Rural Health Transformation Program: 50-State Analysis of Hospital-Directed Obligations

CMS Obligated Funds Report, October 8, 2026 | Reporting period: December 29, 2025–July 31, 2026

National Findings

The 50 states reported $4,000,699,613.09 in RHTP obligations through July 31, 2026. A consistent expenditure-level classification identifies $282.61 million (7.06%) explicitly designated to support rural hospitals, including critical access hospitals (CAHs). An additional $135.36 million (3.38%) is associated with specialized hospital-type equipment and facilities whose hospital recipients are inferred rather than expressly identified in CMS descriptions. Combined, these categories total $417.97 million, or 10.45% of national obligations.

These figures represent classified obligations, not actual hospital disbursements. They are analytical findings rather than CMS-published hospital totals. The remainder includes broader rural provider, workforce, technology, administration, and other initiatives; some of those dollars may also benefit hospitals but cannot be isolated reliably from the published descriptions.

State-by-State Hospital-Directed Obligations

Fifteen states had identifiable explicit hospital-directed or inferred hospital-equipment obligations under this approach. Amounts below are in millions of dollars; a dash indicates that no qualifying obligation was identified in that category.

State	Explicit hospital	Inferred equipment	Combined
Iowa	—	$135.36	$135.36
Connecticut	$51.30	—	$51.30
Washington	$47.42	—	$47.42
California	$35.00	—	$35.00
Oklahoma	$33.96	—	$33.96
Georgia	$26.00	—	$26.00
Illinois	$24.50	—	$24.50
Pennsylvania	$19.75	—	$19.75
Rhode Island	$15.84	—	$15.84
Kansas	$10.21	—	$10.21
Nebraska	$9.32	—	$9.32
North Dakota	$5.23	—	$5.23
Indiana	$1.82	—	$1.82
Oregon	$1.20	—	$1.20
Maine	$1.05	—	$1.05
TOTAL	$282.61	$135.36	$417.97

States Without Separately Identifiable Hospital-Directed Obligations

Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Hawai'i, Idaho, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

A zero identified amount does not establish that hospitals received no benefit; it means that no amount met the hospital-specific criteria based on the reported descriptions.

Major Observations

Iowa equipment investment. Iowa reports substantial obligations for CT, MRI, PET/CT, robotic surgical systems, imaging, and related equipment. The report describes the purchases but does not consistently specify hospitals as recipients; $135.36 million is therefore segregated as inferred hospital support.

Specific hospital investments. Connecticut reports rural hospital infrastructure, electronic medical record upgrades, and hospital transformation support. Georgia identifies $26 million for robotic surgical equipment for rural hospitals. Washington, California, and Oklahoma also report sizable hospital-oriented commitments.

Mixed-purpose exclusions. Georgia reports $75.6 million in combined AHEAD hospital and primary-care assessments, assistance, and risk mitigation. Because a hospital-specific share is not identified, that amount is excluded from the strict subtotal.

Limitations. The published state descriptions are not a recipient-level expenditure ledger. Some obligations pass through intermediaries or combine beneficiaries, and the working line-item extraction contains certain reporting inconsistencies. The figures should be presented as classified identifiable amounts, not a fully audited accounting of all eventual hospital benefits.

Classification and Reconciliation Method

- Included: obligations expressly designated for rural hospitals/CAHs, hospital-specific infrastructure, equipment, transformation, financial sustainability, and hospital-focused assistance administered through intermediaries.
- Separately identified: hospital-type capital equipment or facilities where the hospital recipient is strongly suggested but not expressly identified.
- Excluded: programs serving mixed provider types without a stated hospital-specific amount, general workforce and statewide technology programs, administration, and activities without a clear hospital beneficiary.
- No double counting: where the CMS report presents both an initiative heading and component expenditure lines, the calculation is based on eligible component obligations rather than summing the heading again.

Consulting and Professional Services Obligations

An expenditure-level review identifies $28,476,502 (0.71% of the $4,000,699,613 nationally obligated) expressly described as consulting, consultant staffing, actuarial services, or consulting-related technical

assistance. These obligations are not a comprehensive measure of all outside contractor or professional-service spending.

Identified amounts by state: Kentucky $14,320,700; Georgia $9,325,000; South Dakota $1,462,802; Utah $1,250,000; California $1,000,000; North Dakota $708,693; Nebraska $260,307; and Delaware $149,000. Total: $28,476,502.

This narrow classification excludes contractual agreements without a clearly identified consulting purpose, general grant-management contracts, project management, technical assistance centers, and mixed implementation services. Examples separately reported by CMS include Mississippi's $10 million grant-management agreement, Alabama's $5.15 million grant-management contract, Oklahoma's $5 million grant-management and reporting, and California's $24.25 million rural technical-assistance and research/data support. The actual total paid to outside consultants and professional-service contractors may therefore be higher.

References

1. Centers for Medicare & Medicaid Services (CMS). RHTP Obligated Funds Report, October 8, 2026; state-reported obligations through July 31, 2026. https://www.medicaid.gov/resources-for-states/rural-health/rhtp-resources/RHTP-Obligated-Funds-10082026.pdf

2. State-level audit accompanying this executive summary. RHTP 50-State Hospital Funding Audit (Excel), prepared from the CMS report; includes source PDF page numbers, individual expenditure descriptions, and classification decisions. Analytical work product, not an official CMS publication.