entirely Rural
- Partially Frontier
- Entirely Frontier

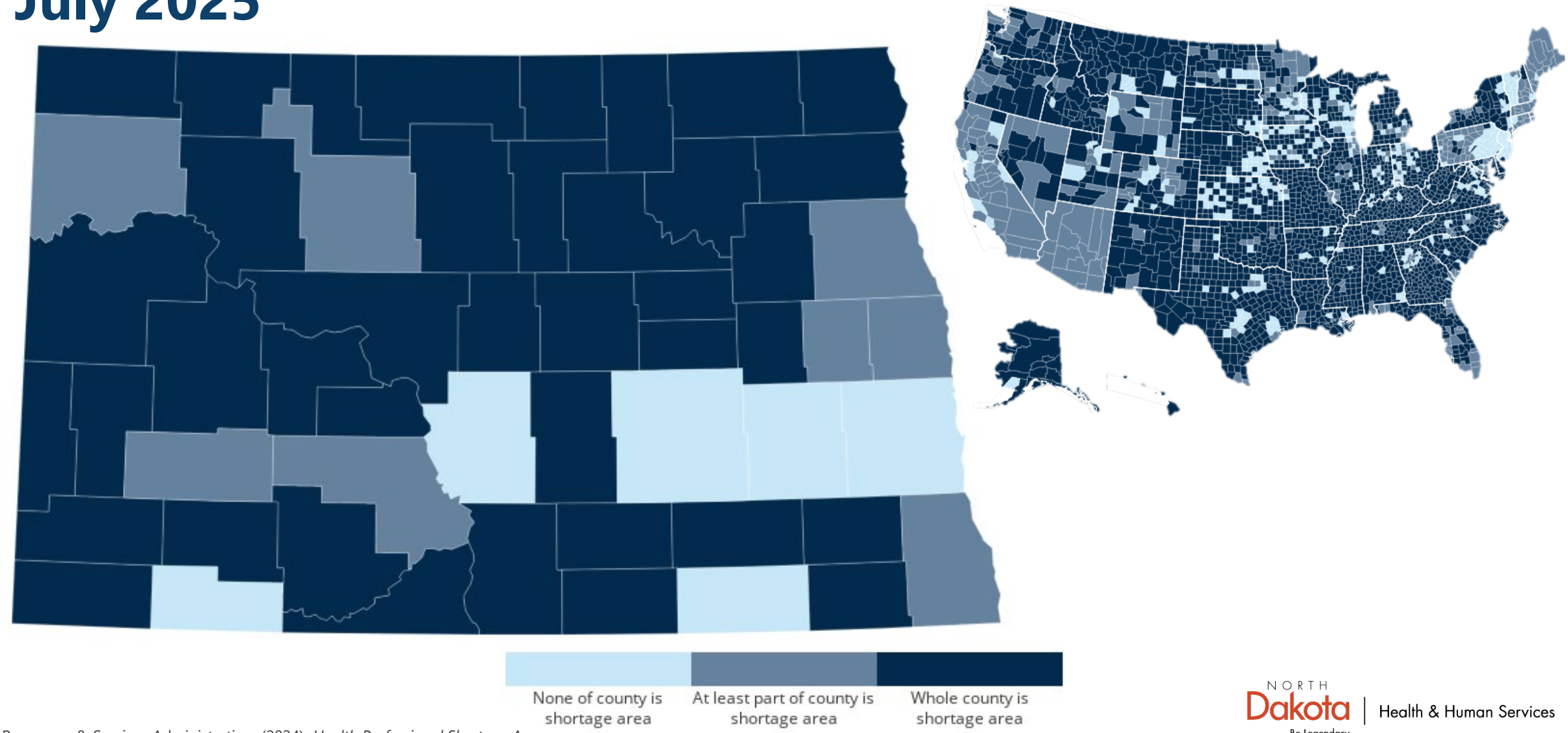
Rural Population: 45.5%
Frontier Population: 29.1%

Center *for* Rural Health
University of North Dakota
School of Medicine & Health Sciences

North Dakota | Health & Human Services
Be Legendary.

Health Professional Shortage Areas

July 2025



Health Resources & Services Administration. (2024). *Health Professional Shortage Areas (HPSAs)*. https://data.hrsa.gov/topics/health-workforce/shortage-areas

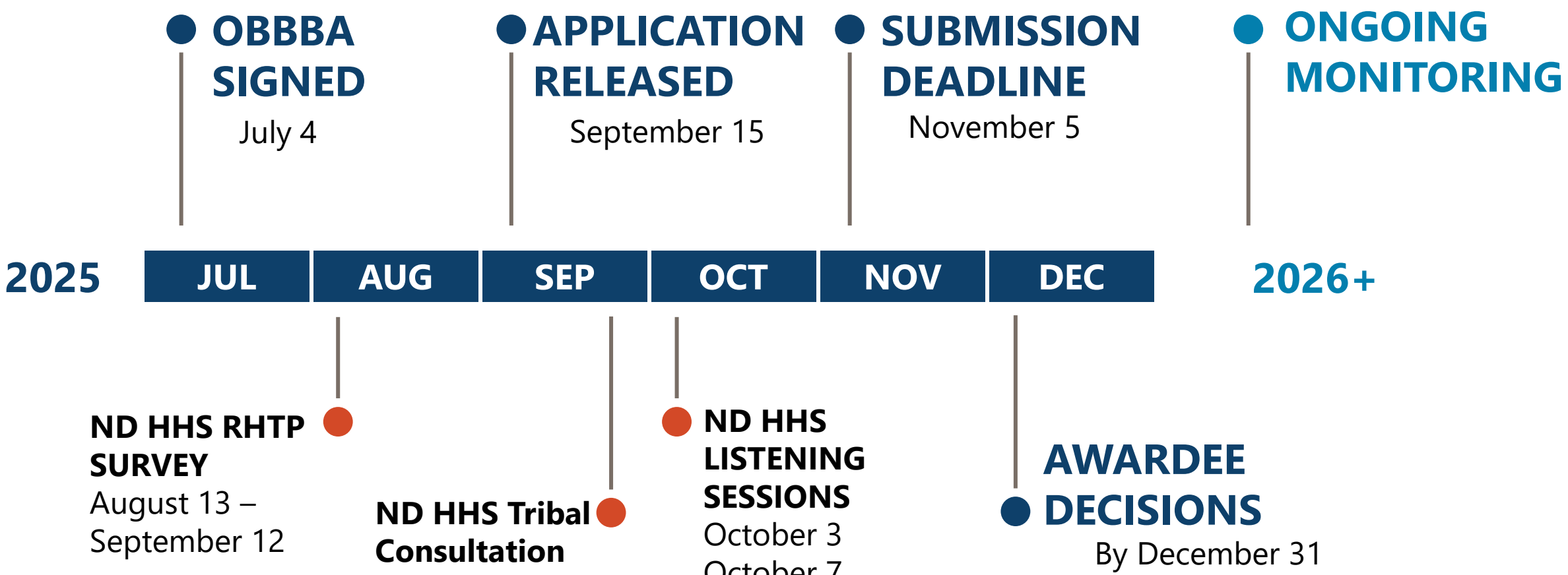
Selected Health Indicators

	Rural ND	Urban ND
Chronic Disease[1]	Diabetes: 12.3% Prediabetes: 11.3% Heart Disease: 4.3%; COPD: 5.8% Asthma: 13.5% Depression: 18.4% Cancer: 9.5%	Diabetes: 8.6% Prediabetes: 9.9% Heart Disease: 3.7% COPD: 5.0% Asthma: 14.9% Depression: 23.6% Cancer: 7.4%
Health Behaviors[1]	Smoking: 14.9% Inactivity: 25.3% Lacked Transportation: 5.0%	Smoking: 12.9% Inactivity: 20.3% Lacked Transportation: 4.5%
Emergency Response[2]	EMS response: 18–25 minutes	EMS response: 8–10 minutes
Insurance Coverage[3]	Uninsured rate: 11.4%	Uninsured rate: 6.8%

1. Behavioral Risk Factor Surveillance System. (2023). *North Dakota & U.S. Health Behaviors*. https://www.cdc.gov/brfss
1.North Dakota EMS Association. (2023). *Rural EMS Response Times Report*. https://ndemsa.org
2. U.S. Census Bureau. (2023). *American Community Survey 5-Year Estimates*. https://data.census.gov

ND HHS Rural Health Transformation Program (RHTP) Activities to Date

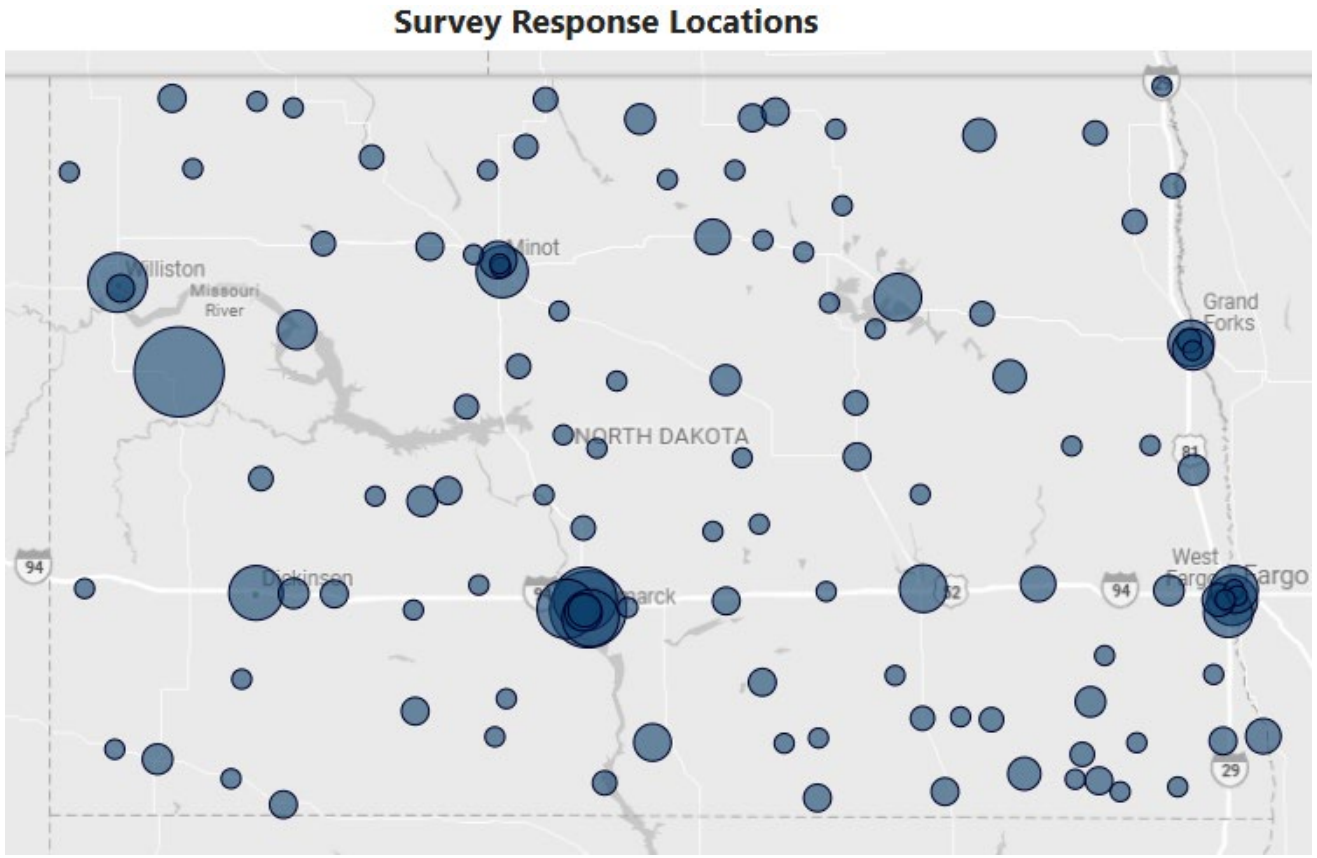
Timeline
Rural Health Transformation Program



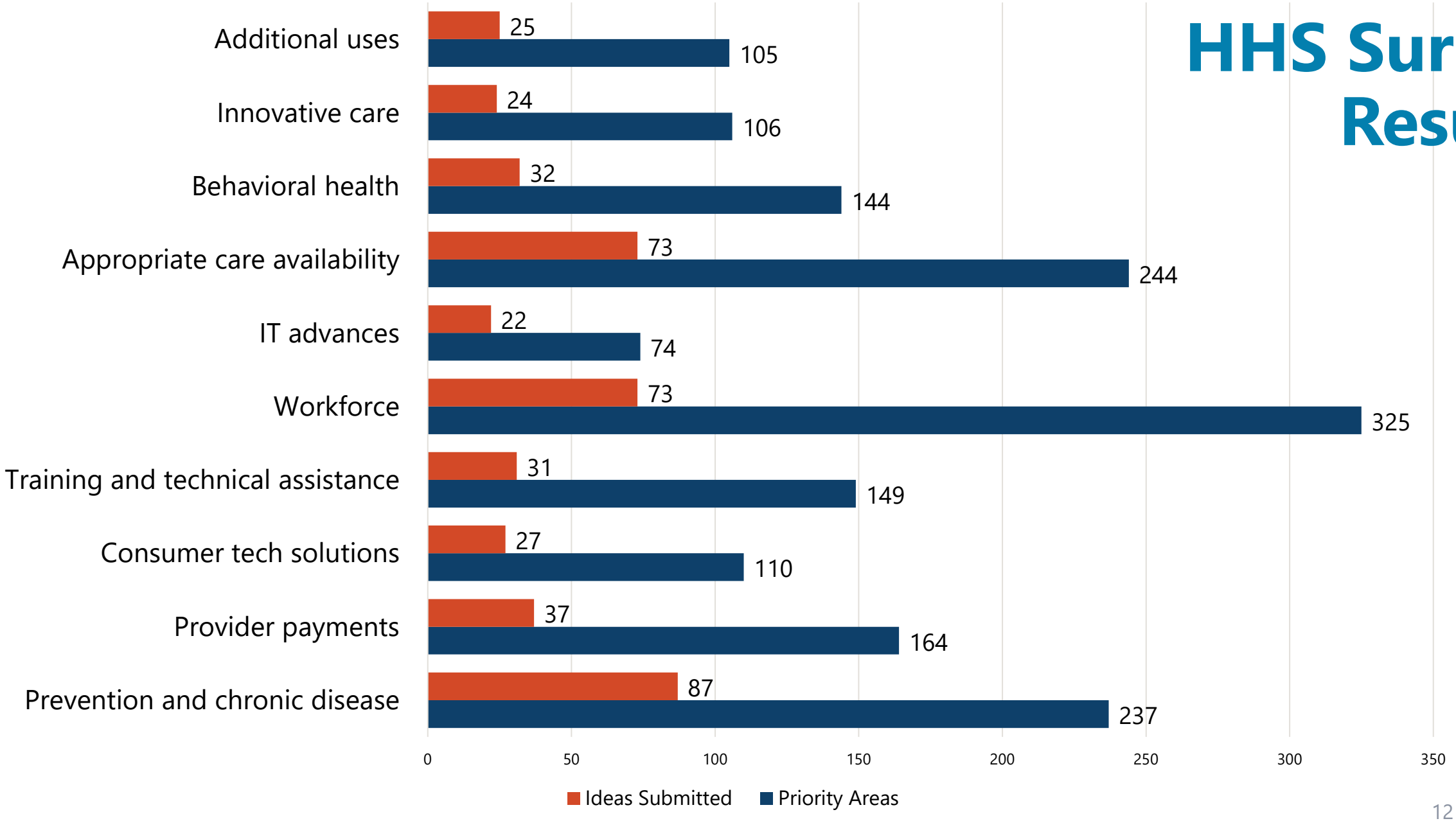
North Dakota Be Legendary. | Health & Human Services

HHS Survey: RHTP Priorities and Ideas

- HHS began outreaching providers, members, and the general public for information while awaiting CMS guidance.
  - Survey asked respondents to:
    - Describe their interest in rural health.
    - Prioritize federal funding areas described in One Big Beautiful Bill Act (OBBBA).
    - Describe ideas for funding including impact on rural North Dakotans, anticipated outcomes and sustainability plan.
- Survey Opened August 13 and closed on September 12.
- Total Responses: 1,265



HHS Survey Results



Example Survey Response
Health System

Top 3 Priority Areas
1. Workforce
2. Appropriate Care Availability
3. Innovative Care Models

Submitted RHTP Funding Idea:

We believe ND should prioritize the following areas:

- Rural workforce pipelines: Expanded residencies, rotations, and rural exposure programs across medicine, nursing, and allied health.
- Behavioral health gaps: Psychiatry residency expansions and psych NP placements in rural settings.
- EMS stabilization: Address staffing and finance crises with sustainable models and potential DoD partnership.
- Telehealth infrastructure: Telehospitalist, behavioral health, chronic disease management.
- Shared digital backbone: EHR and value-based infrastructure support for CAHs and rural clinics.
- Aging in place: Care models that keep seniors with chronic disease in their communities.

Example Survey Response
Critical Access Hospital

Top 3 Priority Areas
1. Prevention & Chronic Disease
2. Consumer Tech Solutions
3. Training & Technical Assistance

Submitted RHTP Funding Idea:

[A] mobile medical unit will serve as an innovative extension of our health system, bringing care directly to the rural extremes and surrounding communities. By meeting patients where they live, it will provide wellness visits, vaccines, chronic disease management, and other essential services, while telemedicine technology will connect residents to medical specialists and psychiatric providers for timely consultations. The unit will also be used for school sports physicals and on-site injury care, serve as a mobile occupational health clinic for area oil companies, schools, and employers, and be present at major community events or the farmers market, where free health screenings can encourage engagement in preventive care. Importantly, this unit will serve as a real-world example for students of how rural health needs can be met through innovation, strengthening local training pipelines while improving community access and wellness.

Example Survey Response
Community Partner

Top 3 Priority Areas
1. Prevention & Chronic Disease
2. Workforce
3. Behavioral Health

Submitted RHTP Funding Idea:

I am excited to see the positive impact this funding could have on rural communities. I would like to see sustainable and evidence-based projects supported.

- Training of community health workers
- Modernize public health EHR to better interface with clinic EHRs for more seamless patient care.
- Engage rural community members in fitness, nutrition, and health education programs for chronic disease prevention.

Example Survey Response
Rural Resident

Top 3 Priority Areas
1. Provider Payments
2. Workforce
3. Appropriate Care Availability

"Growing up in a small community in rural ND we had to travel 50 miles to nearest health facility. Lost my father when he was 57 due to heart attack and it took ambulance 45 minutes to arrive to assist but it was to late."

Submitted RHTP Funding Idea

Provide financial support to rural health care providers to help expand services allowing recruitment and retention of professional health care providers. Also, provide financial support to place items like defibrillators along with training in every community.

North Dakota RHTP Survey Strategic Priorities

STRENGTHEN AND STABILIZE RURAL HEALTH WORKFORCE

MAKE NORTH DAKOTA HEALTHY AGAIN

BRING HIGH-QUALITY HEALTH CARE CLOSER TO HOME

CONNECT TECH AND DATA FOR A STRONGER ND

Tribal Consultation

Hosted September 30, 2025

All Tribes represented

Community Health Challenges and Feedback

- Diabetes, hypertension, respiratory, cardiovascular, depression, and anxiety disorders
- Limited dental and maternal health services
- Lack of preventive care, specialty care access, and education
- Workforce recruitment and retention
- Behavioral health, treatment, and recovery support
- Transportation barriers, high travel costs, and long wait times for referrals
- Economic development, housing, and educational opportunities to “grow their own” healthcare workforce

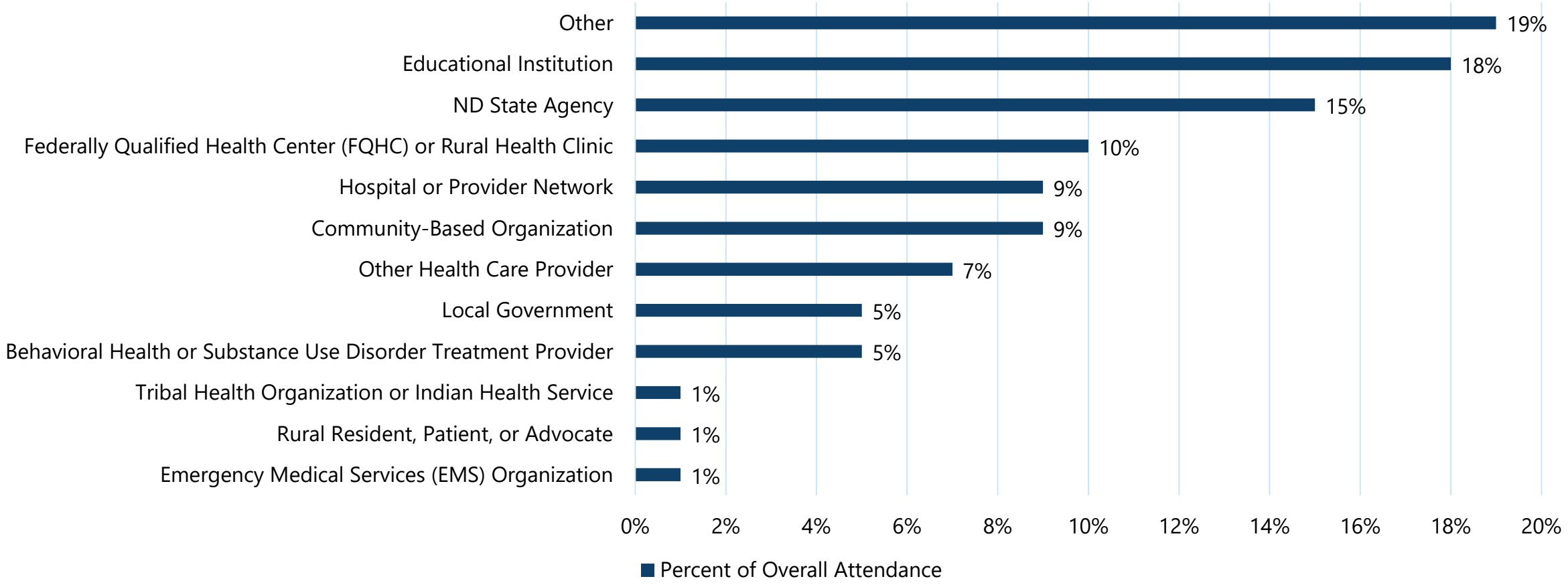
Tribal Consultation

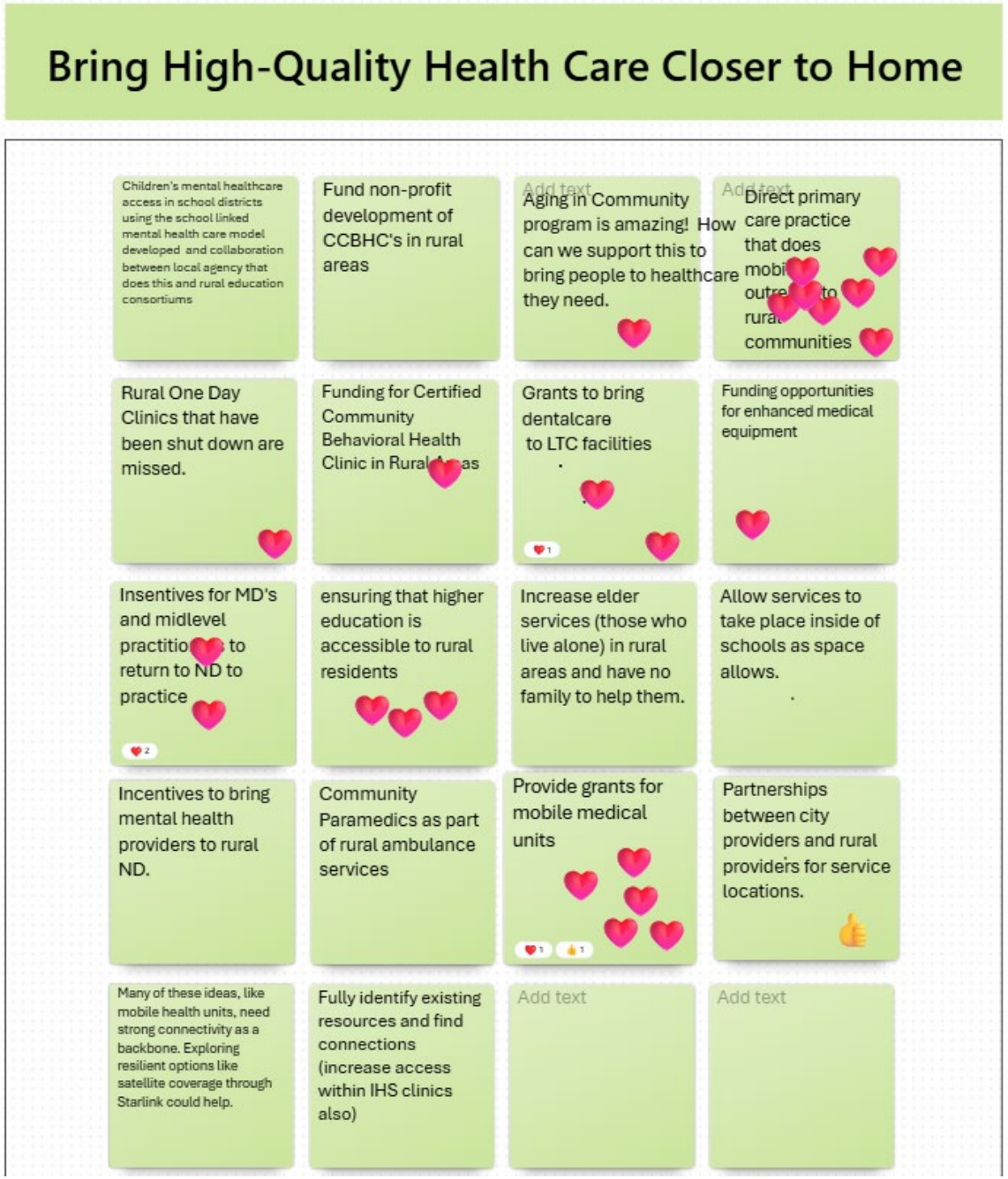
Workforce	Expand prenatal and postpartum supports
	Fund community-based prevention programs
	Increase cultural programming
Service Access	Expand mobile health units
	Expand respite services
	Increase autism screening and early intervention opportunities
Technology and Data Barriers	Increase e-scribe capacity
	Expand telehealth through federal IT certification processes
Cultural Considerations	Ensure culturally grounded care and sovereignty
	Prioritize equitable health outcomes comparable to non-Native populations

RHTP Listening Sessions

- HHS shared key themes from the recent public Rural Health Transformation Program survey and gathered additional feedback to help shape North Dakota's application through Listening Sessions in October.
  - October 3 | 3 - 4 PM CT | **111 Attendees**
  - October 7 | 9 - 10 AM CT | **131 Attendees**
  - October 9 | 12 – 1 PM CT | **110 Attendees**

Listening Sessions Attendance





Listening Session Feedback

Listening Sessions were held virtually. Attendees could offer feedback in a variety of ways:

- Voice
- Chat
- Interactive Whiteboard
- Form Submission
- Email

Strengthen and Stabilize Rural Health Workforce

- Expand Rural Healthcare Training Pipelines
- Improve Retention in Rural and Tribal Communities
- Use Tech as Extender for Rural Providers
- Provider TA and Training for Existing Workforce

Bring High-Quality Health Care Closer to Home

- Rightsizing Rural Health Care Delivery Systems for the Future
- Coordinating and Connecting Care
- Clinics without Walls
- Sustaining Revenue
- Ensuring Safety Net Service Delivery
- Ensuring Transportation

Make ND Healthy Again

- Building Connection and Resiliency
- Eat Well North Dakota
- Investing in Value
- ND Moves Together

Connect Tech and Data for a Stronger ND

- Cooperative Purchasing for Tech and Other Infrastructure
- Breaking Data Barriers
- Harnessing AI and New Tech

Listening Session Feedback

HHS asked attendees to prioritize themes presented in the listening sessions using polls.

NORTH Dakota Be Legendary. | Health & Human Services

Allowable and Unallowable Uses of RHTP Funds

Allowable Use of Funds

- Funding **may only** be used in areas described in the bill.
- Application must invest in a minimum of three permissible uses.

Prevention and chronic disease	Provider payments	Consumer tech solutions
Training and technical assistance	Workforce	IT advances
Appropriate care availability	Behavioral health	Innovative care models
Investing in existing rural infrastructure	Fostering collaboration	

Unallowable Costs and Limits

10% Cap on Admin Costs Across All Funding

- Pre-award costs.
- Meeting matching requirements for any other federal funds or for local entities.
- Services, equipment or supports that are the legal responsibility of another party under federal, State or tribal law.
- Supplanting existing State, local, tribal, or private funding of infrastructure or services.
- New construction, building expansion, or purchasing of buildings.
  - Renovations or alterations are allowed if they are clearly linked to program goals. Cannot include cosmetic upgrades or significant retrofitting of buildings.
  - Renovation or alternations cannot exceed 20% of total funding in a budget period.
- Replacing payment(s) for clinical services that could be reimbursed by insurance.
  - Direct health care services may be funded if not currently reimbursable, will fill a gap in care coverage, and/or may transform current care delivery model.
  - Provider payments cannot exceed 15% of total funding in a budget period.
- No more than 5% of total funding in a budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR is in place as of September 1, 2025.
- Funding toward initiatives similar to the "Rural Tech Catalyst Fund Initiative" cannot exceed the lesser of 10% of total funding or $20 million of total funding awarded in a budget period.
- Financial assistance to households for installation and monthly broadband internet costs.
- Clinician salaries/wages for facilities that subject clinicians to non-compete clauses.
- Meals and food.

Unallowable Cost Examples

Category	Example of an Unallowable Cost
Services, equipment or supports that are the legal responsibility of another party under federal, State or tribal law.	• Payments for health care for inmates in a local or county jail. • Payments for education or vocational rehabilitation services.
Supplanting existing State, local, tribal, or private funding of infrastructure or services.	• Replacing funding appropriated by the Legislature. (Ex. Behavioral Health Facility Grants to Altru and CHI in HB 1012 and HB 1468) • Salaries of existing staff.
New construction, building expansion, or purchasing of buildings.	• Expanding an existing hospital. • Building a new surgery center. • Cosmetic remodel of an existing building.

Unallowable Cost Examples

Category	Example of an Unallowable Cost
Replacing payment(s) for clinical services that could be reimbursed by insurance.	• Payments to employees not tied to specific quality improvements or an initiative. • Enhanced payment rates for currently billable services without ties to outcomes. • Uncompensated care that is not tied to a specific initiative within the Rural Health Transformation Plan.
No more than 5% of total funding in a budget period can support funding the replacement of an EMR system if a previous HITECH certified EMR is in place as of September 1, 2025.	• Electronic Health Record (EHR) replacement costs that exceed 5% of total budget.

Sustainability & RHTP Funding

States are required to include a sustainability plan as part of their application.

CMS will score state's sustainability plans as part of the scoring to access enhanced funding.

How is HHS thinking about sustainability in the RHTP?

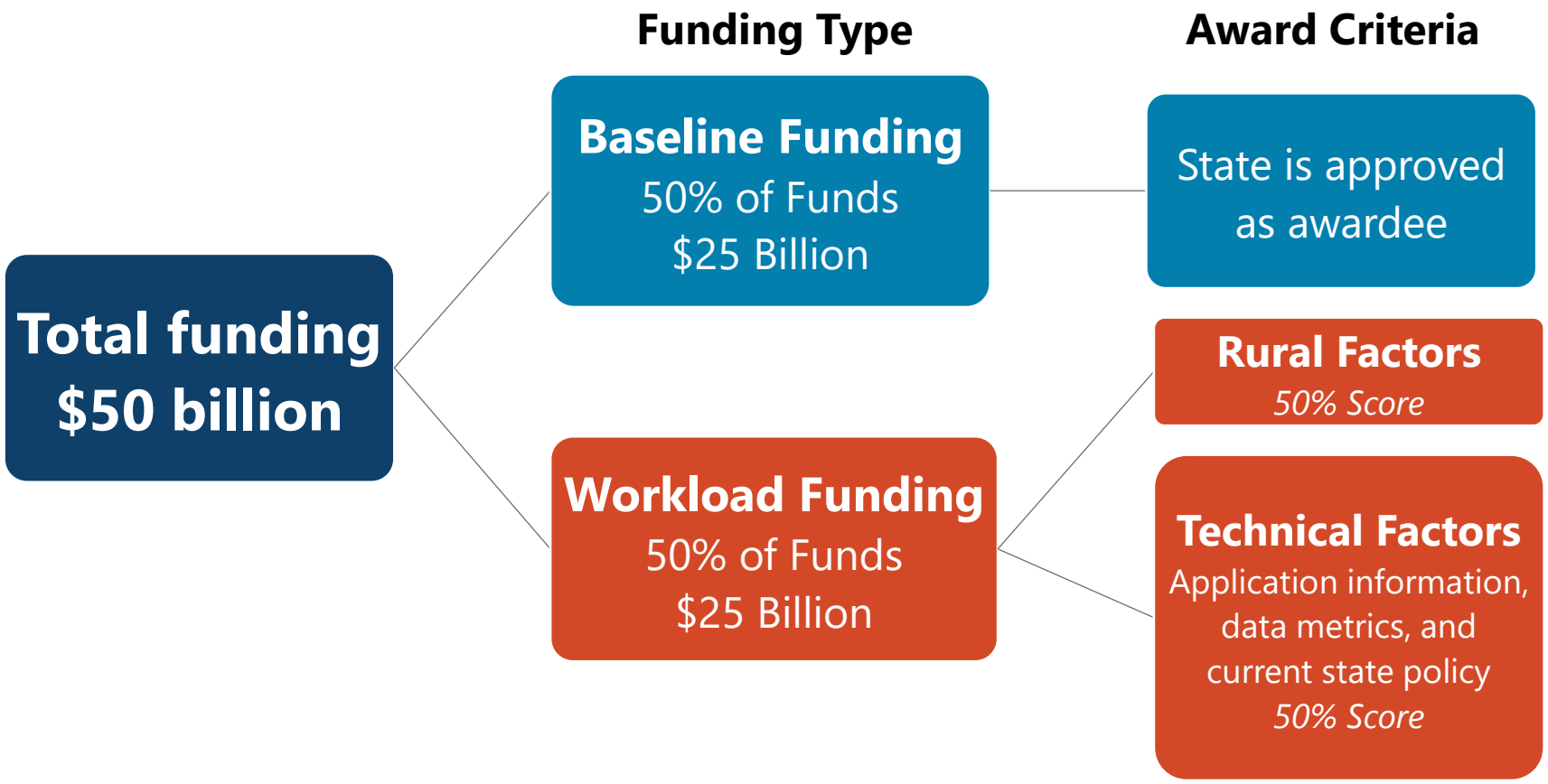
Prioritizing initiatives with clear sustainability plans. Limiting future funding obligations for the state and the creation of gaps in services at the end of the RHTP funding period.

Example Ideas without a Clear Sustainability Plan from HHS Survey:

- Reimbursement or Rate Enhancements
- Direct Increases to Rural Salary & Wages
- EMS Wages
- Health Insurance Subsidies
- Direct Payment for Health Care Services (Ex. Home Health or Caregivers)

RHTP Fund Distribution and Federal Policy Guidance

RHTP Fund Distribution



- North Dakota expected to receive at least $100 million per year from FFY 2026-2030 in Baseline Funding.
  - $500 million total funds will go to North Dakota in Baseline Funding.
- Workload Funding will be determined based on a state's application and rural factors data.

Funding Timeline

Grant Year	Baseline Funding Amount	Workload Funding Amount	Award Year Start Date	Obligation Deadline	Liquidation Deadline
FFY 2026	$100,000,000	TBD	Based on Award Date	9/30/2026	9/30/2027
FFY 2027	$100,000,000	TBD	10/1/2026	9/30/2027	9/30/2028
FFY 2028	$100,000,000	TBD	10/1/2027	9/30/2028	9/30/2029
FFY 2029	$100,000,000	TBD	10/1/2028	9/30/2029	9/30/2030
FFY 2030	$100,000,000	TBD	10/1/2029	9/30/2030	9/30/2031

Anticipated Implementation Challenges

- **Short Timeframe for Funding Obligation and Liquidation**
- **Length of Procurement, Grant and Contracting Process**
- **IT Resources**

- States must obligate all funds by the end of the federal fiscal year that the funds are awarded in.
- Funds must be liquidated by the end of the following fiscal year.
- Unspent funds will be recouped and redistributed.
- States must show progress on the initiatives named in their application to qualify for future Workload Funding.

Workload Funding Factors

Rural Facility and Population Score Factors 50% of score	Absolute size of rural population in a state – 10%
	Proportion of rural health facilities in the state – 10%
	Uncompensated care in a state – 10%
	Percentage of state population located in rural areas – 6%
	Metrics that define a state as being frontier – 6%
	Area of a state in total square miles – 5%
	Percentage of hospitals in a state that receive Medicaid Disproportionate Share Hospital (DSH) payments – 3%

Technical Score Factors 50% of score	Population health clinical infrastructure – 3.75%
	Health and lifestyle – 3.75%
	SNAP waivers – 3.75%
	Nutrition Continuing Medical Education – 1.75%
	Rural provider strategic partnerships – 3.75%
	Emergency Medical Services (EMS) – 3.75%
	Certificate of Need – 1.75%
	Talent recruitment – 3.75%
	Licensure compacts – 1.75%
	Scope of practice – 1.75%
	Medicaid provider payment incentives – 3.75%
	Individuals dually eligible for Medicare and Medicaid – 3.75%
	Short-term, limited-duration insurance (STLDI) – 1.75%
	Remote care services – 3.75%
	Data infrastructure – 3.75%
	Consumer-facing technology – 3.75%

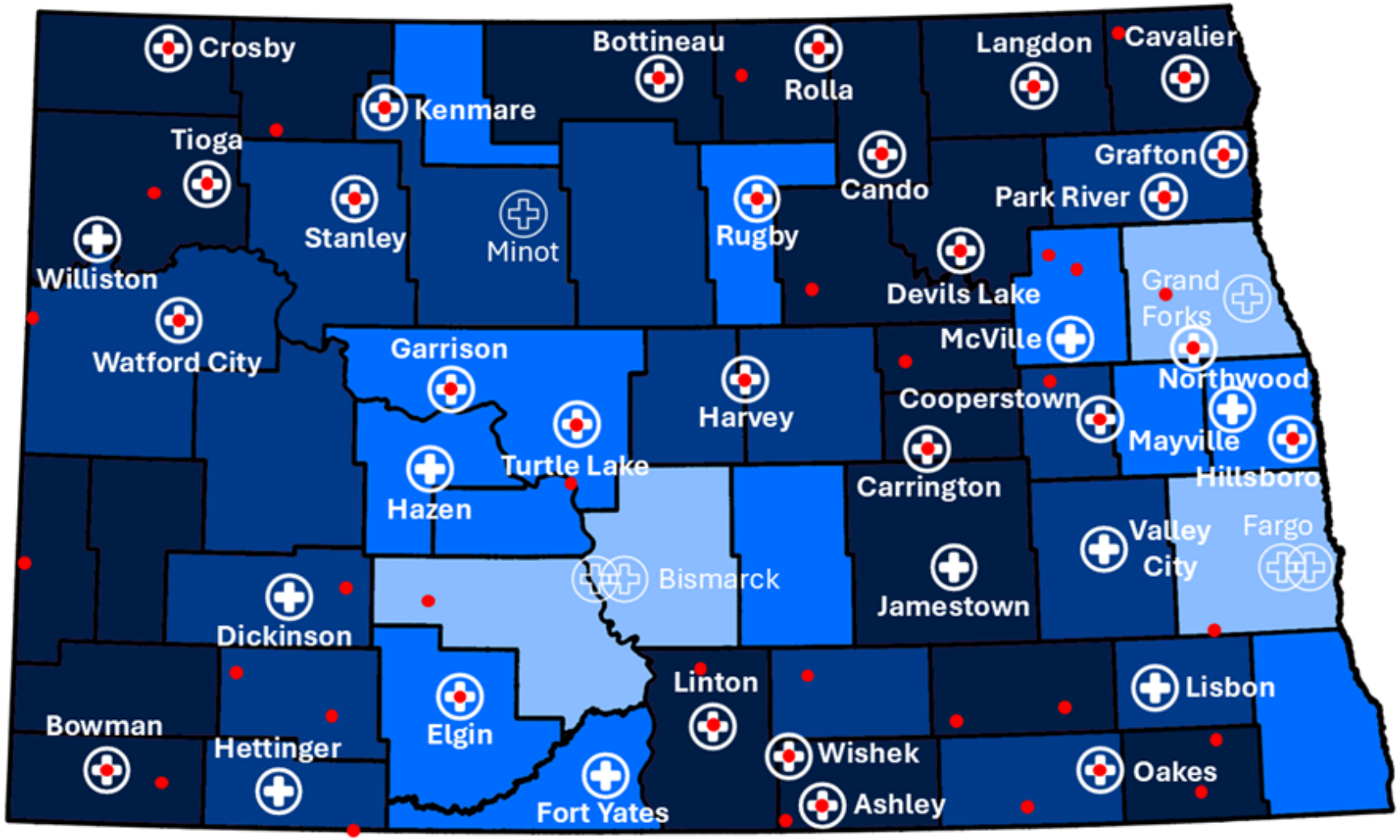
Rural Factors

50% of Workload Funding Score

Factor	Score Criteria	ND Data	Anticipated Score
Absolute size of rural population in a state – 10%	100 Points * Percentile ranking of the size of a State's rural population / Sum of all States' percentile rankings	354,469 people **Rank:** 43 out of 50	**0.571**
Proportion of rural health facilities in the state – 10%	100 Points * Percentile ranking of a State's blended % of total rural health facility count / Sum of all States' percentile ranking • Percent of hospital rural health facilities: Sum rural hospitals in a State divided by the sum across all States • Percent of other rural health facility types: Sum health facilities located in a rural area based on the most recent version of the rural definition maintained by HRSA in a State divided by the sum across all States	43 Hospitals 89 Non-Hospitals Blended Percent: 0.886 **Rank:** 38 out of 50	**0.898**

Source: *Rural Health Transformation Program: Rural facility and population score estimates by state.* NC Rural Health Research Program. UNC Sheps Center. 2025. https://www.shepscenter.unc.edu/programs-projects/rural-health/projects/rural-health-transformation-program-resources/

Critical Access Hospitals & Rural Health Clinics



- Partially Rural
- Entirely Rural
- Partially Frontier
- Entirely Frontier
- Critical Access Hospital
- Urban Referral Center
- Rural Health Clinic

Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

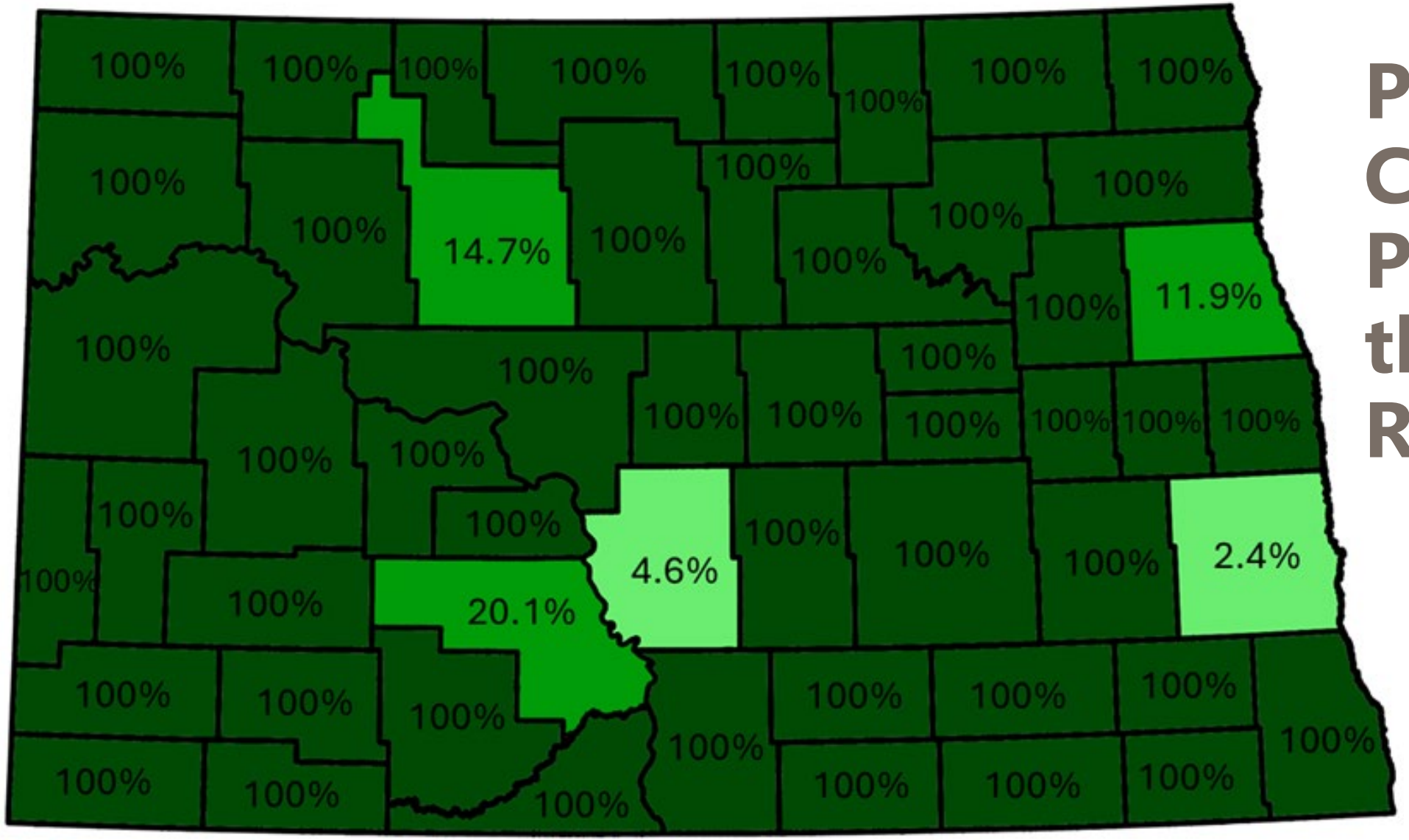
NORTH Dakota Be Legendary. | Health & Human Services

Rural Factors
50% of Workload Funding Score

Factor	Score Criteria	ND Data	Anticipated Score
Uncompensated care in a state – 10%	100 Points * Percentile ranking of the % of hospital uncompensated care as a share of hospital operating expenses in a State / Sum of all States' percentile rankings	**Rank:** 34 out of 50	**1.306**
Percentage of state population located in rural areas – 6%	100 Points * Percentile ranking of % of State population that is located in a rural area / Sum of all States' percentile rankings	45.498% **Rank:** 10 out of 50	**3.265**

Source: *Rural Health Transformation Program: Rural facility and population score estimates by state.* NC Rural Health Research Program. UNC Sheps Center. 2025. https://www.shepscenter.unc.edu/programs-projects/rural-health/projects/rural-health-transformation-program-resources/

Percent of County Population that is Rural



Total Rural Population: 45.5%

Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

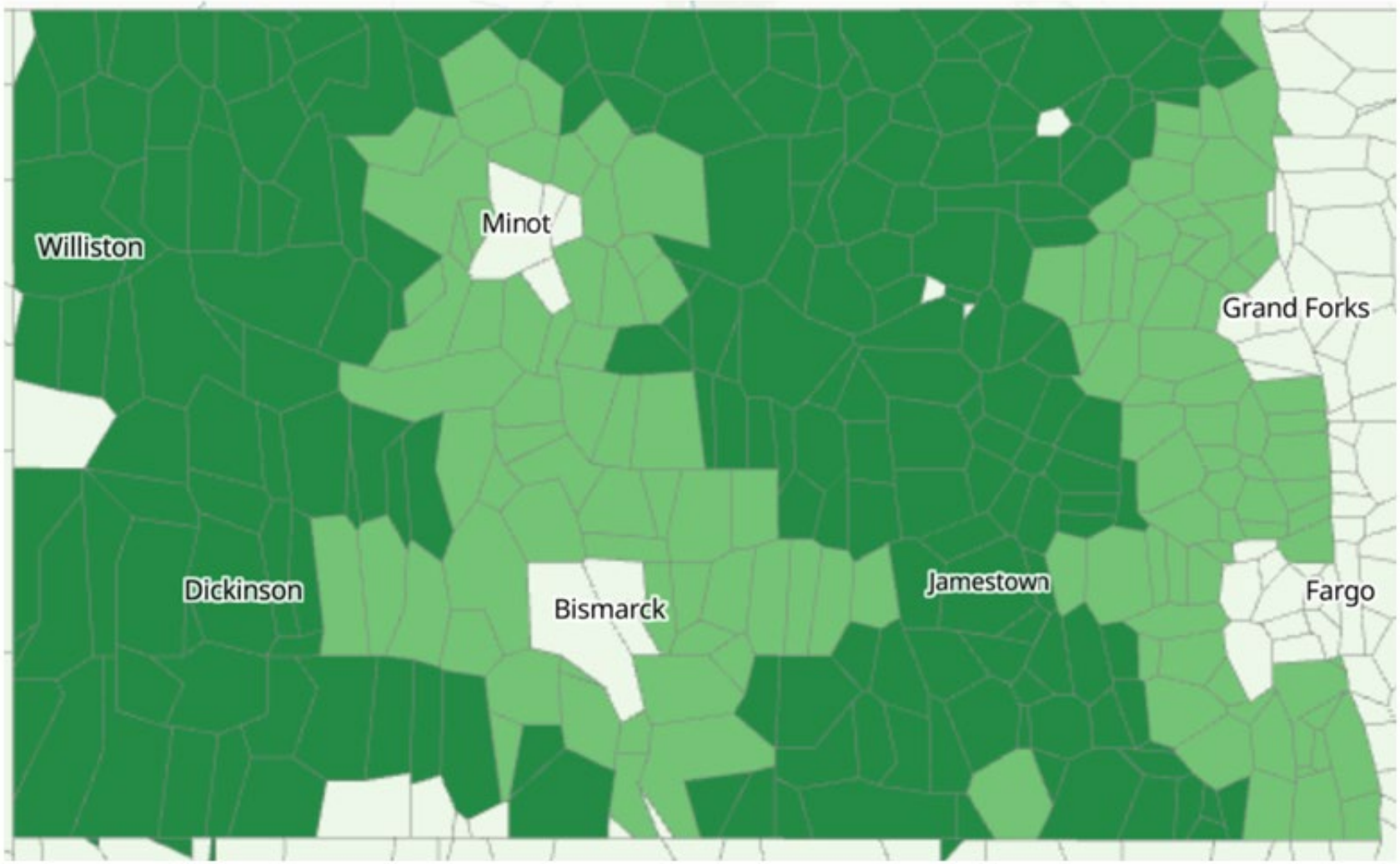
North Dakota Health & Human Services
Be Legendary.

Rural Factors
50% of Workload Funding Score

Factor	Score Criteria	ND Data	Anticipated Score
Metrics that define a state as being frontier – 6%	100 Points * Percentile ranking of % of State population located in a FAR level 2 zip code / Sum of all States' percentile rankings	29.08% **Rank:** 3 out of 50	**3.265**
Area of a state in total square miles – 5%	100 Points * Percentile ranking of the % of land area in a State compared to all 50 States / Sum of all States' percentile rankings, with both numerator and denominator subject to a State's percent of land area being greater than or equal to the 90th percentile	68,994.3 **Rank:** 17 out of 50	**0**

Source: *Rural Health Transformation Program: Rural facility and population score estimates by state.* NC Rural Health Research Program. UNC Sheps Center. 2025. https://www.shepscenter.unc.edu/programs-projects/rural-health/projects/rural-health-transformation-program-resources/

Frontier and Remote Zip Codes: Level 2



Frontier and Remote (FAR) Level 2
FAR areas consist of rural areas and urban areas up to 25,000 people that are: 45 minutes or more from an urban area of 25,000-49,999 people; and 60 minutes or more from an urban area of 50,000 or more people.

Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

NORTH Dakota Be Legendary. | Health & Human Services

Rural Factors
50% of Workload Funding Score

Factor	Score Criteria	ND Data	Anticipated Score
Percentage of hospitals in a state that receive Medicaid Disproportionate Share Hospital (DSH) payments – 3%	100 Points * Percentile ranking of the % of State hospitals that receive Medicaid DSH payments / Sum of all States' percentile rankings	**Rank:** 50 out of 50	0

What is a Disproportionate Share Hospital?

1. a Medicaid inpatient utilization rate of at least 1% and at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments; **or** a low-income utilization rate is greater than 25%; **and**
2. At least 2 obstetricians on staff who provide OB services for Medicaid members.

North Dakota SFY 2025 DSH Hospitals

- Mercy Medical Center Williston
- Altru Health System
- Trinity Hospital
- Sanford Medical Center Bismarck
- North Dakota State Hospital

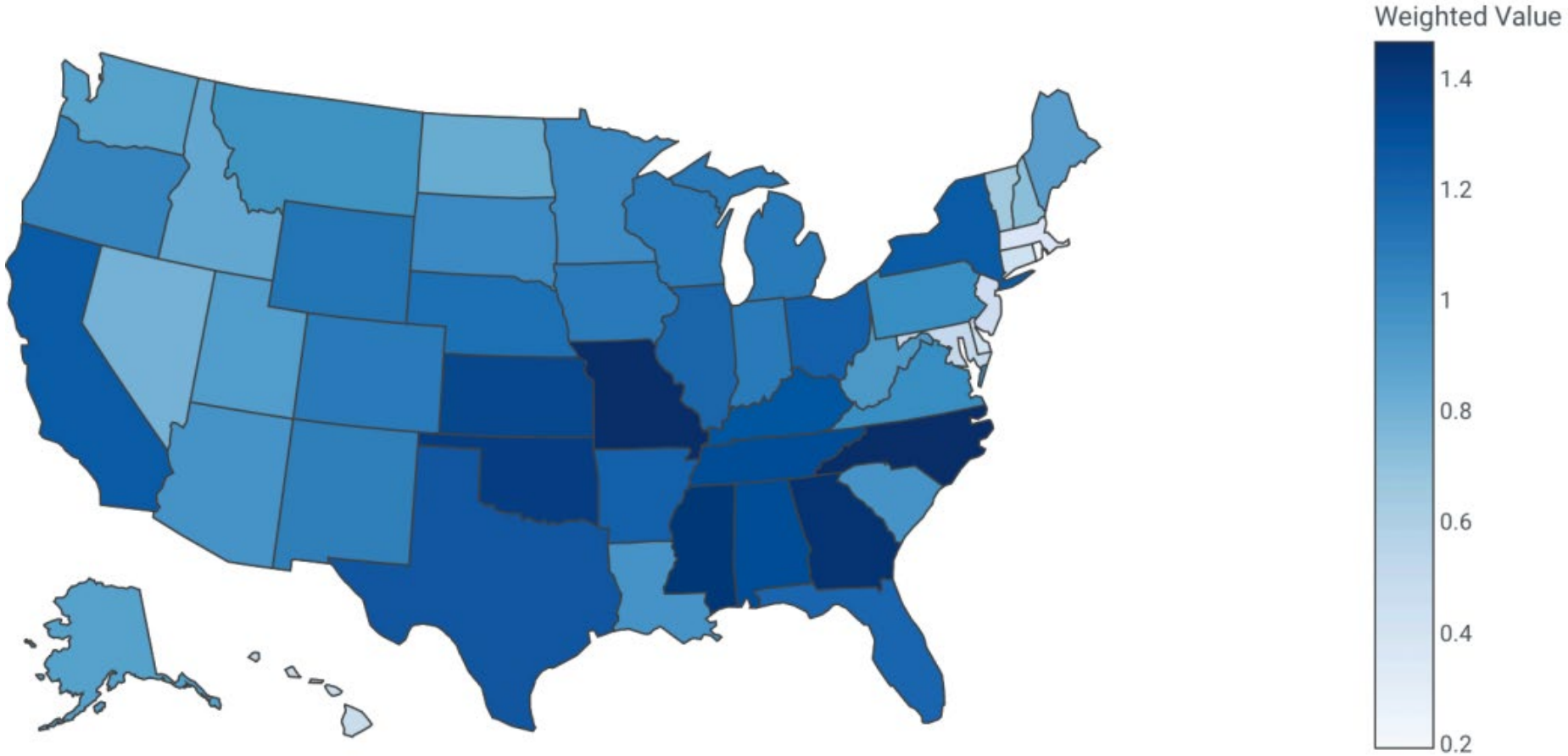
Source: *Rural Health Transformation Program: Rural facility and population score estimates by state.* NC Rural Health Research Program. UNC Sheps Center. 2025. https://www.shepscenter.unc.edu/programs-projects/rural-health/projects/rural-health-transformation-program-resources/

Rural Factors: How does North Dakota Compare?

50% of Workload Funding Score

University of North Carolina Center for Health Services Research estimated scores based on the CMS RHTP Notice of Funding Opportunity Scoring.

North Dakota ranked **40 out of 50** in UNC's interpretation of CMS scoring.



Source: *Rural Health Transformation Program: Rural facility and population score estimates by state.* NC Rural Health Research Program. UNC Sheps Center. 2025. https://www.shepscenter.unc.edu/programs-projects/rural-health/projects/rural-health-transformation-program-resources/
Map of States' Weighted Scores for Rural Facilities and Population Factors. National Rural Health Association. 2025. https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/2025/rhtp-map-final.pdf

Technical Score Factors

Technical Score Factors
50% of score

- Population health clinical infrastructure – 3.75%
- Health and lifestyle – 3.75%
- SNAP waivers – 3.75%
- Nutrition Continuing Medical Education – 1.75%
- Rural provider strategic partnerships – 3.75%
- Emergency Medical Services (EMS) – 3.75%
- Certificate of Need – 1.75%
- Talent recruitment – 3.75%
- Licensure compacts – 1.75%
- Scope of practice – 1.75%
- Medicaid provider payment incentives – 3.75%
- Individuals dually eligible for Medicare and Medicaid – 3.75%
- Short-term, limited-duration insurance (STLDI) – 1.75%
- Remote care services – 3.75%
- Data infrastructure – 3.75%
- Consumer-facing technology – 3.75%

Application Initiatives

Scored Based on Application Review of the Following Components:

- Strategy
- Workplan and Monitoring
- Outcomes
- Projected Impact
- Sustainability beyond Rural Health Transformation Funding Period

State Policy Actions

Points awarded based on state's existing policy or state's commitment to make the policy change in Calendar Year 2027.

Data-Driven Factor

State's existing reporting infrastructure for Medicaid programs including TMSIS, PACE, and D-SNPs.

Policy Provisions Related to RHTP Funding

☑ 3.75%

Population Health Clinical Infrastructure

Scoring Criteria

Quality of application on the initiative addressing:

- Enhancement of and/or creation of community-based care initiatives.
- How to strengthen the whole rural health care ecosystem at the community level through technological innovation, a focus on primary care, a focus on behavioral health, and expanded scope of practice for mid-level practitioners and pharmacists.
- How to coordinate amongst existing rural community providers, community-based facilities, and other stakeholders to enhance access to preventative care, long-term care, behavior health, and other social health services.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics.

Proposed Application Initiatives

- Technical Assistance and Training for Existing Workforce to Expand Capacity of Existing Primary Care and other Rural Workforce to Provide More Services.
- Technical assistance for ND Medicaid, private payers, and providers to develop care coordination programs for patients with chronic disease or behavioral health conditions
- Development of a closed loop referral system and community information exchange to connect providers and existing community organizations
- Technical Assistance for Providers to Explore and Diversify their Revenue Streams
- Technical assistance, training, and remodeling grants for providers filling a gap in the current service delivery system
- Equip health facilities with robotics, artificial intelligence, remote monitoring and smart technology to reduce reliance on physical workforce.

3.75%

Health and Lifestyle

North Dakota Anticipated Policy Score

0 out of **100**

Scoring Criteria

Application Initiatives: 75% Weight

Quality of application on the initiative addressing:

- Novel prevention-focused models emphasizing lifestyle changes, around physical activity and / or proper nutrition, that are evidence-based with potential for clear and measurable health outcome improvements.
- Engagement of a variety of stakeholders and community resources within the geographic area of the initiative to successfully execute vision.
- Clear, concise, and implementable goals focused on root causes of public health tailored to the needs of local rural communities.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics.

State Policy Actions: 25% Weight

- **0 Points**: A State does not require schools to reestablish the Presidential Fitness Test
- **100 Points:** A State requires schools to reestablish the Presidential Fitness Test that is aligned with federal guidance associated with Executive Order 14327

Proposed Application Initiatives

- Embed physical activity and nutrition curriculum into training of North Dakota healthcare professionals
- ND Moves Together
- Eat Well North Dakota
- Create new access points for health care
- Building Community Connection and Resiliency

2025 North Dakota Policy & Planned Actions

North Dakota does not have a policy requiring schools to administer the Presidential Fitness Test.

☑ 3.75%

SNAP Waivers

North Dakota Anticipated Policy Score

75 out of **100**

Scoring Criteria

- **0 Points:** State has no pending or approved USDA SNAP food restriction waiver prohibiting the purchase of non-nutritious items or no pending State bill requiring a food restriction waiver be submitted to USDA
- **25 Points:** State with active bill in the State legislative process
- **50 Points:** State bill was passed to submit a USDA food restriction waiver
- **75 Points:** State submitted a waiver prohibiting the purchase of non-nutritious items in SNAP and waiver is in processing with USDA
- **100 Points:** USDA approved State waiver prohibiting the purchase of non-nutritious items in SNAP

2025 North Dakota Policy & Planned Actions

North Dakota does not have an existing SNAP waiver.

Planned Action:
North Dakota HHS plans to submit a SNAP waiver by November 5, 2025.

1.75%

Nutrition Continuing Medical Education

North Dakota Anticipated Policy Score

0 out of **100**

Scoring Criteria

- **0 Points:** States that have no requirement for nutrition to be included in continuing medical education (CME) for physicians as well as no pending State bill requiring nutrition to be included in CME for physicians
- **25 Points:** States with an active bill in the State legislative process or regulation proposed
- **75 Points:** State bill requiring nutrition to be included in CME for physicians was passed or regulation finalized but not yet implemented or enforced
- **100 Points:** Requirement for nutrition to be included in CME for physicians is currently in place and enforced

2025 North Dakota Policy & Planned Actions

North Dakota does not have a requirement for nutrition to be included in continuing medical education (CME) for physicians.

Specific requirements for CME can be challenging for participation in Licensure Compacts

Planned Action:
North Dakota's RHTP initiatives will embed nutrition into health professional education programs in ND and develop nutrition specific CME resources for clinicians

☑ 3.75%

Rural Provider Strategic Partnerships

Scoring Criteria

Quality of details in application on the initiative addressing:

- Arrangements that include an exchange of best practices and coordination of care, partially facilitated through remote care services.
- Arrangements will expand access to specialty services in a financially sustainable manner.
- Arrangements centralize and/or streamline back-office functions and resources to create cost savings for participants.
- Arrangements improve financial viability of rural providers, preserve independence of rural providers where appropriate, and strive to keep care local where appropriate.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics as described in the application.

Proposed Application Initiatives

- Technical Assistance for Providers Planning a Licensure or Scope Change
- Remodel and technology for providers choosing to right size existing facilities to fit current community needs.
- Modernization and technology grants for residential facilities to reduce need for in-person workforce or to meet enhanced licensure requirements for new billing pathways.
- Technical Assistance for Providers to Explore and Diversify their Revenue Streams
- Technical Assistance for Providers to Develop Business and Leadership Capacity
- Grants to support the creation of cooperative purchasing agreements for technology including Cyber Security, Population Health Tools, and Electronic Medical Records without predatory terms
- Grants to support the creation of cooperative purchasing of regulatory infrastructure for health care providers.
- Grants to support the creation of cooperative purchasing or shared infrastructure for billing and finance staff.

State Funded Initiatives Underway

- 2023-2025 & 2025-2027 Biennium Funding of Rough Rider Network

☑ 3.75%

Emergency Medical Services

Scoring Criteria

Quality of details in application on the initiative addressing:

- State policies and infrastructure that will support coordination between EMS and other provider types as well as EMS integration with
- other parts of the healthcare delivery systems. Examples include collaboration with primary care providers and expanding models like community paramedicine where appropriate.
- Infrastructure that will support alternative site of care treatment (e.g. treat "in place" as part of an emergency call).
- Other investments to improve speed, access, and cost to deliver emergency medical services.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics as described in the application.

Proposed Application Initiatives

- Enhanced first responder program to place a first responder in each of the roughly 1,800 townships in the state.
- Rural ambulance telehealth and EMR connectivity
- Technical assistance and training to support EMS capacity and expand
- Community Paramedic Infrastructure, Training, and Certification Start Up Grants.
- Planning and technical assistance grants for consolidating rural ambulance districts or partnering with another health organization.

☑ 1.75% Certificate of Need

North Dakota Anticipated Policy Score

75 out of **100**

Scoring Criteria

- **0 Points:** 100 score from Cicero report for States with universal CONs for all facility categories.
- **25 Points:** 80-99 score from Cicero report for States with stringent CONs across facility categories.
- **50 Points:** 45-79 score from the Cicero report for States with moderate CONs across facility categories.
- **75 Points:** 1-44 score from Cicero report for States with limited CONs across facility categories.
- **100 Points:** 0 score from Cicero report for States with no CONs across facility categories.

2025 North Dakota Policy & Planned Actions

North Dakota received a score of 5 in the Cicero report due to the moratorium on nursing facility and basic care beds.

The moratorium was extended in 2025 by House Bill 1154.

3.75% Talent Recruitment

Scoring Criteria

Quality of details in application on the initiative addressing:

- Supporting health care career education infrastructure in rural communities, like health care career pathway programs in high schools.
- Funding new residency training programs, fellowships, or combined programs in rural communities, tied to at least 5 years of service spent in rural areas.
- Relocation grants for clinicians moving to rural communities for at least 5 years of service.
- Investment in health care talent recruitment related to Indian Health Services, as relevant for a State.
- A focus on supporting pathways for non-physician health care providers, non-hospital-based providers, and allied health professionals in rural areas.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics.

Proposed Application Initiatives

- Expand Residency Training Opportunities in North Dakota, including Tribal Residency Opportunities
- Train in Place Opportunities for Existing Workforce to Obtain Higher Credential through virtual, evening and weekend programs
- Embed students into rural facilities through expanded rural rotations in partnership with North Dakota Universities
- Create a Rural Health Preceptor Development Program to offer more training opportunities for students.
- Create a scholarship to employment initiative for students in partnership with rural providers, hospitals and community foundations.
- Expand opportunities for health care career education in K-12 education.
- Expansion of simulator training for the healthcare workforce.
- Expanded State Student Loan Repayment programs for counselors, licensed addiction counselors and dentists.
- Increase award amounts for State Student Loan Repayment program.
- Recruitment/Retention Grants for Rural Providers
- Technical assistance for providers and communities to support best practices for retaining clinicians.
- Technical Assistance and Training for Existing Workforce to Expand Capacity of Existing Primary Care and other Rural Workforce

1.75%

Licensure Compact

North Dakota Anticipated Policy Score

80 out of **100**

Scoring Criteria

0-100 Points based on average of Physician Score, Nurse Score, EMS Score, Psychology Score, and Physician Assistant Score.

2025 North Dakota Policy & Planned Actions

- **Physician:** North Dakota is an Interstate Medical Licensure Compact (IMLC) Member State serving as State of Principal License **| 100 Points**
- **Nurse:** North Dakota is a Nurse Licensure Compact State **| 100 Points**
- **EMS:** North Dakota is an EMS Compact State **| 100 Points**
- **Psychology:** North Dakota is a PSYPACT Participating State **| 100 Points**
- **Physician Assistant:** North Dakota is not a member state. ND Senate failed SB 2108 to join the PA Compact in the 2025 Session. **| 0 Points**

☑ 1.75% Scope of Practice

North Dakota Anticipated Policy Score

62.5 out of **100**

Scoring Criteria

0-100 Points based on average of PA Score, NP Score, Pharmacist Score, and Dental Hygienists Score.

2025 North Dakota Policy & Planned Actions

- **Physician Assistant:** North Dakota rated as optimal by American Academy of Physician Assistants **| 100 Points**
- **Nurse Practitioner:** North Dakota designated as Full Scope of Practice by American Association of Nurse Practitioners **| 100 Points**
- **Pharmacist:** ND received a score of 2 indicating restricted practice **| 0 Points**
  - Areas for improvement: Laboratory Testing and Independent Prescribing
- **Dental Hygienist:** ND allows 4 delegated tasks indicating semi-restricted practice **| 50 Points**
  - Areas for improvement: Dental hygiene diagnosis, Prescriptive Authority, Supervision of Dental Assistants, Direct Medicaid Reimbursement

☑ 3.75%

Medicaid Provider Payment Incentives

Scoring Criteria

Quality of application on the initiative addressing:

- Development and implementation of payment mechanisms incentivizing providers or ACOs to reduce health care costs, improve quality of care, and shift care to lower cost settings.
- Development and implementation of value-based programs that have a pathway to include two-sided risk and are supported by evidence to suggest programs will change patient and provider behavior.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics.

Proposed Application Initiatives

- Create a Medicaid Value Based Purchasing Program for Critical Access Hospitals
- Explore alternative payment arrangements in Medicaid for Critical Access, Rural Emergency Hospitals, Community Health Centers and Residential Facilities.
- Create a portal for quality reporting and data dashboards for residential facilities across North Dakota.
- Create multi-payer alignment on outcomes and goals for value based and alternative payment arrangements

State Funded Initiatives Underway

- Addition of Total Cost of Care to North Dakota Health System Value Based Program.
- Implementation of Value Based Purchasing and Alternative Payment Arrangement for Psychiatric Residential Treatment Facility.

3.75% Individuals Dually Eligible for Medicare and Medicaid

North Dakota Anticipated Data Score

Unknown out of **100**

Scoring Criteria

Application Initiatives: 50% Weight

Quality of application on the initiative addressing:

- Ways that time-limited investments can support dual eligible enrollment in integrated plans, such as investments to promote data integration, technical assistance to improve duals support and resources, and enrollment support.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics

State Data Actions: 50% Weight

- **Duals Contact at the State:** 100 Points for having at least one individual identified as a dual contact by MMCO.
- **Integrated Plan Availability:** 100 Points for having at least one integrated plan (PACE, MMP, AIP D-SNP) available in the State as indicated by whether a State has at least one enrollee in such plan.
- **% of Duals Enrolled in an Integrated Plan:** 100 Points * Percentile Ranking of the proportion of dual enrollees that are enrolled in an integrated plan in a State, compared to all other State proportions.

Proposed Application Initiatives

- Technical assistance for ND Medicaid, private payers, and providers to develop care coordination programs for patients with chronic disease or behavioral health conditions
- Development of a closed loop referral system and community information exchange to connect providers and existing community organizations and North Dakotans

2025 North Dakota Data Factors

- Duals Contact at the State: North Dakota Contact in Place | **100 Points**
- Integrated Plan Availability: PACE & D-SNPs in Place in North Dakota | **100 Points**
- % of Duals Enrolled in an Integrated Plan: **14.04% Enrolled in D-SNPs | Unknown Percentile Ranking**

1.75%

Short-Term Limited-Duration Insurance (STLDI)

North Dakota Anticipated Policy Score

100 out of **100**

Scoring Criteria

States must report in their applications any state-level policies on STLDI, including:

- Whether there are any State restrictions in place that limit STLDI plans beyond latest federal guidance;
- What the State's maximum allowable initial contract term for STLDI is; and
- What the State's maximum allowable total coverage period for STLDI is.

0-100 Points scale based on the following:

- 0 Points: STLDI plans are restricted in the State beyond the latest federal guidance.
- 100 Points: STLDI plans are not restricted in the State beyond the latest federal guidance.

2025 North Dakota Policy & Planned Actions

North Dakota Century Code Chapter (NDCC) 26.1-36.8 describes STLDI policies in North Dakota.

In alignment with current federal guidance, ND STLDI plans may be a maximum of 12 months for the initial contract term and renewed for a 36 month maximum allowable total coverage period.

3.75%

Remote Care Services

North Dakota Anticipated Policy Score

80 out of **100**

Scoring Criteria

Application Initiatives:

- Enhancement of remote care services infrastructure within a State.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics as described in the application.

State Policy Actions:

- Medicaid payment for at least one form of live video: 100 Points if reimbursed.
- Medicaid payment for Store and Forward: 100 Points if reimbursed. 50 Points if only reimbursing Communication Technology Based Services (CTBS).
- Medicaid payment for Remote Patient Monitoring (RPM): 100 Points if reimbursed.
- In-State licensing requirement exception: 100 Points if any exceptions are in place.
- Telehealth License/Registration Process (including special licenses): 100 Points if a registration process is in place.

Proposed Application Initiatives

- Create Telehealth Infrastructure for Local Primary and Specialty Care in Communities without a Healthcare Provider
- Create a Telehealth Network
- Grants to purchase remote monitoring devices or apps and technical assistance and training to integrate into provider EMR and workflow

2025 North Dakota Policy & Planned Actions

- ND Medicaid Payment for
  - Live Video: Covered **| 100 Points**
  - Store and Forward: Covered **| 100 Points**
  - Remote Patient Monitoring: Covered **| 100 Points**
- In-State Licensing Exemption: NDCC 50-02-15-03 allows exemptions to licensing requirements. **| 100 Points**
- Telehealth License/Registration Process: ND does not have a specific telehealth license registration. **| 0 Points**

3.75%

Data Infrastructure

North Dakota Anticipated Data Score

100 out of **100**

Scoring Criteria

Application Initiatives: 75% Weight

Quality of application on the initiative addressing:

- Enhancement of data infrastructure within a State,
- such as investments in EHR, clinical support, and operational software infrastructure upgrades that enable participation in data exchange and interoperability.
- Investments should only be considered if they have specific rural benefits.
- For technology that has a cloud-based alternative compared to on-premises technology, preference for cloud-based, multi-tenant architecture when feasible.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics as described in the application.

State Data Factors: 25% Weight

States receive 100 Points for reaching the target on Critical Priority, High Priority, and Expenditure T-MSIS Outcome-Based Assessments (OBA). States deducted 1/3 of total 100 points for each target not reached on any of Critical Priority, High Priority, and Expenditure T-MSIS OBAs.

Proposed Application Initiatives

- Modernize North Dakota's healthcare data environment by unifying EMRs, payer data, and pharmacy data in a secure and integrated platform to improve clinical care, care coordination and increase access to population level data.
- Implement NDHHS Data Hub platform to provide a centralized location for HHS program data.
- Enhance transparency and data infrastructure through the creation of an all payer claims database and outcome measurement tool.
- Promote data interoperability for providers to create a more seamless patient experience.
- Support NDHHS to adopt a modern, robust licensure management system.

2025 North Dakota Data Factors

- North Dakota meets T-MSIS Targets. **| 100 Points**

☑ 3.75% Consumer Facing Technology

Scoring Criteria

Quality of application on the initiative addressing:

- Support the development, appropriate usage and/or deployment of various consumer-facing health technology tools for the prevention and management of chronic diseases.
- Health technology tools supported should be aligned with CMS's Health Technology Ecosystem criteria for patient-facing apps, as applicable.
- Feasibility, long-term financial self-sustainability, and robustness of suggested evaluation metrics.

Proposed Application Initiatives

- Grants to purchase remote monitoring devices or apps and technical assistance and training to integrate into provider EMR and workflow
- Equip health facilities with remote monitoring and smart technology to reduce reliance on physical workforce.
- Tech grant to develop a Medicaid NEMT billing app for Medicaid member and volunteer drivers for NEMT reimbursement.
- Enhance the capability of the state laboratory to process self-collected specimens
- Expand the use of automated prescription pickup kiosks

How can we improve our score?

- States can receive conditional, partial points in the first budget period by committing to state policy actions.
- States will receive full points upon completion of the state policy action.
- States that do not achieve the policy action they committed to will be required to return funds.

Policy Actions Need to Maximize North Dakota's Score:

- Require ND Schools to Adopt Presidential Fitness Test
- SNAP Waiver to Prohibit Purchase of Non-Nutritious Items
  HHS Planning to Submit by November 5
- Require Nutrition Continuing Medical Education for Physicians
- Eliminate Nursing Home & Basic Care Bed Moratorium
- Join Physician Assistant Compact
- Expand Pharmacist and Dental Hygienist Scope of Practice
- Create Telehealth License/Registration Process

RHTP Funding Recommendations

Focus on Strategic Priorities

STRENGTHEN AND STABILIZE RURAL HEALTH WORKFORCE

BRING HIGH-QUALITY HEALTH CARE CLOSER TO HOME

MAKE NORTH DAKOTA HEALTHY AGAIN

CONNECT TECH AND DATA FOR A STRONGER ND

Strengthen and Stabilize Rural Health Workforce

- Ensure long-term sustainability of rural healthcare by strategic investments in workforce.

Workforce was identified as the top need in both the HHS survey and listening sessions.

Rural North Dakota faces more healthcare workforce shortages than their urban counterparts.

Workforce is a key driver of both cost and revenue for rural facilities.

Reliance on temporary staffing models is costly and can strain financial health of rural providers.

Strengthen and Stabilize Rural Health Workforce

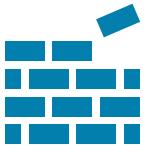
Survey Themes and Sample Initiatives

Expand Rural Healthcare Training Pipelines	Expand residency training opportunities.
	Train in place opportunities for existing workforce to obtain higher credential.
	Expand opportunities for health care career education.
Improve Retention in Rural and Tribal Communities	Expand loan repayment programs.
	Retention grants for rural providers.
	Technical assistance to support best practices for retaining clinicians.
Use Technology as an extender for Rural Providers	Equip health facilities with remote monitoring and smart technology to reduce reliance on physical workforce.
	Use robotics and artificial intelligence for tasks that do not require human intervention to reduce reliance on physical workforce.
Provide Technical Assistance and Training for Existing Workforce	Behavioral health training for non-behavioral health workforce.
	Chronic disease management and engagement training.
	Obstetric and other specialized training for primary care workforce.

Bring High-Quality Health Care Closer to Home

- Focus on sustainability and right-sizing for the future.
- Invest in safety net service delivery through enhanced telehealth supports and closing gaps in our care continuum.

Financial distress is the number one predictor of facility closure.



Multiple revenue streams can help promote stability.

Distance can be a barrier to care. Individuals are more likely to delay or skip necessary care when geographically distant from care.

Technology and mobile health care can help ensure access points in communities without a regular source of care.

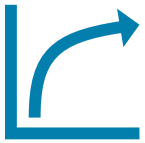
Bring High-Quality Health Care Closer to Home
Survey Themes and Sample Initiatives

Rightsizing Rural Health Care Delivery Systems for the Future	Technical assistance for providers planning a licensure or scope change.
	Remodel and tech for providers choosing to right-size existing facilities to meet community needs.
	Modernization and tech grants for residential facilities to meet requirements for new billing pathways.
Coordinating and Connecting Care	Technical assistance for ND Medicaid, private payers, and providers to develop care coordination program for patients with chronic disease or behavioral health conditions.
	Develop closed loop referral system and community information exchange to connect providers and existing community organizations and North Dakotans to volunteer opportunities in their communities.
Clinics without Walls	Create telehealth infrastructure for local primary and specialty care in communities without healthcare providers.
	Expand mobile clinics for delivering primary care, specialist care, and dental care.
	Grants to purchase remote monitoring devices or apps and technical assistance and training to integrate into workflow.
Sustaining Revenue	Technical assistance for providers to explore and diversify their revenue streams.
	Incentive grants for existing providers to expand into more home and community-based care.
Ensuring Safety Net Service Delivery	Technical assistance, training, and remodeling grants for providers filling a service gap in the care continuum.
	Rural ambulance telehealth and EMR connectivity.
Ensuring Transportation	Grants to existing organizations to purchase accessible vans or vehicles for non-emergency transport.
	Technology to support billing for sustainable service delivery and program integrity for non-emergency transport.

Make North Dakota Healthy Again

- Address root causes of health care through a focus on behavioral health, nutrition, and physical activity.
- Ensure sustainability of gains through health payer payment policy.

10% of adults have 3+ chronic health conditions.



Chronic diseases account for 90% of annual healthcare expenditures. Effective management can substantially lower these costs.

80% of heart disease, stroke, and diabetes & over 40% of cancers are preventable.

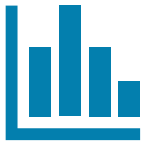
Regular activity lowers the risk of 20+ chronic conditions, including depression and 8 types of cancer.

Make North Dakota Healthy Again
Survey Themes and Sample Initiatives

Building Connection and Resiliency	Collaborate with faith leaders and tribes to deliver culturally grounded wellness programs.
	Expand resources for building communication and wellness in children and families while reducing harmful tech use.
	Partner with communities to build connection and resiliency across North Dakota.
Eat Well North Dakota	Embed nutrition into training, workflow, and treatment plans for North Dakota health care workforce.
	Create opportunities for farm to table food distribution in schools, senior citizen centers, with tribes and communities across ND.
	Educate and engage non-traditional partners in bolstering nutrition in communities across ND.
Investing in Value	Create a Medicaid Value Based Purchasing Program for critical access hospitals in partnership.
	Explore alternative payment arrangements in Medicaid for rural health care providers.
	Create multi-payer alignment on outcomes and goals for value based and alternative payment arrangements.
ND Moves Together	Embed physical activity into training, workflow, and treatment plans for North Dakota health care workforce. .
	Foster physical movement in non-traditional partners including youth sport coaches, faith leaders and schools, and health care providers.
	Partner with rural communities to create lasting opportunities for physical activity.

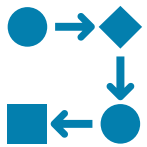
Connect Tech and Data for a Stronger ND

Make strategic investments in health care infrastructure to reduce long term costs, access economies of scale, and use data more effectively.



Healthcare providers often have high fixed costs for infrastructure including technology and regulatory compliance.

Small, independent providers are often priced out from top-tier technology.



High-quality data supports efficient operations in health care that can improve outcomes and reduce costs.

Connect Tech and Data for a Stronger ND

Survey Themes and Sample Initiatives

Cooperative Purchasing for Technology and Other Health Care Infrastructure	Grants to support the creation and expansion of cooperative purchasing agreements for technology including Cyber Security, Population Health Tools, and Electronic Medical Records.
	Grants to support the creation of cooperative purchasing of shared health care infrastructure.
Breaking Data Barriers	Modernize North Dakota's healthcare data environment by unifying EMRs, payer data, and pharmacy data in a secure and integrated platform to improve clinical care, care coordination and increase access to population level data..
	Promoting data interoperability for providers to create a more seamless patient experience in care transitions.
	Engage non-traditional partners in the use of health data to support population health.
Harnessing Artificial Intelligence (AI) and New Technology	Use AI to detect early signs of chronic illness and behavioral health conditions through predictive analytics.
	Expand capacity of rural providers through new AI tools.
	Expand the use of technology including drones to rapidly transport needed items.

Budget Prioritization

States must use a theoretical $200 million per year budget in the RHTP Application.

- Final Award amounts will be scaled based on a state's score for the Workload Funding.
- North Dakota will likely receive less than $200 million per year based on anticipated scoring for rural and population and state policy actions.

- HHS expects to utilize the maximum allowable funding for the following areas:
  - Infrastructure Remodels (20%)
  - EMR/EHR Replacement (5%)
- HHS will account for priorities identified in the listening sessions within the budget.

North Dakota Application Approach

- Address Priority Areas Identified by North Dakotans in HHS Survey and Listening Sessions
- Measurable Impact on Access or Health Outcomes for Rural North Dakotans
- Maximize Scoring for Workload Funding Factors
- Sustainable Investments: Limit Future Funding Obligations for State after Grant
- Align to Strategic Goals set by CMS in application:

Make Rural America Healthy Again

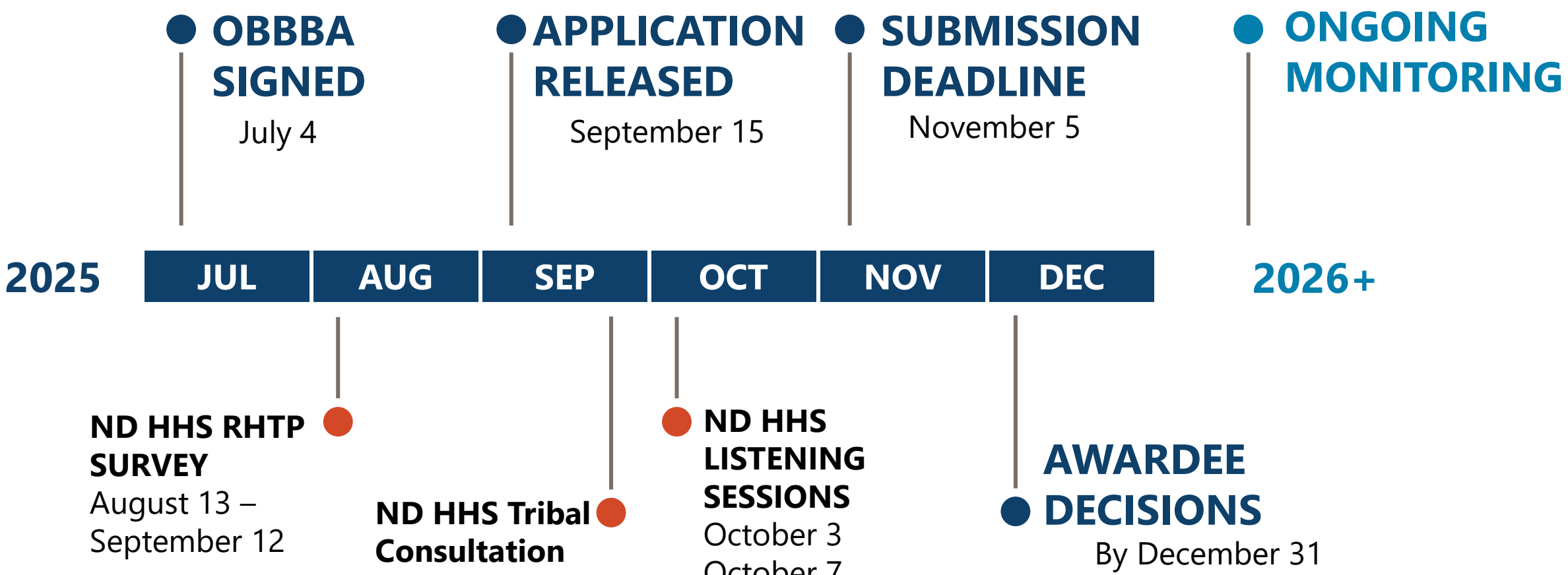
Sustainable Access

Workforce Development

Innovative Care

Tech Innovation

Timeline
Rural Health Transformation Program



Contact information

Sarah Aker

Executive Director, Medical Services
saker@nd.gov

hhs.nd.gov

NORTH Dakota Be Legendary. | Health & Human Services