Rural Health Transformation Program

Licensing Reform Task Force: Health Care Committee

April 10, 2026

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Contents

Vision

The five-year Montana Rural Health Transformation Program (RHTP) will support Montana's rural health care providers in delivering **sustainable, high-quality care** and **ensuring appropriate access** for those in need of services.

MONTANA
RURAL HEALTH TRANSFORMATION

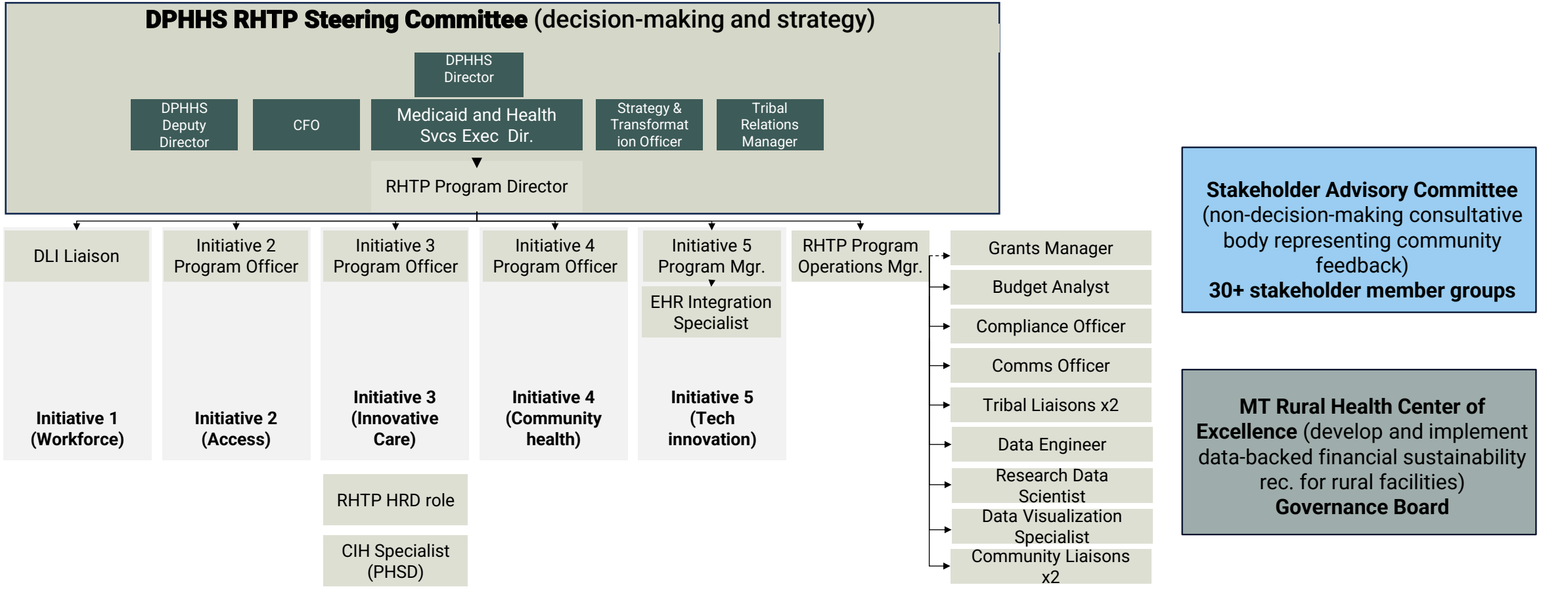
Montana is Committed To Five RHTP Initiatives

The $233M CMS award for Year One must be used to support the five initiatives outlined in Montana's original application:

1. Develop **workforce** through recruitment, training, and retention
2. Ensure rural **facility sustainability and access** through partnerships and restructuring
3. Launch **innovative care delivery** and payment models
4. Invest in **community health** and preventive infrastructure
5. Deploy modern health care **technologies** to guide rural health interventions

Source: Montana CMS RHTP Project Narrative

DPHHS is Building a Dedicated RHTP Unit to Support Program Implementation



Montana Received the Fourth Highest RHTP Funding Award Among all 50 States

- On December 29th, CMS announced that **Montana will receive ~$233M** for the first-year of the five-year Rural Health Transformation Program
  - **Montana ranked fourth nationally**, behind Texas, Alaska, and California
  - Montana's neighboring states – Wyoming (~$205M), North Dakota (~$199M), South Dakota (~$189M), & Idaho (~$185M) – all received less funding
  - The **award is allocated for the five initiatives submitted** as part of Montana's plan, with no ability to add or remove initiatives

Source: Montana CMS RHTP Notice of Award, Montana Governor's press release

CMS's Technical Scoring of our Application was Based on Initiatives and Policy Commitments

Category	Factor	Initiative	State Policy Action	Data	Weight in technical funding[1]	Estimated policy funding[2]
B **Population health**	B.1 Population health clinical infrastructure	✓			7.50%	
	B.2 Health & lifestyle (nutrition, exercise)	✓ *75%*	✓ *25%*		7.50%	*N/A Year 1*
	B.3 SNAP waivers		✓		7.50%	$4.4M
	B.4 Nutrition CME for physicians		✓		3.50%	*N/A Year 1*
C **Partnerships & EMS**	C.1 Rural provider strategic partnerships	✓			7.50%	
	C.2 EMS (Emergency Medical Services)	✓			7.50%	
	C.3 Certificate of Need laws		✓		3.50%	$2M
D **Workforce**	D.1 Talent recruitment	✓			7.50%	
	D.2 Licensure compacts		✓		3.50%	$2M
	D.3 Scope of practice (NPs, PAs, pharmacists, hygienists)		✓		3.50%	$2M
E **Payment & Duals**	E.1 Medicaid provider payment incentives	✓			7.50%	
	E.2 Dual eligibles (Medicare & Medicaid)	✓ *50%*		✓ *50%*	7.50%	
	E.3 Short-term limited duration insurance		✓		3.50%	$2M
F **Tech & Data**	F.1 Remote care services	✓ *50%*	✓ *50%*		7.50%	$2.2M
	F.2 Data infrastructure	✓ *75%*		✓ *25%*	7.50%	
	F.3 Consumer-facing tech	✓			7.50%	
TOTAL WEIGHT					**100%**	**$15M**

1. Technical funding is 25% of total funding, but is the variable funding depending on the application
2. Year 1 technical funding (~$58M) was allocated across relevant policy commitments based on their associated scoring weights; B.2 and B.4 were excluded from Year 1 scoring

Stakeholder Consultation

The State consulted widely with stakeholders during application development.

During proposal development, the State:

- Conducted 1:1 consultations with Montana Hospitals, tribes and >20 other rural health stakeholders
- Hosted a webinar with nearly 900 registrants
- Reviewed more than 300 RFI responses

During implementation, the State:

- Continues to engage closely with stakeholders on specific initiatives
- Participates actively in a twice-annual stakeholder consultation hosted by the Montana Office of Rural Health

Contents

Initiative 1: Develop Workforce Through Recruitment, Training, and Retention

To attract more health care providers to rural and frontier areas in Montana, DPHHS in collaboration with DLI plans to invest RHTP funds in:

- **Recruiting health care providers** by increasing access to local pipelines and apprenticeships, and reimbursing related instruction costs
- **Increasing ability to train health care providers in rural and frontier areas** by creating more physician residency slots, rural training tracks, and incentivizing and training supervisors
- **Encouraging providers to stay in rural Montana and have ongoing training** for the skills they need to treat the rural population (e.g., primary care/behavioral health integration)

Source: Montana RHTP Project Narrative and Implementation Plan

Initiative 1 Metrics as of April 10

Xx-Metric details to be determined

Metric	Baseline	Annual Target
Ratio of APRNs per 100,000 people in rural counties	92.1 per 100k	6.75% ratio increase
Ratio of physicians per 100,000 people in rural counties	141.2 per 100k	3% ratio increase
Ratio of RNs per 100,000 people in rural counties	797.2 per 100k	2.25% ratio increase
Ratio of dental hygienists per 100,000 people in rural counties	53.9 per 100k	2.5% ratio increase
Ratio of emergency care providers per 100,000 people in rural counties	217 per 100k	2.25% ratio increase
Ratio of PAs per 100,000 people in rural counties	51 per 100k	5% ratio increase
Separation rate in health care, in rural counties	7.4%	Maintain below national average
Metric of provider mental health	N/A	TBD

Source: Montana RHTP Project Narrative

Initiative 1: Activities for Annual Report #1 Due August 30

Sub-initiative	Example activities in first 6 months after RHTP funding is received
Increasing recruitment of rural health care workers	• Conduct **stakeholder engagement** sessions • Identify **20 initial schools** for expansion of Career and Technical Student Associations • Stand up pilot for **registered pre-apprenticeship programs** in select rural communities • Begin design phase and content creation for **workforce attraction campaign** • Develop structure, award, and logistics for **scholarship program** • Roll out **HELP-Link expansion** to train first set of 700 participants
Expanding rural clinical training capacity and opportunities	• Engage academic institutions, hospitals, WAMMI program and AHEC to identify feasible **expansion sites for trainings**, and initiate design work • Initiate agreements with in-state programs to **add new residency slots** for FY 2027 intake • Identify and onboard first wave of **preceptors**, delivering initial training sessions and incentive payments
Retaining and upskilling rural health care workforce	• Conduct **stakeholder engagement** sessions • Launch **rural provider support program** and announce **relocation assistance funds** • Identify 3-5 'welcome communities' to pilot **personalized relocation support** • Begin design of provider **wellness toolkit**, **behavioral health curriculum** for rural providers, **peer support** pilot, and **wellness & resilience network** • Begin initial phase of expanding **Rural Health Clinic Network** • Roll out first virtual training modules (e.g., for team-based care, chronic disease management, and telehealth integration)

Source: Montana RHTP Project Narrative and Implementation Plan

Contents

CMS RHTP State Policy Action Factors

Policy actions Montana committed to

Factors	0 pts	25 pts	50 pts	75 pts	100 pts
B.2 Health and lifestyle: Presidential Fitness Test	Does not require school reestablishment	—	—	—	Reestablishes Presidential Fitness Test in schools
B.3 SNAP Waivers	No waiver activity	Bill introduced in legislature	Bill passed authorizing waiver submission	Waiver submitted to USDA and under review	USDA-approved waiver in effect
B.4 Nutrition CME for physicians	No requirement	Active bill / pending regulation	—	Law/regulation finalized but not implemented	Requirement in place and enforced
C.3 Certificate of Need (CON) Laws	100 score from Cicero, for States with universal CONs	80-99 score from Cicero, for States with stringent CONs	45-79 score from Cicero, for States with moderate CONs	1-44 score from Cicero, for States with limited CONs	0 score from Cicero, for States with no CONs
D.2 Licensure Compacts (NP, PA, RN, Psych, EMS)	Not a member of compact	—	Compact passed but not yet implemented / limited issuance	—	Full membership and implementation / issuance
D.3 Scope of Practice	Restrictive SOP (e.g., supervision required for NPs/PAs, dental hygienists)	Limited expansions	—	Broad expansions (independent practice in some)	Full or unrestricted scope of practice
E.3 Short-Term, Limited-Duration Insurance (STLDI)	Fully restricted/banned	—	—	—	Fully allowed under federal max terms
F.1 Remote Care Services	No Medicaid coverage for telehealth	Coverage for limited modalities	Coverage expanded, but no parity	Coverage with some reimbursement parity	Full coverage & reimbursement parity

Montana Committed to Five RHTP Policy Actions; Three May Require Action from the Licensing Reform Task Force

May require Licensing Reform Task Force partnership

Policy	Commitments made in application	Timeline to implement	Potential implications for Licensing Reform Task Force
B.3 SNAP Waivers	Implement USDA approved SNAP waiver	EOY 2026	No specific action required from Task Force; purely informational
B.4 Nutrition CME for physicians	Introduce and enforce a nutrition CME for physicians	EOY 2027	May require funding for FTE capacity to support CME auditing; may also require legislative and/or ARM changes
D.2 Licensure Compacts (NP, PA, RN, Psych, EMS)	Become a licensure compact state for EMS	EOY 2027	Will require Task Force support for legislative changes; may require licensing fee increase to fund compact implementation
D.3 Scope of Practice	Codify expanded dental hygienists' scope of practice through the Oral Health Workforce Research Center (OHWRC)	EOY 2027	Will require some form of Task Force support; type of support TBD pending continued discussions with stakeholders and CMS
F.1 Remote Care Services	Authorize Medicaid reimbursement for Store and Forward and Remote Patient Monitoring	EOY 2027	No specific action required from Task Force, purely informational

Additional RHTP Policy Commitments that May Require Collaboration with the Licensing Reform Task Force

Initiative	Program	Considerations
3: Innovative care delivery	Support limited diagnostic and treatment capabilities in pharmacies	RHTP funds are designated to support startup costs for these services; **no additional scope of practice expansion is being pursued**
4: Community health	Expand school-based care services to include primary and dental care for students	Primary and dental care in schools, particularly dental hygienist Limited Access Permit in schools, requires additional conversations with key stakeholders (e.g., OPI, Montana Dental Association, Montana Dental Hygienists' Association)
4: Community health	Tribal Community Health Aide Program (CHAP)	Funds are allocated to enable CHAP systems and educational programs to be developed; Tribal Community Health Aides (under CHAP) do not require equivalent licensure by the state

Appendix

SNAP Waivers: Enacting a USDA-Approved Waiver

Factor	0 pts	25 pts	50 pts	75 pts	100 pts
B.3 SNAP Waivers	No waiver activity	Bill introduced in legislature	Bill passed authorizing waiver submission	Waiver submitted to USDA and under review	USDA-approved waiver in effect

0

Estimated awarded points out of 100 potential points

0.00%

% of technical points contributed to current policies

7.50%

Potential % gain in technical funding contributed to policy action

Additional details:

- To achieve full points in this policy-based factor, a State must pass policy to enforce a USDA SNAP Food Restriction Waiver
- The policy must restrict one (or more) of the following:
  - Soda, candy, energy drinks, fruit/vegetable drinks with less than 50% natural juice, and prepared desserts
- Points are awarded on a discrete scale depending on where the state falls within the policy process

Achieving full points would require the State to commit to having an approved State waiver prohibiting the purchase of non nutritious items (at least one of the items outlined) by end of calendar year 2027

Source: NOFO, Montana Administrative Register, Montana Legislature, AMA, Cicero Institute, NOFO resources for compact organizations, NOFO resources for practice scope, MT legislation archives

Nutrition CME for Physicians

Factor	0 pts	25 pts	50 pts	75 pts	100 pts
B.4 Nutrition CME for physicians	No requirement	Active bill / pending regulation	—	Law/regulation finalized but not implemented	Requirement in place and enforced

0

Estimated awarded points out of 100 potential points

0.00%

% of technical points contributed to current policies

3.50%

Potential % gain in technical funding contributed to policy action

Additional details:

- This policy-based factor involves a State having a requirement for nutrition to be a component of continuing medical education (CME)
  - Examples of qualifying policies include Louisiana Senate Bill 14 and Texas Senate Bill 25
- This policy will not contribute to a State's points until the period after October 31, 2026, and states have until December 31, 2028 to enact this policy change

Achieving full points will require the State to establish and enforce legislation requiring nutrition CME for physicians by end of calendar year 2028

Source: NOFO, Montana Administrative Register, Montana Legislature, AMA, Cicero Institute, NOFO resources for compact organizations, NOFO resources for practice scope, MT legislation archives

Licensure Compacts for Physicians, NPs, EMS, Psychology, and PAs

Factor	0 pts	25 pts	50 pts	75 pts	100 pts
D.2 Licensure compacts	Not a member of compact	—	Compact passed but not yet implemented / limited issuance	—	Full membership and implementation / issuance

60
Estimated awarded points out of 100 potential points

2.80%
% of technical points contributed to current policies

0.70%
Potential % gain in technical funding contributed to policy action

Additional details:

- This policy-based factor averages out individual scores given for the compact status of 5 roles, each following a point scale similar to above according to their specified role compacts:
  - Physician (includes 75 points for an implementation phase), **at 100-point estimate**
  - Nurse (includes 75 points for an implementation phase), **at 100-point estimate**
  - **EMS (excludes 50-point phase), at 0-point estimate**
  - Psychology (includes 75 points for an implementation phase), at **100-points estimate**
  - Physician Assistant, **at 100-point estimate**

Achieving full points would require the State to commit to passing legislation to become a licensure compact member of the EMS compact by end of calendar year 2027

Source: NOFO, Montana Administrative Register, Montana Legislature, AMA, Cicero Institute, NOFO resources for compact organizations, NOFO resources for practice scope, MT legislation archives

Scope of Practice for PAs, NPs, Pharmacists, and Dental Hygienists

Factor	0 pts	25 pts	50 pts	75 pts	100 pts
D.3 Scope of Practice	Restrictive SOP (e.g., supervision required for NPs/PAs)	Limited expansions	—	Broad expansions (independent practice in some)	Full or unrestricted scope of practice

88

Estimated awarded points out of 100 potential points

3.06%

% of technical points contributed to current policies

0.44%

Potential % gain in technical funding contributed to policy action

Additional details:

- This policy-based factor averages out individual scores given for scope of practice for 5 roles, each following a point scale similar to above according to their specified role compacts:
  - Physician assistant (includes 50 points for moderate, and no 25 points level), **at 100-point estimate**
  - Nurse practitioner (includes 50 points for reduced scope; no 25 or 75), **at 100-point estimate**
  - Pharmacist (includes 0 points, 50 points, and 100 points according to Cicero report), **at 100-point estimate**
  - Dental hygienists (includes 0, 50, and 100 points based on # of tasks role can do), **at 100-point estimate**

Achieving full points would require the State to commit to allowing dental hygienists to perform 1 of 3 more tasks: dental hygiene diagnosis, supervision of dental assistants, and dental hygiene treatment planning by end of calendar year 2027

Source: NOFO, Montana Administrative Register, Montana Legislature, AMA, Cicero Institute, NOFO resources for compact organizations, NOFO resources for practice scope, MT legislation archives

Remote Care Services: Medicaid Coverage and Telehealth Licensing

Factor	0 pts	25 pts	50 pts	75 pts	100 pts
F.1 Remote Care Services	No Medicaid coverage for telehealth	Coverage for limited modalities	Coverage expanded, but no parity	Coverage with some reimbursement parity	Full coverage & reimbursement parity

60

Estimated awarded points out of 100 potential points

2.25%

% of technical points contributed to current policies

1.50%

Potential % gain in technical funding contributed to policy action

Additional details:

- This policy-based factor averages out individual scores given for Medicaid payment and licensing requirements, summarized by the above rubric:
  - 100 points for a Medicaid payment for at least one form of live video, **at 100-point estimate**
  - 100 points for Medicaid payments for Store-and-Forward, 50 points for CTBS reimbursement, **at 0-point estimate**[1]
  - 100 points for Medicaid payments for Remote Patient Monitoring, **at 0-point estimate**
  - 100 points for in-state licensing exceptions regarding telehealth, **at 100-point estimate**
  - 100 points for a telehealth license and registration process in-place, **at 100-point estimate**

Achieving full points would require the State to commit to offering Medicaid payments for Store-and-Forward and Remote Patient Monitoring by end of calendar year 2027

Source: NOFO, Montana Administrative Register, Montana Legislature, AMA, Cicero Institute, NOFO resources for compact organizations, NOFO resources for practice scope, MT legislation archives

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 $233,509,358.76 for FFY26 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.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES