CHA CONNECTICUT HOSPITAL ASSOCIATION

October 9, 2025

Andrea Barton Reeves
Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

RE: Rural Health Transformation Program

Dear Commissioner Barton Reeves,

The Connecticut Hospital Association (CHA) appreciates the opportunity to comment on the Rural Health Transformation Program (RHTP).

The collective goals of CHA align closely with the RHTP's targeted areas of interest, including workforce development, rural health access, sustainability, innovative care, and technological advancement. We believe Connecticut has a unique opportunity to leverage these funds to improve care delivery for rural patients in their communities and to strengthen the healthcare delivery system across the state on which rural patients rely. Connecticut's highly integrated healthcare network positions both hospitals located within federally defined rural areas and those outside of strict geographic boundaries to play essential roles in delivering care to rural patients. As the state develops its application, we encourage a plan that invests both in rural hospitals and the broader technology infrastructure and clinical partnerships that help extend care into rural communities. An effective transformation plan, in our view, would reflect the realities of Connecticut's healthcare delivery system and take a statewide perspective that recognizes both the interdependence of care delivery and the critical contributions of all hospitals, including CMS-designated rural referral centers (RRCs) and other hospitals that routinely serve rural populations.

CHA is deeply committed to improving the health and well-being of patients in rural Connecticut and ensuring that all patients, regardless of geography, have access to high-quality care when and where they need it. We are aligned with the Centers for Medicare and Medicaid Services' (CMS) targeted areas of focus for this program and understand the state's initial priorities for this funding include proposals that:

- Benefit the health of patients living in the state's rural areas, focused on interventions with long-term benefits
- Can be accomplished within the established demonstration period consistent with federal requirements for the RHTP

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- Demonstrate long-term scalability and financial sustainability, such as by maximizing other available resources without requiring new state funding

As the state develops its application, we urge recognition of the many ways in which CMS's priorities align with the ongoing work of CHA, and how each of these efforts could be strengthened through targeted investment under the RHTP.

- **Workforce Recruitment and Retention:** Workforce recruitment and retention remain a central focus for CHA, with special attention to clinical disciplines facing difficulty maintaining consistent support. CHA has been engaged and will continue to seek opportunities to partner with the state to bolster workforce development efforts through legislation and collaboration, including advocating for pipeline-strengthening initiatives that prepare the next generation of healthcare professionals; the implementation of loan forgiveness programs and other incentives to attract and retain providers; expanding flexible and accessible training options, such as virtual training programs; and assessing shortages in critical fields such as emergency medical services.

- **Sustainable Access:** Central to CMS's priority of "right-sizing health care delivery systems across the continuum" is strengthening primary care, subspecialties, and behavioral health services while maintaining a system that ensures access to advanced hospital care when needed. Maintaining the right balance between primary and specialty care is especially critical in rural areas, where access to subspecialty services can be more limited and individualized patient needs are often complex. CHA recognizes that improving access to preventive and primary care services is a collective effort amongst all hospitals to reduce reliance on emergency departments and other high-acuity sites of care and that community hospitals play a vital role in this work by serving as key access points and connecting patients to needed services across the continuum.

  Additionally, CHA remains heavily engaged in developing solutions that address behavioral health capacity, particularly through improved post-acute placement options that allow patients to receive timely care in the most appropriate setting. More specifically, CHA endorses attention to issues that are mentioned in the Comptroller's 2025 Healthcare Cabinet Report, including bolstering local healthcare transportation options in areas where transportation options are limited and ensuring funding for "connect" programs that aim to provide continuous and integrated care to patients diagnosed with chronic conditions, ultimately helping to reduce avoidable admissions to hospitals.

- **Technology and Innovation:** Investments in health technology are critical to boosting efficiency, reducing fragmentation, and improving patient outcomes. CMS identifies support for "technical assistance, software, and hardware for significant information technology advances designed to improve efficiency… and improve patient health outcomes" as a program priority. CHA encourages the state to consider how expanding telehealth capacity, enhancing electronic medical record (EMR) capabilities and interoperability, and utilizing digital tools and devices in high-need specialties can support this need. Implementing and modernizing IT infrastructures and interoperable systems are especially important for ensuring patients receive coordinated care across multiple hospitals and community settings. The ability to securely share health information between care settings is integral to efficiency and coordination, especially if patients do not have access to continuous care in a designated geography. Enhanced data exchange also supports innovation for new care initiatives. For example, expanding systems such as remote

patient monitoring (RPM) helps to promote continuous monitoring, early detection of potential issues, and more personalized care. These tools help patients receive care closer to home and enable providers and patients to consolidate and plan visits more effectively, reducing transportation-related barriers.

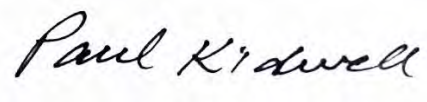
The state should also consider mobile integrated health as an opportunity to leverage technology investments and bring care directly to patients who face transportation challenges and lack proximity to care in their communities. An early exploration of this opportunity could focus on behavioral health and other difficult-to-reach patient populations.

- **Strengthening Local and Regional Partnerships:** Finally, as the state considers the mechanisms by which the RHTP can support both rural hospitals and the broader network of clinical services that provide care to rural patients, we urge consideration of the financial realities of Connecticut hospitals. The state can embrace this opportunity to directly support providers and capitalize on investments that are already in place. CMS's Notice of Funding Opportunity (NOFO) specifies that a state's RHTP grant application must also "outline [a strategy] to manage long-term financial solvency and operating models of rural hospitals in the state… [and] strengthen local and regional strategic partnerships between rural hospitals and other healthcare providers to promote measurable quality improvement, increase financial stability, maximize economies of scale, and share best practices in care delivery." A practical example of this approach could be to provide targeted support for rural hospitals that face significant fixed costs while making investments that harness the scalability and resources of surrounding hospitals and health systems. A two-step model could enhance sustainability, improve efficiency, and reduce costs for the state, all while benefiting hospitals across Connecticut.

We urge the state to consider the many factors that impact access and how the strategic use of RHTP funds could both augment ongoing initiatives as well as create new opportunities for hospitals to support patient care delivery. We believe valuing partnerships will be critical as we seek to maximize these funds in our state. We encourage the state's application to lay out the broad areas of focus and challenge providers to build the plans and partnerships necessary to achieve the state's goals. CHA stands ready to partner with the state and CMS to advance sustainable, innovative, and patient-centered care for rural residents by strengthening Connecticut's healthcare delivery system. We look forward to providing data and analytic support where necessary to help illustrate the role of rural hospitals, the interconnected nature of the statewide hospital network, and the patterns of care delivery that link rural patients to providers across regions. These data could help inform state priorities and ensure that RHTP investments are directed where they will have the greatest impact.

Thank you for your consideration of our comments.

Sincerely,



Paul Kidwell
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