



1 **New Mexico** Local model: rural/frontier/Tribal care, data hub, workforce NM proposes Healthy Horizons for specialty access and chronic disease management, value-based care, care coordination, chronic disease screening, family/team connection tools, and a “Rooted in New Mexico” workforce pipeline. CMS notes at least one rural census tract in every county and one-third of NM’s population in nonmetropolitan areas.

2 **Texas** AI specialty telehealth at large scale Texas proposes “Lone Star Advanced Artificial Intelligence” to connect fragmented specialty telehealth into a statewide network, plus AI fax automation, RPM, quality reporting automation, rural wellness centers, and clinically integrated networks.

3 **Arizona** Southwest neighbor: rural training + telehealth hubs Arizona focuses on rural clinical rotations, residency slots, scholarships, telehealth hubs, mobile/satellite clinics, digital modernization, and behavioral/chronic/maternal health.

4 **Nevada** Frontier distance + AI chronic care Nevada proposes remote monitoring, virtual provider mentorship, online collaborative care, AI health tools, mobile units, rural residency, and major incentives for providers to live and serve rurally.

5 **Oklahoma** Indigenous/rural wellness hubs + AI analytics Oklahoma’s plan uses consumer-facing technology, remote monitoring, AI-enabled analytics, and community-led wellness hubs in rural counties, with attention to its large Indigenous population and high travel/access barriers.

6 **Louisiana** Digital equity: phones, data plans, libraries, schools Louisiana proposes subsidized smartphones with health apps/data plans, a shared IT help desk, AI-enabled mobile platforms, telehealth, and digital literacy programs through FQHCs, libraries, and schools.

7 **Mississippi** Poverty, maternal mortality, AI decision support Mississippi proposes Coordinated Regional Integrated Systems, telehealth hubs, EMS treat-in-place, post-discharge wraparound care, remote care, 24/7 clinical guidance, and AI algorithmic decision support.

8 **North Dakota** Frontier tech: pharmacy kiosks, drones, home testing North Dakota proposes automated pharmacy kiosks, self-collected lab specimen processing, home testing, health apps/devices, drone delivery of supplies/lab samples, and youth “Scrubs Camp” workforce pipelines.

9 **Nebraska** AR/VR workforce training + CHWs in local offices Nebraska proposes AR/VR training for rural providers, RPM for prenatal and chronic disease patients, co-located CHWs and patient navigators with local health departments and agricultural extension offices, and SNAP E&T healthcare job pathways.

10 **Alaska** Extreme rural access and pharmacy innovation Alaska proposes drone delivery, remote pharmacy dispensing units, portable diagnostic tools, remote fetal monitoring, telehealth for high-risk pregnancies, and high-school-to-CHW/tech pathways.

11 **California** Rural hub-and-spoke, eConsults, OB Nest California proposes regional rural care collaboratives, hub-and-spoke networks, ECHO, eConsults, perinatal psychiatry access, OB Nest remote prenatal monitoring, HIE/cybersecurity modernization, and workforce mapping.

12 **Arkansas** Conversational AI + rural hospital rescue Arkansas proposes telehealth, conversational AI-enabled monitoring/coaching, dashboards, HIE integration, clinically integrated networks, shared staffing/purchasing, and hospital stabilization.

13 **Missouri** Rural hubs + Medicaid APM + digital backbone Missouri's ToRCH Care model proposes seven regional coordinating networks and 30 local hubs, a Medicaid MCO alternative payment model tied to ED/inpatient reductions, and a Rural Health Data Collaborative.

14 **Montana** Rural center of excellence + RPM payment Montana proposes a Rural Center of Excellence, value-based care, modernized EMS, lower-cost pharmacist access, HIE participation, and Medicaid payment for store-and-forward and remote patient monitoring.

15 **Colorado** Mountain/frontier access + data systems Colorado focuses on telehealth, mobile tools, monitoring, shared data systems, workforce retention, behavioral health, maternity care, and partnerships among health systems, schools, public health, and local businesses.

16 **Kansas** Food-as-medicine + CHWs + accountable care Kansas proposes PACE expansion, Food is Medicine, CHW development, consumer-facing technologies, behavioral health services, a back-office rural CIN, shadow value-based care programs, and AI/RPM adoption.

17 **South Dakota** Tribal/frontier maternal hubs + Medicaid primary care model South Dakota proposes regional maternal/infant hubs for rural and Tribal areas, technology/data infrastructure, workforce development, chronic disease programs, behavioral health integration, EMS hubs, and Medicaid primary accountable care transformation.

18 **Hawaii** Rural health information network Hawaii proposes a statewide rural digital backbone connecting rural hospitals, clinics, and health centers through interoperable EHRs, wireless networks, integrated data hubs, value-based innovation, and rural medical respite.

19 **North Carolina** ROOTS hubs + behavioral health/SUD North Carolina proposes rural community care network hubs, IT infrastructure, regional needs assessments, CCBHC expansion, mobile opioid treatment units, HIE connections, and value-based readiness.

20 **Alabama** Digital maternity care + cancer detection hubs Alabama proposes digital obstetric care using telerobotic ultrasound and labor/delivery carts, plus cancer digital regionalization with mobile screening units and referral hubs.

21 **Georgia** Rural OB carts + AHEAD model Georgia focuses on rural OB-GYN deserts, obstetric carts in rural emergency departments, patient safety bundles, mobile health, telehealth, workforce, and AHEAD model adoption.

22 **Kentucky** Diabetes hubs + maternal teams Kentucky proposes rural chronic care hubs initially focused on diabetes, community-based maternal/infant teams, remote monitoring, telehealth, behavioral crisis care, oral health, and EMS/trauma improvements.

23 **Illinois** Community care infrastructure + treat-not-transport EMS Illinois emphasizes regional provider/community partnerships, integrated primary/behavioral care, workforce programs for CHWs/doulas/peer supports, telehealth, mobile health, and Medicaid EMS treat-not-transport.

24 **Ohio** School-based clinics + mobile vision/dental/hearing Ohio proposes school-based health centers, mobile vision/dental/hearing services, rural health innovation hubs, CINs, home visits, remote monitoring, telehealth, pharmacist EMR expansion, and behavioral/chronic screening tech.

25 **Pennsylvania** Regional hubs for technology + workflow redesign Pennsylvania proposes regional hubs for technical assistance, interoperability, workflow redesign, staff training, mentoring, maternal health, behavioral health, aging care, EMS, and value-based care grants.

26 **Oregon** Provider exchange + telepharmacy Oregon proposes a rural provider exchange, grow-your-own workforce, pharmacy lockers, telepharmacy, integrated primary/social care, Tribes-focused support, behavioral health, aging, and maternity access.

27 **Virginia** Food pharmacy + rural maternal telehealth Virginia proposes Food as Medicine, medically tailored meals, produce prescriptions, rural maternal hubs, mobile units, telehealth, remote monitoring, support for mothers with SUD, and workforce pipelines.

28 **Vermont** AI scribes + mobile integrated health Vermont proposes shared technology infrastructure, telehealth, remote monitoring, AI medical scribes, referral tracking, mobile integrated health through paramedics/advanced EMTs, and primary care PMPM payments.

29 **Washington** Tribal health + AI/population analytics Washington proposes rural hospital innovation, value-based models, technology infrastructure, Native family health investments, Tribal workforce and HIE participation, and AI/population health analytic tools.

30 **West Virginia** NEMT mobility platform + rural workforce West Virginia proposes Rural Health Link, a mobility platform for non-emergency transportation, EMS-supported NEMT, rural clinician pipelines, rotational staffing pools, RPM reimbursement, and technology partnerships.

31 **Wisconsin** Farmer mental health + navigation Wisconsin focuses on agricultural mental health, care coordination, behavioral health access, community information exchange, dual-eligible coordination, rural dental modernization, and a 24-hour farmer wellness helpline.

32 **Michigan** High-school-to-healthcare pipeline Michigan proposes a High School to Health Care Pipeline, aging-in-place blueprint for the Upper Peninsula, CHW team-based care, EHR/HIE expansion, telehealth, Tribal/community partnerships, and reduced preventable ED use

33 **Minnesota** Telehealth, mental health urgent care, cardiometabolic health Minnesota focuses on cardiometabolic outcomes, rural workforce, telehealth, mobile care, regional whole-person care models, mental health urgent care centers, data modernization, and Tribal/rural partnerships

34 **Massachusetts** AI-supported mobile units + live bed platform Massachusetts proposes tech-enabled mobile health units with diagnostic equipment, telemedicine software, AI support systems, and a live cross-agency platform for youth bed/service availability.

35 **Delaware** Mobile health, libraries, school-based care, Hope Centers Delaware proposes mobile health units, school/library-based services, real-time insurance verification/prior authorization, telehealth/RPM Catalyst Fund, Food is Medicine, and Hope Centers for integrated housing/health/social services.

36 **Indiana** Medical operations coordination center Indiana proposes a Medical Operations Coordination Center for patient transfer, ED diversion, centralized data reporting, post-discharge medication access, telehealth infrastructure, obstetric/pediatric readiness, and workforce development.

37 **Iowa** Digital literacy + rural health startup fund Iowa proposes Connections to Care for rural digital health literacy, a Tech Catalyst Fund for rural health startups/community innovation, dermatoscope distribution and training for early skin cancer detection, HIE participation, and mobile integrated health.

38 **Florida** RPM + community paramedicine Florida proposes care delivery modernization, resource-sharing collaboratives, remote patient monitoring, community paramedicine, data systems, rural facility sustainability, and chronic disease support.

39 **Maine** AI strategy + rural provider partnership Maine's plan emphasizes alternative care sites such as CCBHCs and school-based health centers, reducing fragmentation through rural provider partnerships, AI strategy, and payment model reform.

40 **New York** PCMH + eConsult + rural roots workforce New York proposes rural community health integration, PCMH adoption, eConsults, maternal care workforce training, simulation-based obstetrics training, telehealth, cybersecurity, and statewide rural partnerships.

41 **Idaho** Telehealth, remote telepharmacy, Tribal set-aside Idaho proposes telehealth expansion, EHR upgrades, remote tele-pharmacy dispensing, health management/data analytics tools, infrastructure updates, and a Tribal nations set-aside for rural health planning.

42 **New Hampshire** AI pharmacy risk tools + virtual-first primary care New Hampshire proposes pharmacy lockboxes, AI-supported polypharmacy risk reduction, schools/libraries/mobile clinics as access points, tele-obstetrics, tele-psychiatry, tele-critical care, and virtual-first primary care.

43 **Rhode Island** State-sponsored EHR + tele-dentistry Rhode Island proposes a state-sponsored EHR platform, infrastructure grants, telehealth/RPM/AI tools, tele-dentistry, hospital-at-home reimbursement, workforce hub expansion, and island/rural access improvements.

44 **South Carolina** Digital literacy + rural tech startups South Carolina proposes digital infrastructure, telehealth, chronic disease management, workforce development, provider training, digital literacy programs, and a Tech Catalyst Fund for rural health startups/community innovation.

45 **Tennessee** Dementia hub-and-spoke + NEMT coordination Tennessee proposes a Memory Care Assessment Network, hub-and-spoke dementia diagnosis/treatment, technology-enabled non-emergency medical transportation coordination, maternal care desert elimination, and workforce/technology modernization.

46 **Maryland** Aging, SUD case management, wearable chronic care Maryland proposes workforce apprenticeships, AHEC expansion, primary/specialty/school-based/behavioral care, tech-enabled chronic disease management with wearables/RPM, and rural food system improvements.

47 **New Jersey** Telehealth access points + innovation engine New Jersey proposes rural provider infrastructure support, CCBHC sustainability, telehealth training, public telehealth access points, FQHC/regional health continuity, and an existing Healthcare Innovation Engine.

48 **Connecticut** Predictive analytics + digital inclusion Connecticut's RHT plan emphasizes shared technology infrastructure, predictive analytics, facility upgrades, digital inclusion, and telehealth expansion.







49 **Wyoming** Frontier access + tech-enabled chronic care Wyoming proposes a durable rural workforce pipeline, right-sized coordinated care, technology and payment models for chronic disease management, and improved metabolic/cardiovascular/behavioral health outcomes.

50 **Utah** AI tools + primary care shortage response Utah proposes PATH prevention/wellness and SUPPORT for EHR upgrades, interoperability, consumer-facing technology, AI deployment, administrative burden reduction, and expansion of rural primary/specialty care.

 42's PSA take

The states most valuable are not necessarily the richest or most famous innovation states.

The strongest examples are the ones that combine:

-  low-resource communities
-  rural/frontier geography
-  telehealth or AI tools
-  workforce redesign
-  Medicaid/public health relevance
-  practical local replication

That is why New Mexico, Texas, Arizona, Nevada, Oklahoma, Louisiana, Mississippi, North Dakota, Nebraska, and Alaska rise to the top. They map more directly onto PSA's mission than, say, Massachusetts or New Jersey, even though those states may have more mature healthcare systems.

The big emerging pattern: rural healthcare innovation is moving away from “build another clinic” and toward distributed care networks — mobile units, school/library access points, pharmacy kiosks, community health workers, remote monitoring, AI-assisted workflow, hub-and-spoke specialist access, EMS treat-in-place, and data platforms.

CMS explicitly lists rural technology innovation, remote care, data sharing, cybersecurity, and emerging technologies as program goals.

A strong series could be titled:

▣ **“Rural Health Innovation Watch: What New Mexico Can Learn from the 50 States”**

Best first posts:

“New Mexico’s Rural Health Transformation Plan: A Practical Roadmap for Frontier Care”

“Can AI Specialty Telehealth Help Rural New Mexico? Lessons from Texas and Nevada”

“Libraries, Schools, and FQHCs as Digital Health Access Points: Louisiana’s Model”

“Training Local Young People as Health Navigators: Lessons from Alaska, Michigan, Nebraska, and North Dakota”

“Remote Monitoring, Mobile Units, and Community Paramedicine: The New Rural Care Stack”