MINUTES
Approved by the Committee
Rural Health Transformation Committee
Wednesday, July 15, 2026
9:00 A.M.
Room EW42
Boise, Idaho

Cochair VanOrden called the Rural Health Transformation Committee (RHTC) to order at 9:00 a.m. Members in attendance: Cochair Senator VanOrden, Senator Harris, Senator Blaylock, Representative Tanner; Juliet Charron, Director, Department of Health and Welfare (non-Legislative member). Members in attendance via Zoom: Representative Manwaring; Senator Shippy. Members Absent/Excused: Cochair Representative Redman, Representative Healey. Legislative Services Office (LSO) staff present: Alex Penny and Tamara Figueiredo.

Other Attendees: Wayne Denny, Idaho Military Division/EMS; Toni Lawson, Idaho Hospital Association; Jennifer White, State Board of Education.

NOTE: Presentations and materials distributed to members are posted to the Legislature's website: https://legislature.idaho.gov/sessioninfo/2026/interim/rhtc/ and copies of those items are on file with the Legislative Services Office located in the State Capitol. Video of this meeting is also available on the website.

Opening Remarks

Cochair VanOrden acknowledged the members attending online and excused the absence of Cochair Redman due to travel.

Approval of Minutes from May 28, 2026

Senator Harris moved, and **Senator Blaylock** seconded, the approval of minutes from the May 28, 2026 meeting. **Motion passed by voice vote**.

Rural Health Transformation Program Update

Juliet Charron, Director, Idaho Department of Health and Welfare (DHW), provided an Idaho Rural Health Transformation Update presentation, starting with a review of Year 1 opportunities (Slides 4-5), reminding members that these reflect the contracts necessary to establish the administrative and foundational components for the funding period and advised them that provider-oriented opportunities are forthcoming. She cited the contract awarded to Deloitte, the purpose of which is to help support the state team on smaller project management work. She directed stakeholders of all types to DHW's Rural Health Transformation Program site (Slide 6), where they can find a link for current opportunities and an application, along with the ability to subscribe to receive updates via email (Slide 7). **Director Charron** then briefly discussed the legislative review process as agreed upon by the committee at the first RHTC meeting (Slides 9-10), referring members to the Year 1 summary document along with a list of all solicitations and subaward opportunities that the committee has reviewed to date, which is also on the DHW funding opportunities site. Per member request, awards information will be included in the monthly update and drafts of solicitations saved to the SharePoint folder for review. **Director Charron** added that members will be offered a listing of those who have applied as well as their scoring and award information, as was done for the recently awarded cooperative agreement. The Director noted that this would be helpful if there are providers in members' districts who are not applying, to determine if outreach is needed. A copy of the first federal performance report for the Centers for Medicare & Medicaid Services (CMS) will be included in the August monthly summary report.

Senator Blaylock requested that all bidder information be included in the SharePoint and expressed concerns that the complexity of the application process could deter some providers from applying so it would be beneficial to know if anyone is being left out. **Director Charron** replied that they could provide a complete listing and added for the committee's benefit that she and Senator Blaylock had previously discussed the possibility of simplifying the application process for providers while maintaining alignment with CMS requirements.

Representative Manwaring requested an update on the maternal and child health initiatives that closed the previous week (July 10), citing concerns he had heard regarding a lack of applicants. **Director Charron** replied that they could review the applicants and revisit their approach if no applications had been received, following committee feedback on that initiative. She added that these specific opportunities are to provide technical assistance and support to rural providers of maternal and child health owing to administrative burdens stemming from CMS reimbursement requirements; however, she underscored that a narrow pool or lack of applicants for any of the funding opportunities would necessitate further committee review.

Director Charron walked through a visual summary of all the steps in the entire legislative review process (Slide 11), from the initial expedited review to the announcement of awards, followed by a crosswalk of the statute of the committee's responsibilities and how it is being effectuated in process (Slides 12-13), inviting feedback, questions, or proposed changes. **Director Charron** pointed out that quarterly reports were required per statute, but the aim would be for monthly updates in light of the expedited timeline.

Senator Blaylock inquired about the need for additional outreach, taking into account accelerated deadlines and turnaround time. **Director Charron** acknowledged the importance of outreach and informed the committee she would revisit this discussion as part of her prepared remarks following the partner agency updates.

Director Charron noted that DHW cannot do this alone and needs the expertise of state partner agencies. She wanted to highlight how the agencies are working together.

Wayne Denny, Bureau Chief of the Bureau of Emergency Medical Services (EMS) in the Idaho Military Division (IMD), briefed the committee on the two project priorities in partnership with DHW, both with an intended completion date of September 30, 2027: The 911 system and EMS personnel (Slide 15). **Mr. Denny** explained that the first would entail modernizing the state communications center as well as the Idaho emergency operations center and relocating the backup center from its current location at the DHW building in downtown Boise so it would be co-located with the EMS bureau office at Gowen Field. EMS will also partner with local 911 dispatch entities to move to NextGen911 and coordinate exercises of the emergency communication system. The other priority focuses on what **Mr. Denny** referred to as community health extenders or workers, along with community health EMS. He explained that the extenders are navigators, those who work in a rural health care entity to help connect people with needed resources, a service that is lacking in rural communities. Additionally, existing EMS workers would be leveraged to focus their non-emergency work on addressing chronic conditions in the community; to this end, the intent is to place at least one paid full-time EMS worker in every county. **Mr. Denny** pointed out that for $10 spent on prevention, $100 is saved in ER costs.

Cochair VanOrden asked for more information about how the community health workers will operate and gather information. **Mr. Denny** explained that these workers will be embedded in a healthcare organization, and because they live in that community, they will be familiar with the local resources available.

Senator Blaylock inquired about the sustainability of having paid EMS providers after the conclusion of the five year funding period. **Mr. Denny** replied that the return on investment is to convince payers that paying less up front for chronic care management will mean paying less in emergency room costs, which is the most expensive way to treat chronic conditions. **Senator Blaylock** asked

whether the funding mechanism for NextGen911 would be a subgrant for which they would have to apply or if some funding would go towards it. **Mr. Denny** replied that they would need to work with the counties initially to determine what resources would be necessary to implement NextGen911.

Senator Harris asked what the timeframe is to completely update 911 throughout the state. **Mr. Denny** responded that the Idaho Public Safety Communications Commission has been trying to get the state moved to NextGen911 for a couple of years, but that he was not certain yet how long it would take. He stated that it was a priority to communicate with local officials to determine their needs and get their applications and then the resources to them, and it will be a county-by-county process.

Jennifer White, Executive Director of the State Board of Education, prefaced her remarks with an acknowledgement of the role of partnerships in the growth of Idaho's physician workforce and the reliance of volunteerism from the Graduate Medical Education (GME) committee, and said that the RHT grant would provide an opportunity to develop a sustainable state strategy. The State Board has been partnering with DHW on three tracks of funding (Slides 16-17), the first of which is $12.5M in workforce-based learning and clinical training subgrants to address the lack of onsite public health care education in 16 rural counties. The resulting four proposed strategies within this track were a collaborative effort between Idaho's eight public institutions: a mobile simulation program brought to rural communities; a shared statewide clinical infrastructure; a learn-in-place incubator; and investments in equipment and facilities to permanently expand seats in nursing and allied health programs. The second track is the $8M allocation for GME. Approximately $5M would fully fund ready-to-launch projects in waiting per the GME committee leaving $3M for consideration. **Director White** commented that, with the understanding that the $5M does not fully meet the state's GME needs and that the grant timeline limits the ability to create residency programs, the focus will be on programs that can be executed in alignment with the obligation and performance requirements. The first piece is a strategic GME rural incubator, which would be a multi-year project to help support communities for residency training. The anticipated cost is between $500,000 and just over $1M. **Director White** stressed that this incubator would be a necessity to progress on GME in the state. The other strategic investment is the Rural Training Site Network, the purpose of which would be to build a framework for, improve, and enhance statewide clinical rotation planning. She added that if $500,000 to $1.5M was potentially spent across these two proposals, subject to vendor costs, there would still be money left in this track requiring CMS coordination.

Director White asked the committee whether to reenvision graduate medical education versus medical education as the track, a change in direction that would entail communication at the federal level. She then presented some of the options to explore under Undergraduate Medical Education (UME). One is an expansion of seats at new and existing programs, which comes with the challenges of service requirements and the long-term implications of investment; another is a satellite medical school campus through the program partnership between the University of Idaho (U of I) and t he University of Utah (U of U) that would be accepting 30 students by 2028. **Director White** asked the committee to consider whether Idaho should invest the remaining allocation in GME infrastructure, and where and for how much; whether it should redirect funding to either broader workforce initiatives or back into existing programs with higher education; or whether it should support UME, which involves addressing sustainability.

Representative Manwaring commented that he was looking for the sustainability piece and that more investment in UME would keep more dollars in Idaho and help get students on track from the start. He spoke of the need for state support in UME investment now because of the time needed to obtain accreditation. **Director White** expressed agreement with **Representative Manwaring**'s comments and said it was necessary to articulate what that investment entails in order to address accreditors' concerns and that the funds could serve as starting money to invest in medical education per legislation passed a few years ago.

Representative Tanner conveyed reservations about the risks of committing to long-term UME costs through the Rural Health Transformation Program, commenting on the current debate taking place. He observed that the costs presented were significantly understated compared to past assessments in the Legislature and that the GME aspect was more cost-effective. He also asked whether the U of U partnership was the best approach, and reiterated his concerns about the projected costs. **Director White** agreed that this was a larger conversation owing to the long-term investment that would be required from rural health or the state. She explained that the U of I process anticipates that funding from rural health may not be available year to year, but they are prepared to pivot depending on the Legislature. **Representative Tanner** inquired about the five-year outlook and observed that the Legislature was potentially committing to substantial costs in the long term. **Director White** clarified that the ongoing investment expectation relates to funded seats, similar to is what is being done for WWAMI and U of U currently. **Director Charron** confirmed that an updated estimate on the five-year intended use of rural health funds from U of I was still pending, and reminded the committee that proposed budget changes would have to go through CMS. She reiterated the funding was onetime, but with the expectation of ongoing support, and noted that CMS has shown interest in supporting Idaho in medical education due to its lack of a medical school, speaking more broadly to the intention of building a physician workforce in and for rural Idaho. **Representative Tanner** restated his concerns regarding ongoing obligations outside of the rural health funding.

Representative Manwaring reminded the committee that there is $3M of funding available to invest further in GME, along with the existing policy for adding 10 UME seats a year for the next three years. Responding to a question from **Senator Blaylock, Director White** clarified that there were different UME options, one of which was to build out a UME school and one to purchase seats consistent with the existing laws. **Senator Blaylock** expressed reservations about obligating future funds without action from the Legislature. **Representative Tanner** inquired why U of I was involved versus other universities, and whether all the schools could be considered. **Director White** responded that U of I has had an established relationship with U of U and has been engaged in medical education through the WWAMI program. She also cited existing partnerships such as that between Idaho State University (ISU) and the Idaho College of Osteopathic Medicine (ICOM), as well as ongoing conversations with Boise State, and she indicated that the Board will continue to encourage and facilitate collaboration.

Director Charron resumed her remarks with an overview of what the committee could expect from July to September (Slide 19), which will include more provider opportunities for committee review and approval, the commencement of work with agency partners, and needs assessments to avoid duplication and non-sustainable projects, along with the first round of federal progress reporting due in August. **Director Charron** affirmed the next couple of months would also include continued focus on outreach to smaller providers and that she welcomed both feedback and the opportunity to connect with potential funding applicants.

Representative Tanner asked what **Director Charron**'s expectations were regarding the outcome of the August report. She responded that the report would include current obligation status and what is remaining through the end of October. She relayed that she was feeling positive, but stressed the importance of maintaining the current momentum and added that CMS leadership has not expressed any concerns.

Representative Tanner asked **Mr. Denny** about the utilization of funds and the two different aspects of the emergency communication system, that of public television and of EMS, and whether some of the funds could be utilized in that space. Mr. Denny responded that while this had not been previously discussed, they would look into it.

Director Charron informed the committee that, as part of H.R. 1 (the One Big Beautiful Bill Act), Congress requires a governance framework in place to initiate, foster, and strengthen local and regional partnerships (Slide 20). Idaho's approved funding application proposed a governor-appointed

task force. Similar to the pre-task force in place during the development of Idaho's funding application, members would include legislators along with a number of other entities (Slide 21). Regional rural health transformation networks are also being developed. The goal is for task force members to be named later in July and the first meeting to be held in August. The role of the task force is not to approve solicitations, but rather to share best practices and foster a partnership structure that could potentially outlast the five-year funding period.

Committee Discussion, Questions, and Next Steps

The committee tentatively scheduled an ad hoc meeting on August 18, 2026, should there be questions related to the maternal and child health opportunities or the first report to CMS. The committee also agreed to reserve September 23-25, 2026, for its next regular meeting, TBD.

Adjournment

There being no further business, the committee adjourned at 10:35 am.