RURAL HEALTH TRANSFORMATION PROGRAM (RHTP)

TRANSPORTATION ACCESS SUMMARY



The following table offers a comprehensive, state-by-state overview of the transportation and mobility strategies of the Rural Health Transformation Program (RHTP), a federal grant initiative designed to enhance medical outcomes in sparsely populated areas. The sources for this table are the project and budget narratives submitted by various state health departments to the Centers for Medicare & Medicaid Services for the 2026 funding cycle, available for download in full at **www.cms.gov**. Each application outlines specific strategies to tackle identified challenges, such as workforce shortages, limited clinical access, and high rates of chronic illness. Key strategic priorities across the states include expanding telehealth services, modernizing digital infrastructure, and implementing innovative care models to ensure long-term sustainability. Financial data within the files reveals significant investment requests, with some states seeking up to one billion dollars to fund their five-year transformation goals. Collectively, these records serve as a blueprint for modernizing the rural healthcare landscape through technology, community engagement, and specialized recruitment efforts.

Document compiled and designed by the Community Transportation Association of America (CTAA), 2026.

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Alabama	• Quality rural healthcare access, technology infrastructure, and workforce systems. • Technology-based access to mental health, chronic disease management, and primary care services • Clinics, rural hospitals, critical access hospitals, REHs, regional referral centers, and other • Critical access hospitals, REHs, rural health clinics, FQHCs, to connect with regional • Will stabilize essential services, strengthen provider networks, expand healthcare access through • Among rural hospitals, clinics, FQHCs, EMS	• Number of non-emergency transportation • Number of non-emergency transportation services created or expanded • Creation or expansion of non-emergency transportation systems/entities. • Limited public transportation options exacerbate access barriers. • Healthcare facilities and emergency transportation shortages, all compound the unsustainable • Transportation costs, reducing ED overcrowding, and decreasing the resource burden on hospitals.	• Not explicitly described in extracted text.	X	
Alaska	• Improve primary care access by investing in workforce and facility improvements: • Multidisciplinary workforce with the aim of right-sizing the primary care delivery system, including Community Health • Assistants, medical coders/billers, behavioral health technicians, community health workers, CHA/Ps, BHA/Ps, pharmacy • Create telehealth-enabled specialty care access programs: • And community-based workforce capacity to strengthen outreach, self-sufficiency, and care coordination; • Collaboration with and among Tribal organizations, local hospitals, clinics and primary care providers and other community leaders to	• Build transportation networks to connect people to care: • Identify transportation barriers that limit access to health care, • Distances, and unreliable transportation, often requiring pregnant women to leave their communities and temporarily relocate prior to • Set-up and participation in telehealth visits, medication reconciliation, environmental modifications, and coordinating transportation	• Not explicitly described in extracted text.	X	
Arizona	• Guide rural maternal health hubs, expand prenatal care access, and • OB/GYN/Maternal-Fetal Medicine networks, hospitals, community health • To advance statewide priorities for rural health access, workforce capacity, behavioral health, • Making Rural Healthcare Accessible • The Making Rural Healthcare Accessible and Making Rural • AIM, the maternal mental health help line, perinatal clinical	• Public Transportation Availability (2024) • Public transportation reaches significantly fewer neighborhoods, • And access to reliable transportation, and provider shortages—especially in behavioral • Travel distances (20.5 miles on average to reach a hospital), limited public transportation	• Mobility and emergency response coordination, particularly in rural and frontier regions. • Coordinated management and accessible primary, preventive, specialty, and behavioral health	X	

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Arkansas	• Programs, workforce development, telehealth platforms, mobile clinics, training, provider • (FQHCs), and behavioral health or community health organizations operating in rural designated census tracts statewide. • Higher utilization of telehealth and mobile clinical • Rural hospital administration, care coordination, and operational • Transportation deserts, workforce shortages, and care access gaps; • Shortage areas, informing the placement of mobile clinics, telehealth	• Transportation and workforce alignment solutions (ride-share subsidies, mobile workforce • Transportation providers, and rideshare programs and businesses to • Diem and/or mileage rates (see 2 CFR 200.474, "Transportation costs."). • Transportation, & Health (FAITH): • Transportation programs and patient navigation • Reduced transportation barriers for rural patients	• Not explicitly described in extracted text.	X	**Arkansas-Rural-Health-Transformation-Program-Application.pdf** p.22
California	• Networks (HCCN), Rural Health Clinics, Primary Care Practices, Tribal Health • Rural Hospitals, Community Health Centers, Health Center Control • Increased number of rural hospitals and primary care providers reporting data • Integrating behavioral health into primary and maternal care through clinician • Workforce shortages conducted by the California Department of Health Care Access • Models of behavioral health integration within primary care and maternity care, to	• Broadband or transportation access. • Geographic distribution, transportation, and broadband barriers so behavioral health • Public transportation exists it is often limited or demand response, further constraining • Because geographic, provider, and transportation constraints are structural, state policy	• Not explicitly described in extracted text.	X	
Colorado	• Rural hospitals, rural behavioral health, rural clinics, rural health • Rural hospitals, rural clinics and providers, rural behavioral health, • Support care coordination, including behavioral health and nutrition, and referral • Rural hospitals lack behavioral health providers, and community clinics are operating at • Maternal Care Access and Outcomes • Primary care providers and Rural Health Clinics	• Department of Transportation, National • Transportation options are scarce in rural communities where only 8% of rural • Older adults use public transit6, and just 6% have access to rideshare services,	• Dispatch and coordination systems; • Funding regional coordination of EMS services, supporting shared dispatch	X	

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Connecticut	• Of rural hospitals, community health centers, and behavioral health providers. • Access to primary care, behavioral health, and specialized hospital services (e.g., labor and • Primary care, maternal, behavioral health, and dental • Engagement, and maternal care access in rural and tribal communities. • Supporting embedded care coordination in primary care practices serving rural Medicaid • Developing integrated care networks that link rural hospitals, community health centers,	• **https://www.ruralhealthinfo.org/topics/transportation** • Constrained public transportation in rural Connecticut significantly • Workforce, limited transportation options, and long travel distances. • 63 Rural Health Information Hub, Transportation to Support Rural Healthcare, • Screening, home and environmental safety supports, transportation assistance, and • Community health worker navigation, and closed-loop referrals for transportation,	• Not explicitly described in extracted text.	X	
Delaware	• The rural healthcare safety net by • Enhancing access to primary care, behavioral health treatment, • Behavioral health workforce training will address the Mental Health HPSA designation • Access to primary care, mental health services, chronic disease management, and nutrition • Housing, primary care, and behavioral health services to rural homeless residents - services • Housing, primary care, behavioral health, and social services for homeless rural populations • Primary care, dental care, and mental health services.	• Transportation between Centers • And community locations via bus • Refrigerated van, walk-in freezer, • Transportation costs and time for rural patients. • And Kent Counties to eliminate transportation barriers and deliver evidence-based preventive • Services directly to students and families, eliminating transportation barriers and improving	• Not explicitly described in extracted text.	X	
Florida	• 15 Targeted Initiatives to Improve Rural Healthcare Access, Quality, and Sustainability • ✓Behavioral Health Telehealth & • Connect rural patients to mental health and psychiatric • Behavioral Health Telehealth & Telehub Psychiatry — $18M • Care Delivery, Technology, Behavioral Health, and Workforce • Improve chronic disease, maternal, behavioral health, and emergency	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	X	

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Georgia	• Alternative primary care access points • Community behavioral health clinics (CCBHCs), safety net mental health providers, • Public elementary schools, primary care clinics, community health clinics, certified • (Building Bridges, Behavioral Health Assessment, Integrated Mobile Clinics, and others). • With hospitals and clinics to deploy mobile units focused on expanding access to primary care, • To qualifying rural hospitals, primary care, such as rural health clinics and FQHCs that align	• Traditional Medicaid non-emergency medical transportation (NEMT) service is • Patients between hospitals and to fill other non-emergency medical transportation • Non-Emergency Medical Transport • Barriers, such as transportation concerns. • Regional Nursing Home Transportation Enhancement • Transportation to Treatment Pilot for Mental Health Crisis	• Not explicitly described in extracted text.	✓	
Hawaii	• Mobile clinics will bring primary care, preventive screenings, and • Behavioral health, the root causes of diseases, and burdens to health care access. • Behavioral health integration in primary care is limited, leaving significant gaps in access to • Rural Infrastructure for Care Access (RICA) • RICA – Integrate behavioral health services into primary care settings and • Communication among rural ambulances, mobile clinics, and the MEDICOM hub.	• Diem and/or mileage rates (see 2 CFR 200.474, "Transportation costs"). • Reimbursement upon the trip's completion. • O Transportation Facilities and Services: • Trip, unless otherwise justified by the Governor. • Transportation will modernize the state's EMS system. • Travel expense reports show purpose and date of trip.	• Not explicitly described in extracted text.	X	
Idaho	• Pharmacy solutions to enhance healthcare access in rural communities. • Government programs, but by empowering rural hospitals, providers, clinics, community health • Healthcare access in rural areas. • Would include critical access hospitals, rural health clinics, federally qualified • Key role in enhancing healthcare access in rural communities, often with extended hours, • Enhance services to rural areas with limited healthcare access and for patient transport,	• And ride coordination for ongoing transportation availability. • Idaho Transportation Department. • Idaho Public Transportation Plan. • Public transportation is limited as rural • Lack of transportation can be a major barrier to • Including ambulances for emergency transportation.	• Not explicitly described in extracted text.	X	
Indiana	• Teams (rural hospitals, primary care clinics, FQHCs, CMHCs, CCBHCs, school-based health centers, and CBOs), Indiana Community Health Worker • The hospital, primary care and behavioral health • Growing our Rural Behavioral Health Workforce • Providers, Rural primary care clinics, Representative organizations • Partnerships with rural transit authorities to address healthcare access. • CAHs, rural hospitals, private practices, FQHCs, community mental health centers (CMHCs),	• Regional transportation coordination such as nonemergency medical transportation vouchers, volunteer driver programs, and • Transportation barriers were the • Indiana Department of Transportation • As mentioned in Section 5, transportation • Transportation and access to healthy food. • Targeted local projects, including transportation solutions,	• Regional transportation coordination such as nonemergency medical transportation vouchers, volunteer driver programs, and	X	

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Iowa	• Hospitals, rural clinics, primary care providers, federally qualified health • Regional hospitals to enhance maternal care coordination across rural counties. • Iowa will improve access to primary care, preventive care, specialty care, behavioral health • To joining this network to increase access to and supply of rural health mental health providers. • Nursing facilities, behavioral health and mental health providers, federally • Strategy for improving rural health care access and health outcomes for rural Iowans.	• Transportation, Iowa Homeland Security and Emergency Management, • Leverage telehealth, and identify transportation solutions to enhance access to care. • Preventive screening materials and patient engagement incentives (e.g., transportation • Reduce barriers to early utilization, limited transportation assistance may be provided. • Vehicles is similar across rural and urban households, but public transportation options are • Initiative will report the number of community visits and non-emergency transports conducted	• Not explicitly described in extracted text.	X	
Kansas	• Evaluate network's impact on patient access to behavioral health services, hospital operating costs • Rural hospitals, rural primary care providers • Rural hospitals, rural primary care providers, Kansas colleges • Embed behavioral health case managers in 6 rural PPS hospital EDs to assess • Transfer caller to a 24/7 clinician-led access and care coordination program • State-contracted vendor will operate behavioral health access network serving 65	• Regarding RHT Program priorities, medical transportation was consistently identified as a top • Transportation Program – Non-Emergency EMS Calls • Per diem and/or mileage rates (see 2 CFR 200.474, "Transportation • Transportation Program – Non-Emergency Transportation Grant Program • The Non-Emergency Transportation Grant Program recognizes some rural communities lack • Transportation, and training equipment.	• Dispatch coordinators to provide coverage on a 24/7/365 basis. • Communities, with coordination of transportation by centralized dispatch team.	X	
Kentucky	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	X	
Louisiana	• This will prioritize primary care and behavioral health disciplines in rural • Clinical providers, care coordination staff, behavioral health professionals • Increase telehealth infrastructure access across rural facilities to support behavioral health, • Hospitals, health clinics, behavioral health clinics • Expand care access via workforce and technology initiatives. • Hospitals, health clinics, behavioral health clinics, and CAHs	• Inconsistent access to funding and transportation. • Public and private transportation (10% lack access to a • And address non-clinical barriers, such as transportation and financial constraints.	• Not explicitly described in extracted text.	X	

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Maine	• Primary care access, chronic disease management • Access to primary care, dental, and behavioral health providers. • EBP trainings, OTP rural access points, primary and behavioral health • Qualified health centers (FQHCs), Rural Health Clinics, community mental health centers, • Specialty eConsult network that provides consultation services to primary care clinicians. • Social workers, and behavioral health clinicians who commit to working in rural communities	• Medicaid Non-Emergency Medical Transportation (NEMT) system is by far the state's largest • Typical non-emergency transportation is insufficient based on the • And rural transportation access • Transportation gaps in rural areas. • Coordinated Transportation (Years 1-5) • Rural Medical Workforce Transportation Pilot	• There has been a lack of coordination to make programming more accessible and ensure lasting • Mobility to implement a technology application to enable trip sharing and coordination through	✓	
Maryland	• Rural primary care access and transform more rural specialty practices. • Centers (FQHCs) to increase access, including mobile clinic capacity and telehealth/HIT • Rural Marylanders will expand services for primary care, specialty care, and behavioral health • Hospitals, primary care physicians, behavioral health providers, community-based organizations, • Rural Maryland Healthcare Access\Co-located and integrated primary care and behavioral health.	• A lack of transportation is another • Access healthcare, often without adequate transportation. • Engagement to Develop Rural Health Transportation Plan and Proposal • Hospitals, retailers, food banks), transportation links, and storage capacity. • Include coordination and planning, aggregation of food supply, and transportation. • And inadequate transportation, communications, sanitation, and economic development	• Not explicitly described in extracted text.	X	
Massachusetts	• Rural Hospitals, Critical Access Hospitals, Rural Health Clinics, Primary Care • Expand Telehealth Use for Pharmacy, Dental, and Behavioral Health in rural areas with limited • Hospitals also provide a large share of primary care through Rural Health Clinics (RHCs) and hospital-affiliated group practices. • Rural Massachusetts has less healthcare access. • Of rural health clinic/rural primary care facility needs. • (6) Increase access to pharmacy, dental, and behavioral health services.	• II Public Road and Street Mileage in the United States by Type of Surface | Bureau of Transportation Statistics • Transport to non-emergency department • Public Transportation & Distance to Care: • Rural MA has limited access to public transportation. • Technology and transportation gaps further restrict access. • For residents to access specialty care, transportation times can range from one	• Not explicitly described in extracted text.	X	
Michigan	• This document reflects MI's application for CMS' Rural Health	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	X	

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Minnesota	• Gaps in access to primary care, pharmacy services, oral health, behavioral health, maternal • Rural hospitals, clinics, FQHCs, community mental health centers, CCBHCs, local • Rural hospitals, rural health clinics, primary care clinics, EMS providers, Tribal • Expanding telehealth in rural areas to support access, care coordination, and chronic disease • Health organizations will serve as hubs for referrals from hospitals, primary care clinics, the • As noted above, access to primary care and behavioral health services as well as specialty care is	• Transit system (bus, taxi, rideshare) with fewer options than larger towns and cities. xxvi • Availability and reliability of transportation, lengthy travel times, reliance on volunteer drivers, • XXVI Minnesota Department of Transportation • XXVII Minnesota Department of Transportation. • Telehealth consultation (4.1), rates of ambulance transportation to emergency departments for	• Not explicitly described in extracted text.	X	**Minnesota RHTP 2026.pdf** p.31
Missouri	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	X	
Montana	• Will increase the number of primary care access points and ensure communities are • The health care access problem facing rural community members driven by low provider • STATISTICS ON HEALTH CARE ACCESS • Community Health Support Network, GME Council, Montana • Partnership with Montana Primary Care Association, Montana Pharmacy • Primary care clinics face critical capability gaps in technology and	• 8.0% of adults living in rural areas report unreliable transportation xviii	• Not explicitly described in extracted text.	X	**Montana RHTP 2026.pdf** p.25
Nebraska	• This effort will strengthen rural primary care clinics as longterm access points for behavioral health • Communication between primary care physicians and behavioral health and maternal health • Primary care, behavioral health, and dental • Behavioral health provider at rural integrated clinics; • Establish and increase integrated behavioral health-primary care sites • Increase care access in rural communities through the establishment of a statewide	• Transportation barriers for the elderly; • OEA and local employers including (1) supportive services such as transportation, educational • Transportation times and inconsistent referral pathways for care.57 Standardized and dependable • Such as transportation or language challenges, and lower hospitalizations related to medication	• Not explicitly described in extracted text.	X	

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Nevada	• EMS, tribal leadership, medical education, hospitals, primary care, critical access hospitals, behavioral health professionals, and rural • Rural Access Program, Nevada plans to address historic gaps in the state's rural workforce. • Create a Robust Network of Health Providers in Rural Nevada – Through establishment of the Workforce Recruitment and • Improve access to hospitals, other providers, • Accelerating rate of standalone rural hospitals • Longstanding challenges affecting access to care in rural Nevada.	• Not explicitly described in extracted text.	• ADA Assistance State ADA Website • ADA Technology Accessibility Guidelines	X	
New Hampshire	• (e.g., schools, libraries, mobile clinics) to deliver (inperson or through telehealth) primary care, • NH Mental Healthcare Access in Pediatrics **https://www.dhhs.nh.gov/programs-services/population-health/maternal-child-health/nh-mental-healthcare-access-pediatrics** • Impact on primary care access issues, and to overcome barriers to • Access to integrated, person-centered behavioral health, SUD, primary care, • Rural Hospitals, CAHs, FQHCs, Primary Care Clinics, CCBHCs, CMHCs, NH Hospital • FQHCs, Bi-State Primary Care Association, Primary Care Clinics, Rural Hospitals,	• Enhance Non-Emergency Medical Transportation (NEMT) by expanding the SCC's role to • Issue RFP for development of unified ride sharing application for TBD-Transportation Contract #7(Q2 2027) • Develop contract for development of unified ride sharing application for Contract #7 TBD-Transportation (Q4 2026) • # of volunteer drivers for NEMT • And the Department of Transportation. • Develop a unified ride-share application to	• Not explicitly described in extracted text.	✓	
New Jersey	• (4) Healthcare access—Primary care visits: • To behavioral health care, Primary care providers / FQHCs and their role in access to preventive • RHT4 focus on prevention through expanded healthcare access, increased community outreach • Professionals supporting rural New Jerseyans who face significant healthcare access issues. • Funding, while simultaneously increasing rural residents' access to behavioral health needs—an • (3) Healthcare access—Financial solvency:	• There is a mismatch in care desired and care available and that transportation to brick-and-mortar care is a key challenge.	• More coordinated and accessible preventive healthcare services and information.	X	

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New Mexico	• Integrate telehealth capabilities to extend specialty and primary care access in • Program expectations, including metrics for primary care access, maternal and behavioral • Care access particularly in rural areas and for specialty care if new and expanded workforce • Behavioral health interventions, and telehealth triage for maternal and pediatric • Designated a Health Professional Shortage Area (HPSA) for primary care, mental health, or • Mexico will also integrate behavioral health within chronic and maternal care networks, ensuring	• Related to non-medical drivers of health, including food insecurity and transportation. • Transportation services, and preventive care • (see 2 CFR 200.474, "Transportation costs."). • Commercial transportation costs incurred at coach • Travel expense reports show purpose and date of trip. • Locations, provider shortages, and scarce public transportation options.	• Patients to leave their communities, ensuring care remains accessible and coordinated.	X	
New York	• Including care coordination, primary care access, behavioral health care access, and incidence of • Improve rural patient access to and utilization of high quality primary care; • Transformation Program strategy seeks to improve health care access for rural communities • Care coordination and enhance patient access to a wide range of providers across the care • Collaborate closely with rural hospitals, clinics, and community-based organizations to identify • With Technology-Enhanced Primary Care:	• Not explicitly described in extracted text.	• Not explicitly described in extracted text.	X	
North Carolina	• Rural Community Health Care Access • Nutrition by scaling up effective programs for primary care access, food as medicine, • Perinatal psychiatry access program that bridges obstetric, primary care, and mental health • Clinics, telehealth networks, and integrated physical and behavioral health services, leading • Telehealth access and digital care coordination. • Improve Rural County Primary Care Clinician Ratio*	• Transportation access and housing insecurity. • Insecurity, housing insecurity, and transportation insecurity to resources,	• Not explicitly described in extracted text.	X	

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North Dakota	• Mobile clinic expansion for delivering primary care, behavioral health care, specialist care, and • Mental health care access is even • Transform primary care, dental, behavioral health and other outreach care to individuals at • To enhance clinical care, care coordination, and increase access to population-level data-expand access to a unified EMR for more rural and • A school telehealth initiative to ensure students have access to mental health • Rural health innovation, workforce development, and behavioral health system reform.	• Administrative infrastructure to support a robust non-emergency medical transportation • Grants to existing organizations to purchase accessible vans or transportation vehicles for nonemergency medical transportation from rural areas to care delivery. • Transportation (NEMT) billing application for Medicaid member and volunteer • Acquire accessible vans or transportation vehicles for non-emergency medical • Head-off transportation barriers. • Partnerships with transportation providers	• Not explicitly described in extracted text.	✓	**North Dakota RHTP 2026.pdf** p.57 **North Dakota RHTP 2026.pdf** p.18
Ohio	• Urgent care, primary care, behavioral health • However, the rural footprint also carries certain challenges around healthcare access and • Centers, rural health clinics, universities and colleges, community centers, faith-based organizations, recreation entities, behavioral health centers, medical • School Based Health Centers (SBHCs) will serve students in rural on-campus clinics (K12 and higher education), while also providing primary care services to the community at • Hospital-Based Implementation Strategies, and Community Health • Hire community health workers to assist with accessing resources	• Trip rides annually for non-medical transportation to increase member access in the community • Transportation benefits as well. • Members have transportation access to dialysis, chemotherapy, community behavioral health, • State plan on aging that every single area agency on aging prioritized transportation access • Preventive care, and prenatal and postpartum visits even if the transportation would otherwise be	• Not explicitly described in extracted text.	X	
Oklahoma	• Provide payment to broader set of providers (inclusive of hospitals, outpatient specialty, primary care, behavioral health, long • This initiative will support primary care, behavioral health, hospital, and providers serving dual-eligibles in building a path to • Many independent rural primary care and behavioral health providers in Oklahoma lack the bargaining power or technical resources to • Primary care and behavioral health • Behavioral Health Integration in Primary Care • Telehealth and mobile clinic offerings to expand reach beyond physical PACE centers	• Schedule rides across agencies, and track driver / ride metrics • The initiative expands the Southwest Oklahoma Development Agency (SWODA) transportation pilot to include volunteer • Recruitment and initial compensation for regional mobility navigators and mileage / secondary reimbursement for the volunteer driver • Licensing, hosting, and deployment of a low-bandwidth ride dispatch and scheduling platform connecting clinics, drivers, and patients • Initial hardware, licensing, and implementation for low-bandwidth dispatch platform that can integrate volunteer drivers, track mileage, • (OARC) - Transportation expansion	• Driver recruitment, centralized coordination, dispatch, and tracking, with statewide expansion planned.	X	**Oklahoma RHTP 2026.pdf** p.23

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Oregon	• Outreach and care coordination models into 25 new rural clinics; • CHW outreach and care coordination models into 20 new rural clinics; • O Strengthen regional partnerships to enhance access to primary care, behavioral health, • Increase in number of primary care visits at rural and remote Tribal clinics/access points. • CHW outreach and care coordination models in 20 new rural clinics for total of 100 clinics; • And care coordination models into 10 rural clinics.	• Including emergency food services and transportation. • Service projects, including emergency food services and transportation supports. • Depending on transportation availability and the strength of local healthcare infrastructure. • Travel time and transportation were significant barriers to timely care, particularly for their • Team-based care VBP to clinics, home visiting site expansions, recovery school treatment pilot, nutrition and transportation	• Not explicitly described in extracted text.	X	
Pennsylvania	• Programs, Primary Care Practices/Clinics, Hospital Clinics, Rural and Referral • Rural hospitals, CHC networks, behavioral health systems) to test integration with identity • Expanding the rural primary care workforce • Nearby rural hospital or community health center. • And cesarean sections, to expand maternity care access in rural Pennsylvania. • CHCs, Primary Care Practices/Clinics, Hospital Clinics, Obstetrical Practices,	• Non-emergency medical transportation • (MATP) – PA's Non-Emergency Medical Transportation (NEMT) program – is underresourced, while innovative models like paramedicine and mobile health are not yet scaled to • Medical transportation systems, including • Transportation providers, transit authorities, 56 county MATP administrators. • EMS systems, investment in non-emergency transportation, and deployment of mobile health • Medical Assistance Transportation	• Not explicitly described in extracted text.	✓	
Rhode Island	• Expand the rural primary care clinician workforce. • Primary care providers and behavioral health clinicians result in long wait times for • Development of new behavioral health access points in rural areas; • Expand access to outpatient behavioral health services in rural communities • Community Behavioral Health Clinics (CCBHCs), FQHCs, and Rural Health Clinics (RHCs). • And behavioral health services from the hospital including the bridge clinic, inpatient and	• Through the addition of a handicap-accessible transport van, dental IT modernization, UV-C air • Limited transportation options. • Transportation and social needs. • Investments in marine transport, paramedic training and volunteer support. • Agencies – RIDOH, BHDDH, OHIC, RIDE and DLT – will each hire one Project Manager and • Development systems supported by the Department of Education (RIDE), thus sustaining them	• Deliver coordinated, efficient, and accessible care. • Infrastructure, delivering accessible, coordinated, team-based care while integrating seamlessly	X	**Rhode Island RHTP 2026.pdf** p.24

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South Carolina	• This rural outreach program is aimed at improving healthcare access • Tour in rural areas to understand the impact on healthcare access. • Shortages in primary care, OB/GYN, and mental health services, compounded by high • Expansion, especially in isolated rural communities, to support healthcare access • To close these gaps and promote quality healthcare access across both rural and urban • While telehealth continues to gain traction as a tool to expand access, rural hospitals	• Like food, housing, and transportation, in addition to information about healthcare. • Addressing transportation and location-based barriers through the following activities: • Primary, specialty, and behavioral health services while reducing transportation barriers. • And economic barriers such as limited transportation, food insecurity, housing instability, and • While public transportation exists to some extent in rural areas, it is not a reliable option, and • Of home health and respite service availability in her area, underdeveloped transportation solutions,	• Not explicitly described in extracted text.	X	
South Dakota	• Obstetric care access declined in rural and urban hospitals across US states, 2010–22. • Primary care, specialty services, behavioral health, • Support behavioral health and primary care providers in • Expand and Strengthen Rural Community Health Worker Workforce • Transportation is also a barrier to healthcare access in rural areas. • Rural Hospitals, CAHs, Rural Emergency Hospitals, RHCs, FQHCs, Community Mental Health	• Although public and medical transportation services provide millions of rides • 2024 Intercity Bus and Transit Needs Report. • 27 South Dakota Department of Transportation. • Transportation, nutrition, and home visiting services. • Transportation Barriers to Health Care in Rural Communities. • Transportation is also a barrier to healthcare access in rural areas.	• Not explicitly described in extracted text.	X	
Tennessee	• Hours and same-day appointments can greatly improve primary care access. • Increase the number of rural primary care clinics adding access to specialty • Increase the number of rural primary care clinics adding access to integrated • Primary care, chronic care coordination). • Increase the number of rural primary care clinics • Rural hospitals, FQHCs, EMS, behavioral health providers,	• Systematic reviews confirm that reliable nonemergency medical transportation (NEMT) access reduces missed appointments, emergency • Rural Non-Emergency Transportation • The Tennessee Rural Non-Emergency Transportation (RNET) Initiative will bridge • Integrate transportation and clinical data; • Integration into existing transportation and • Transportation remains one of the most persistent,	• Not explicitly described in extracted text.	✓	**Tennessee RHTP 2026.pdf** p.47 **Tennessee RHTP 2026.pdf** p.32 **Tennessee RHTP 2026.pdf** p.32

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Texas	• While some rural hospitals, primary care clinics, behavioral health clinics, and • Rural hospitals, clinics, behavioral health providers, opioid/substance abuse • 38 Rural Health Info, Healthcare Access in Rural Communities. • An insufficient supply of mental health providers, community health • A wellness center or primary care clinic can attract a skilled workforce • Rural hospitals, RHCs, FQHCs in rural counties, behavioral health hospitals	• Their community, and alleviate transportation • **https://www.ruralhealthinfo.org/topics/transportation** • 31 Texas Department of Transportation, Rural Public Transportation Systems. • Transportation support to improve access to pharmacies (to improve medication adherence), • Community, so DSHS may receive funds related to emergency services transportation needs, or • 30 Rural Health Information Hub, Transportation to Support Rural Healthcare, Retrieved from:	• Not explicitly described in extracted text.	X	
Utah	• Rural health clinic network, pediatric trauma network, or community health • Increased behavioral health and primary care integration by 50%. • Mental and behavioral health capacity within primary care practices. • Behavioral health, and maternal and child health in rural communities. lxiv • Healthcare access and outcomes in Utah's rural communities through scalable, • Sharing across clinics, hospitals, behavioral health providers, and community	• Transportation, and processing facilities. • Of regular physical activity and active transportation. • Opportunities for physical activity and active transportation; • Mobile services, enhance transportation for medical appointments, and • And hunting, mining, construction, public administration, transportation and • Education agencies, state and local transportation organizations, rural and CAHs,	• These communities receive more coordinated, accessible, and high-quality care.	X	
Vermont	• Health Care Access in Rural Areas • Health Care Access Drive Times • Incentivizing access to primary care: • Certified Community Behavioral Health Clinic • Efficiency in rural and primary care settings. • Expanding access to FQHC primary care services:	• Help with housing and transportation. • Available beds, specialty services, and transportation resources. • Transportation constraints complicating patients' treatment progress. • Public transportation is limited or unreliable in many rural counties, • Improve transportation timeliness, and to appropriate settings of care • Members with resources for health-related social needs like housing or transportation.	• Not explicitly described in extracted text.	X	

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Virginia	• Changes will positively impact health care access and outcomes for rural • This initiative will include primary care, behavioral health/SUD, dental, • Breaches and privacy issues, and improve care coordination across rural clinics, laying the • Integrate behavioral health and substance use treatment services into primary care settings. • Increase access to primary care • Rural counties had zero behavioral health prescribing practitioners in 202224.	• Transportation, and other participant needs • Stakeholders also frequently cited transportation and lack of broadband access as barriers to care.	• Not explicitly described in extracted text.	X	
Washington	• Other rural workforce shortages include primary care practitioners, maternity care providers, behavioral health • Community mental health centers, Behavioral Health Agencies, rural Certified • RHT Program investments will bolster preventive and behavioral health care access, ensure maternity • 46 Rural Behavioral Health Access Study. • Of AI by rural hospitals and primary care • A 2025 Rural Behavioral Health Access Study found that	• Engagement process, numerous providers expressed that transportation, including non-emergency • Transportation, and investment in telehealth. • Mobile Care-A-Van, WA 211, AAA Mobile Assistance • Maternity supports, meal delivery, or transportation of residents to appointments. • Rides and to better leveraging Emergency Medical Service (EMS) transportation service. • Lack of transportation can cause challenges for patients in rural areas to access care.	• Not explicitly described in extracted text.	X	
West Virginia	• Clinics, provider types (e.g., primary care, specialist, behavioral health), and counties • PCPs, primary care at rural hospitals) • A shared savings model for primary care (e.g., rural clinics, independent • Access network linking clinics, homes, and hospitals through modern technology, data, and • Employers, churches, food banks, local nonprofits) and healthcare access points (e.g., hospitals, • Behavioral health, and hospital systems.	• Transportation options (e.g., NEMT, public transit, rideshare, volunteer). • And integration of non-emergency medical transportation (NEMT) with local emergency medical • Link will build on existing Medicaid NEMT, regional transit, and community ride programs. • 43 Virtua Health's transport platform in New Jersey resulted in a >50% reduction in average cost per ride and a 20% • Transportation barriers to access care. • Geographic isolation & transportation barriers:	• ADA paratransit guidance and industry benchmarks commonly target ~9096% on time performance with 15-30 minute windows according to the FTA and industry standards DREDF. • Invest in one unified health-mobility platform to dispatch rides across • Regional transit authorities, local NEMT/EMS providers, community driver networks, and • 33 Potential "spoke" access point through telehealth kiosk (clinic in a box) that is private, secure, ADA-compliant	✓	**West Virginia RHTP 2026.pdf** p.26 **West Virginia RHTP 2026.pdf** p.27 **West Virginia RHTP 2026.pdf** p.28 **West Virginia RHTP 2026.pdf** p.62 **West Virginia RHTP 2026.pdf** p.62

STATE	HEALTH ACCESS PLANS	TRANSPORTATION STRATEGIES	MOBILITY STRATEGIES	NEMT MENTIONED?	KEY REFS – DATA (TRANSPORT-FOCUSED)
Wisconsin	• Providers will include hospitals, pharmacies, dental clinics, community health centers, longterm care facilities, local and Tribal health departments, and behavioral health providers. • Their cellphone at home, meeting with a community health worker in a mobile clinic, • Primary care providers, pharmacists, and clinics often manage mental health and substance use. • Mobile clinics to improve access to care. • Care Coordination Grants, Behavioral Health Innovations, • Receiving treatment in a behavioral health clinic, or visiting a community pharmacy.	• XX Wisconsin Department of Transportation. • Investments in rural communities (childcare, transportation, housing) • Communities such as access to childcare, transportation, and housing. • Transportation options to increase access to care, and partner with other local providers to • Insurance, transportation, food assistance, and other services as highlighted in Wisconsin based case studies included in the NOFO. xxxvi	• And 15% of the coordinator's time is spent collecting and manually processing vouchers.	X	
Wyoming	• (1) Emergency room, (2) Primary care provider, (3) Ambulance, (4) Hospital inpatient, (5) Pharmacy, (6) Labor and delivery, (7) Mental health / substance abuse treatment, (8) • Low and variable access to primary care and behavioral health providers. • Rural workforce initiatives will broadly increase the supply and thus access to primary care and • Individual education support for people looking to become nurses, primary care providers, behavioral health clinicians and emergency medical technicians; • Expand the integration of behavioral health and primary care, in order to • Expansion of primary care that integrates behavioral health and preventative medicine;	• This component would bridge the gap between people who need rides (who also may not have smartphones or be technologically savvy) and people who can give rides (ranging from established transit services to ride-share drivers), using technology to glue together existing resources like Senior Centers, 211, • Billing of non-emergency transportation. • Non-emergency transportation coordination. • Non-emergency transportation coordination platform • Who can't drive, the non-emergency transportation coordination platform. • Integrating local ride-sharing with established transit services in a seamless user experience that	• Using regional medical dispatch to coordinate resources like Community EMS and interfacility	X	