

August 21, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, District of Columbia 20201

RE: *The Imperative for Fully Leveraging and Enabling Digital Health Innovations in the Success of the Rural Health Transformation Program*

Dear Administrator Oz:

The undersigned are a diverse coalition of stakeholders spanning the healthcare and technology sectors that share your priority for enhancing access to cutting-edge health care across rural America. Fully leveraging the full range of digital health innovations is essential to achieving the goals of the Rural Health Transformation Program (RHTP). We are pleased to share our consensus views on how the Centers for Medicare and Medicaid Services (CMS) and states can use digital health tools and services to achieve the goals of the RHTP, ultimately improving the access to and quality of care that countless Americans in rural geographies receive.

A well-established and growing evidence base continues to demonstrate that the use of safe and effective digital health solutions produces better patient outcomes, reduces costs, augments population health management, and improves the healthcare workforce experience (the Quadruple Aim¹). Digital health tools, increasingly powered by artificial intelligence (AI), leverage patient-generated health data (PGHD) collected through remote patient monitoring systems to support timely medical and clinical decision-making. The use of these tools is vital in supporting rural Americans' access to prevention, diagnosis, and treatment for both acute and chronic conditions today, in hybrid virtual/in-person models being implemented to transform the healthcare system, and in a successful value-based care system.

The RHTP, established under P.L. 119-21, is a \$50 billion initiative designed to support rural hospitals and providers in need over the next five years. Its primary goals are to maintain access to health care in rural areas, pilot and expand innovative care models, and enable rural hospitals to invest in infrastructure, workforce training, and digital health technologies. The legislative framework for the RHTP appropriately sets goals of overcoming digital health barriers such as inadequate digital infrastructure, an inadequately supported workforce, a persistent lack of healthcare data interoperability, and lack of strategic planning around digital health in rural settings. Both CMS, in administering and guiding the RHTP, and states in implementing approved plans, have critical roles in achieving the overdue modernizations and in piloting and expanding innovative care models as envisioned by Congress in P.L. 119-21.

Given the integral role of digital health in improving healthcare and in advancing access, adoption, and affordability for rural American communities, we offer the following recommendations to CMS:

- **Wearables/Remote Monitoring and Patient Generated Health Data AI Tools Should Take Center Stage in Meeting RHTP Goals.** The asynchronous monitoring of PGHD by wearables in remote monitoring systems, and the use of AI tools to take timely action based on patient and

¹ Bodenheimer, T., & Sinsky, C. (2014). "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider." *Annals of Family Medicine*, 12(6), 573-576.

population trends, must play a central role in realizing any state RHTP grant's success. While uniquely different digital health infrastructure and deployments will be needed to reduce barriers related to distance and limited provider access and best support rural Americans across different deployments, no patient is adequately served if old and inadequate technologies are used. CMS should provide flexibility for states to shape and manage grant programs to best meet the unique and evolving needs of their populations by reinforcing the need for wearable/PGHD adoption while assisting states through the development of guidance and key use cases.

- **Encourage Adoption of Cloud Services.** The use of cloud services offers rural providers access to secure and interoperable digital health tools. As providers are increasingly under threat from cyber attacks and seek to better share data to improve patient care, use of cloud-based tools can help them more efficiently and effectively meet the goals of the RHTP. In addition, cloud services offer more cost-effective means because they obviate the need for providers to maintain their own infrastructure. In guidance on the use of program funds, CMS should explicitly encourage use of cloud services to promote more cost-effective, secure, and efficient implementation of the RHTP.
- **CMS Should Ensure That Legacy Restrictions on Medicare Telehealth Services do not Apply to RHTP Deployments.** RHTP state grantees should not be subject to onerous Medicare Telehealth Services restrictions in Section 1834(m) of the Social Security Act, which remains waived through September 2025 pending Congressional action.
- **CMS Should Prioritize Interoperability.** The RHTP cannot succeed when health data exchange is inhibited. Consistent with HHS' mandate to prevent illegal information blocking and the recently announced CMS Health Tech Ecosystem Initiative, CMS should require funded programs (and their grantees) to adhere to information blocking rules and to invest in health data interoperability so that rural providers can effectively coordinate care and share data.
- **CMS and States Should Consider a Broad Range of Health Indicators in Grant Awards and Administration.** We support consideration of a wide range of factors and metrics being used in evaluating grant applications and determining the success of implementations. CMS and other HHS agencies like the Assistant Secretary for Technology Policy have led in defining how to evaluate interoperability, patient-centered outcomes and accelerate digital health success across the country. CMS determinations of need in evaluating and overseeing grant applications should ultimately lead to advancing the Quadruple Aim across rural settings. Notably, more accurate and granular mapping, developed in collaboration with the Federal Communications Commission (including its Connect2Health effort²) can assist CMS and states in identifying unconnected and underserved rural communities for this purpose.
- **In Creating Criteria for State Applications and in Creating Guidance for States, CMS Should Consider Views and Experiences from as Wide a Set of Stakeholders as Possible.** We encourage CMS to launch calls for written views, to hold listening sessions, and otherwise work with our communities (and other federal agencies) to ensure that RHTP grants authorized by the Act build on lessons learned to expand the uptake of digital health tools like remote monitoring tools, provide unique support for broadband infrastructure, promote digital health adoption, facilitate interoperability, and support the healthcare workforce through training and education.
- **CMS Should Ensure Transparency and Oversight while Minimizing Compliance Burdens.** CMS should draw on its, and other federal agencies', extensive experience in administering state

² *Connect2HealthFCC*, Federal Communications Comm'n (last visited Aug. 11, 2025), <https://www.fcc.gov/about-fcc/fcc-initiatives/connect2healthfcc>.

grant programs to ensure transparency and oversight while avoiding overburdening grantees with reporting obligations. Further, states should be encouraged to develop grant administration plans that reduce unnecessary compliance measures, prioritize transparency, build on existing resources at all levels, and foster consistent input from their rural communities including health departments, medical providers, and community health organizations.

We commit to continued collaboration with CMS to realize Congressional goals for the RHTP and welcome the opportunity to assist the Administration to this end moving forward.

Sincerely,

Alliance Tele-Med

Alma First

Analitica-MD

ATLASense Biomed Ltd.

**Axeleos, Inc., Makers of MediGuard360
Sentinel**

Blue Spark Technologies

BlueStar Telehealth

CoachCare

Compassion & Choices

Connected Health Initiative

EAPunlocked LLC

EmPowerYu, Inc.

Fool Me Once, LLC

Global Ultrasound Institute

Health-Vision.AI, LLC

Hero Health, Inc.

Life365, Inc.

Medical Society of Northern Virginia

MiCare Path

MyLigo, Inc

Nexus Bedside, Inc.

Nova Insights Corp

OxiWear

PreventScripts

Rocket Doctor

SaRA Health

Treatment.com AI Inc.

vCare Companion

Videra Health

Wells Health Group LLC