COLORADO
Department of Health Care Policy & Financing

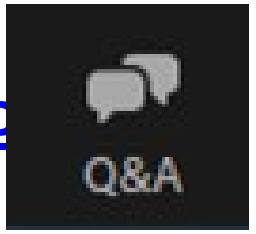
Hospital Webinar

2026 Hospital Transparency Report Insights, RHTP Update, H.R.1 Impact, Hospital CEO Perspectives

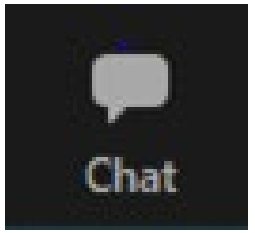
February 11, 2026

Webinar Logistics

- ➔ Accessibility: American Sign Language, audio only, Spanish interpretation, and closed captioning are available. They can be accessed via Zoom toolbar by clicking on Interpretation at the bottom of your screen and selecting to watch American Sign Language or listen in Spanish.
- ➔ Registrants: Questions for Speakers: Use Q&A feature on the toolbar. We may not get to every question live.



- ➔ Materials will also be posted to CO.gov/HCPF/events and CO.gov/hosp reports-hub



- ➔ Presentations, links and other materials will be posted in the Chat. Otherwise, the Chat is closed and is being used for presenter communications.
- ➔ Please leverage the event pop-up polls to help us capture aggregate perspectives.

Today's Agenda

- Welcome, Logistics, Speakers
- Insights from Financial Transparency Report
- Panel Discussion & Audience Questions
- Insights from Community Benefit and CHASE Reports
- Impact of H.R.1, RHTP Update, CHASE Update
- Panel Discussion & Audience Questions

HCPF **Mission**: *Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.*

HCPF Speakers

Kim Bimestefer
HCPF Executive Director

Austin Wozniak
Acting Special Financing Deputy Division Director

Shannon Huska
Acting Special Financing Division Director

Dr. Lisa Rothgery
Chief Medical Officer

Nancy Dolson
Budget Division Director

Cristen Bates
Deputy Medicaid Director

Sharing Hospital Perspectives

Donna Lynne, DrPH
CEO Denver Health

Robert Vissers, MD
CEO Boulder Community Health

Margo Karsten
CEO Banner Health

Kevin Stansbury
CEO Lincoln Community Hospital

All Colorado Hospitals - Rankings Nationally for Price, Cost, & Profit (Highest to Lowest)

	2018	2019	2020	2021	2022	2023
Price/Patient	5th	4th	4th*	6th	10th	10th
Cost/Patient	8th	8th	10th	13th	13th	11th
Profit/Patient	3rd	3rd	5th*	3rd*	11th	13th
Total Profit	1st	4th	5th	4th	25th	19th

- Thank you hospitals for your course corrections - for being part of the solution!
- From 2021, savings to employers/consumers of >$3.7 billion vs. 5th highest price

*Data from Medicare Cost Reports, cost of living adjustment applied. Some rankings shifted slightly from 2023 Insights report due to additional hospital data submissions. 2018 and 2019 Rankings remain as reported in the 2023 Insights report.

Rural Colorado Hospitals
Rankings in Comparison to Rurals Nationally

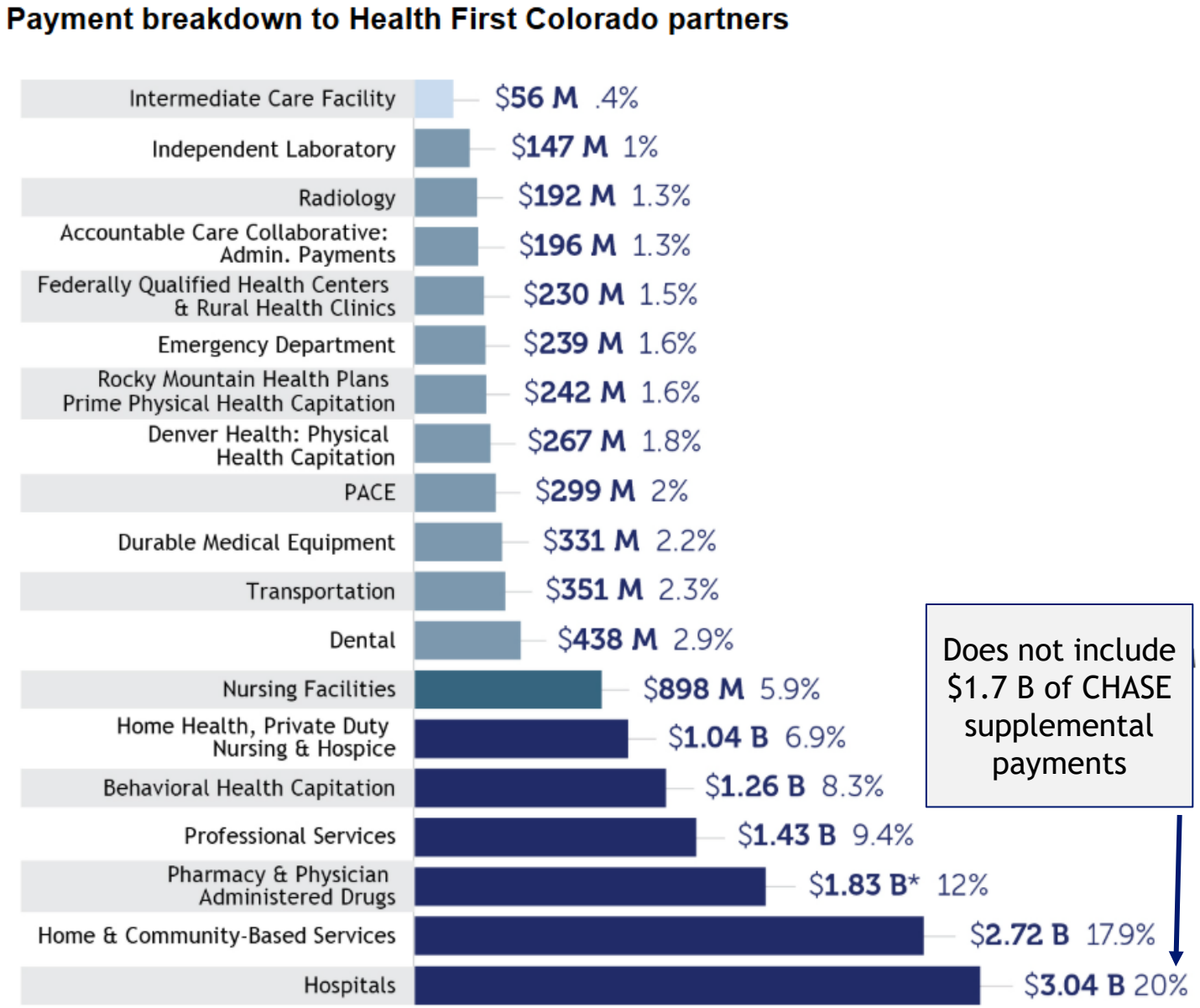
	2018	2019	2020	2021	2022	2023
Price/Patient	4th	5th	6th	5th	8th	6th
Cost/Patient	6th	7th	6th	9th	11th	9th
Profit/Patient	7th	12th	32nd	25th	25th	32nd
Total Profit	7th	9th	18th	16th	27th	16th

- Rural hospitals struggle in CO and nationally.
- Many mountain/resort town rural hospitals are doing well
- High costs propel higher prices, but not higher profits
- Rural admin costs were 22.7% of total expenses, compared to 13.6% for Urban*

*Admin costs are determined by a breakdown of expenses into the G&A category from hospital reported submissions through Hospital Financial Transparency. Compared to 17% nationally from Medicare cost reporting
https://pmc.ncbi.nlm.nih.gov/articles/PMC12359134/

Colorado Medicaid Spending by Provider

- Hospitals reflect the largest part of the health care dollar - Medicare, Commercial, Medicaid.
- Chart at right is Medicaid payments by major category.

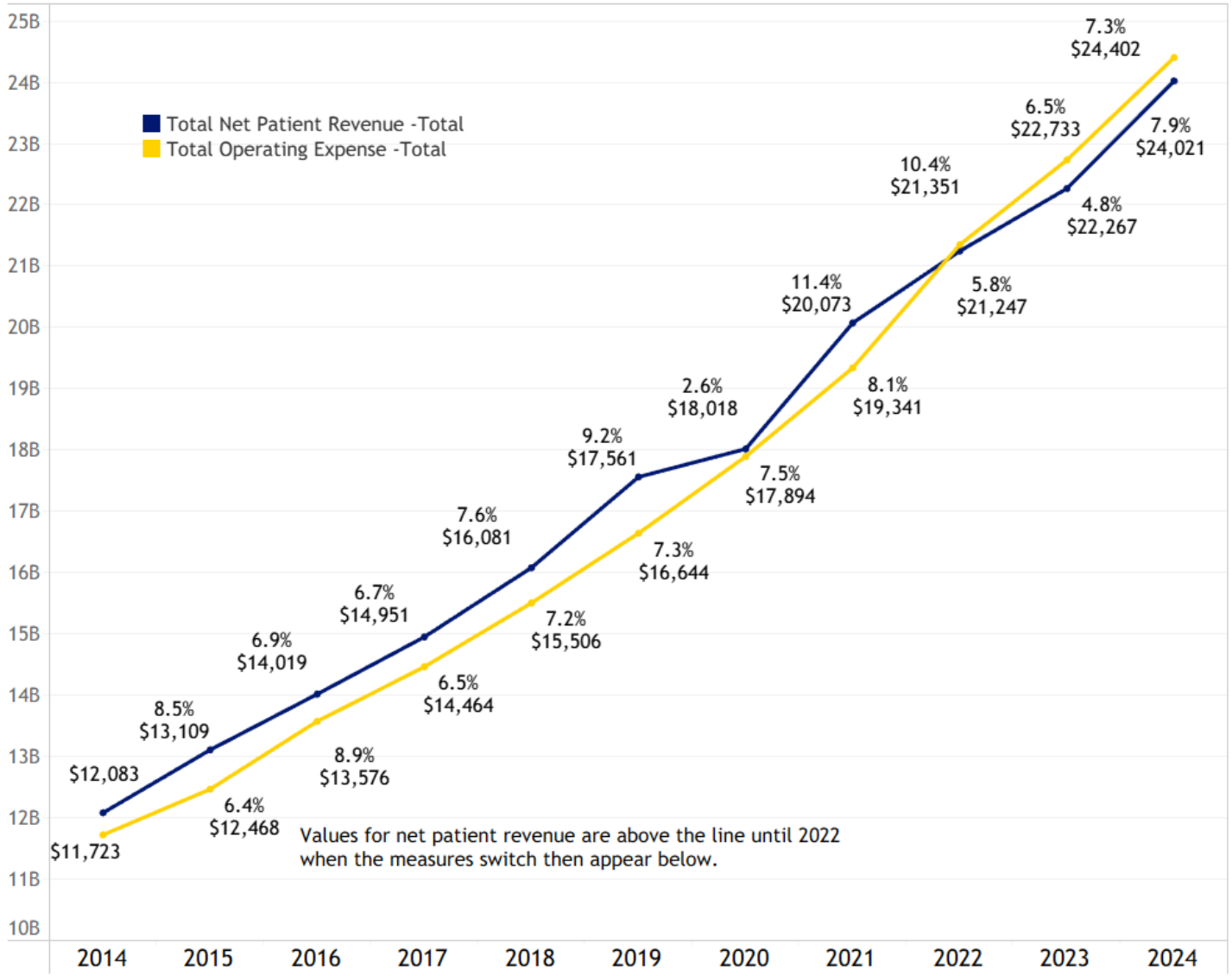


Payment breakdown to Health First Colorado (Colorado's Medicaid program) partners - Total Expenditure

Hospital Revenue & Expense Growth

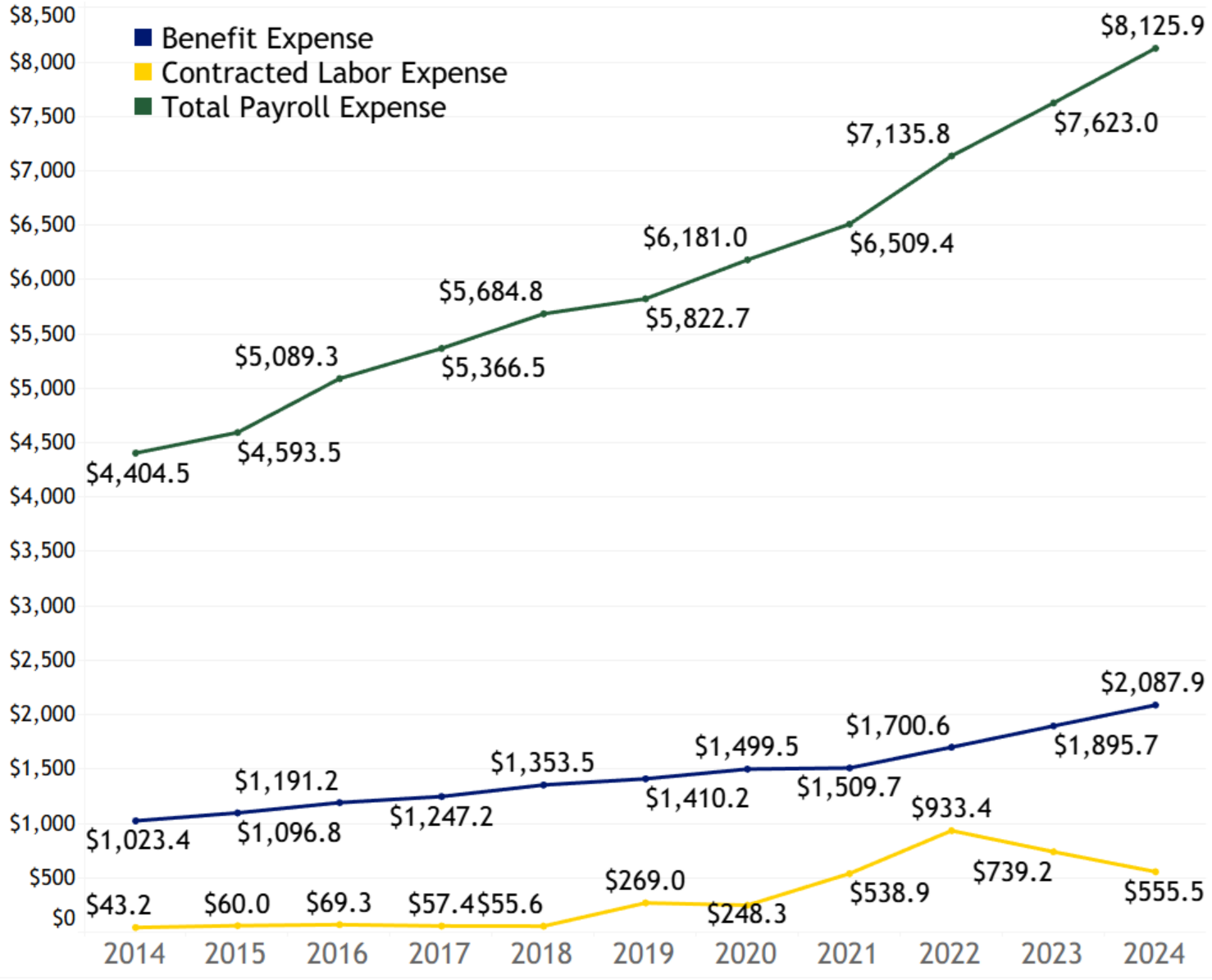
- Nearly doubled over the last decade
- Inflation and rising labor expenses
- Up 7.1% a year or more from 2014 to 2024
- 2024 revenues have grown a bit faster than expenses, 7.9% vs 7.3%
- Statewide expenses higher than patient revenues since ‘22

Colorado Hospitals Total Net Patient Revenue & Operating Expenses



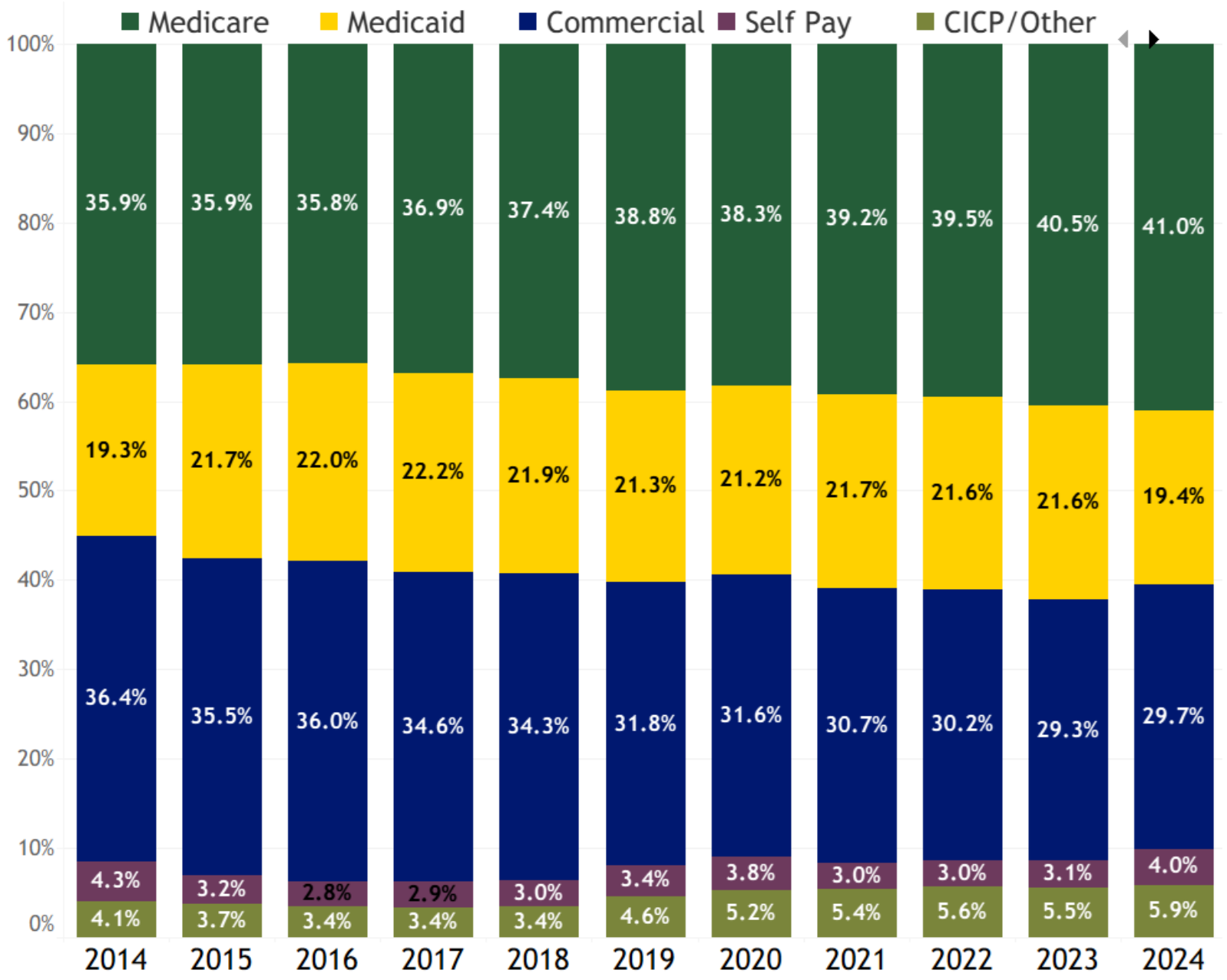
Significant increase in labor costs

- 45% of operating expenses are for labor expenses (salaries, wages, and benefits).
- Unprecedented Contracted Labor need thru 2022 (COVID), up 350% from 2019. Big decrease since 2022.
- Payroll increased about 46% between 2020 and 2024.
- Increases in employed workforce expense driven by:
  - Increase in workforce (36%) and hours (12%)
  - Non-physician base compensation increases



Hospital Payer Mix
(hospital charges)
Public payers growing. Commercial decreasing

- Commercial dropped 36.4% to 29.7% (down 18%). Increased in 2024.
- Aging CO population driving Medicare growth 35.9% to 41% (up 14%)
- Decrease in Medicaid seen in 2024, now less than 20%, matching 2014



How is this Impacting the Cost Shift?

Positive hospital impact from Affordable Care Act, Expansion, Provider Fee/CHASE: 2009 Medicaid $0.54 cents on dollar of cost vs $0.80 last year

Year	Medicare	Colorado Medicaid	Commercial Insurance	Self Pay	CICP/Other	Overall
2009*	0.78	0.54	1.55	0.52*	0.52*	1.05
2019	0.75	0.63	1.84	0.30	0.89	1.08
2020	0.71	0.80	1.67	0.42	0.88	1.03
2020 w/ stimulus	0.76	0.87	1.76	0.49	0.95	1.10
2021	0.76	0.77	1.75	0.35	0.94	1.06
2022	0.73	0.79	1.64	0.33	0.90	1.02
2023	0.73	0.79	1.63	0.25	0.84	1.00
2024	0.72	0.80	1.65	-0.01	0.92	1.00

*When comparing results from 2009 to 2018 with those after 2019 one should remember the change in methodology when viewing trends that connect the two periods. 2009's values combined Self Pay and the CICP/Other category

Colorado Hospital Profit Metrics (in millions)

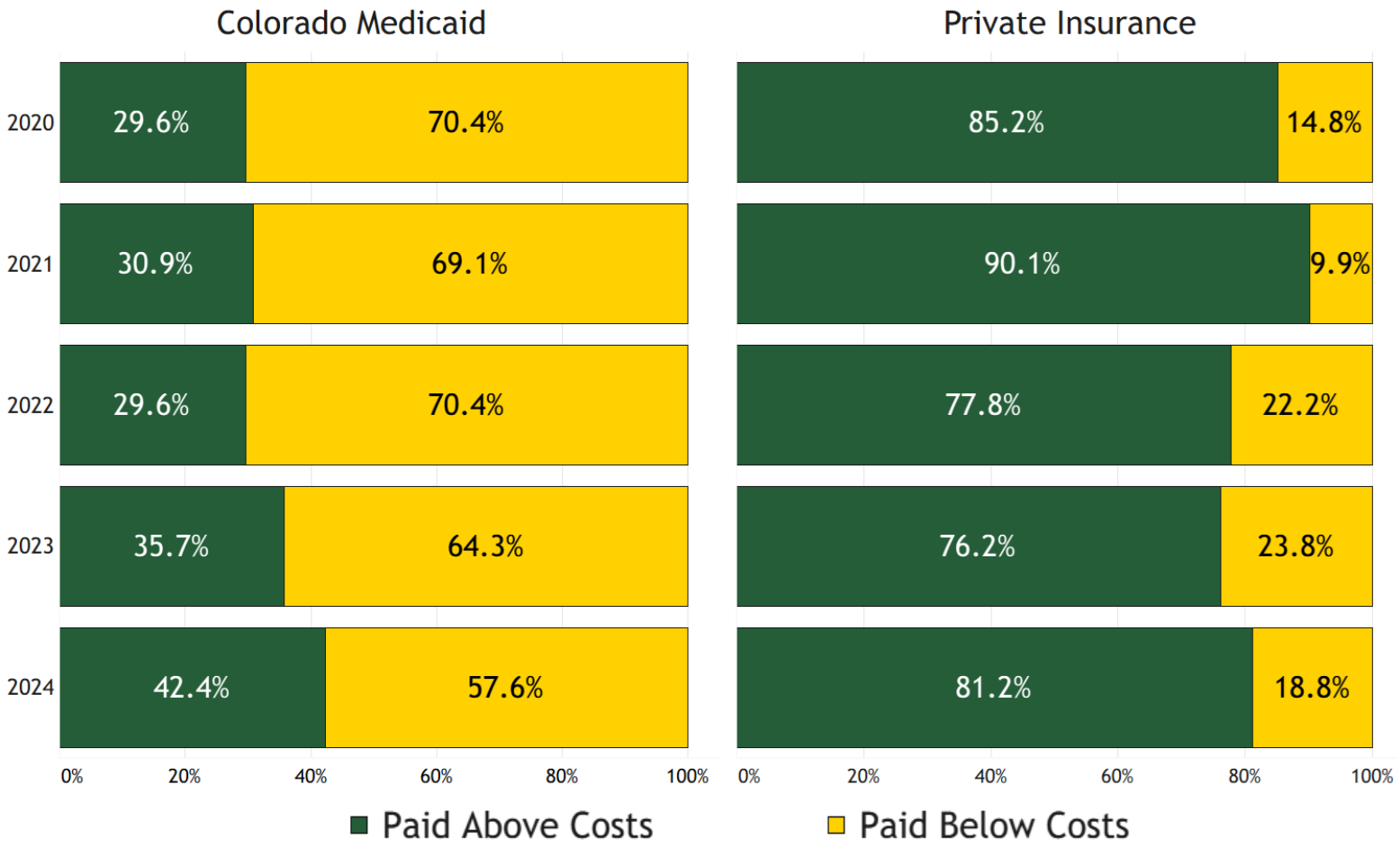
Profit Metric	2019	2020	2021*	2022	2023	2024
Patient Service Profit (patient care)	$1,335	$584	$1,215	$331	$11	$102
Operating Profit (Patient care + med ed tuition, research grants, gift shop, etc.)	$1,916	$1,294	$1,967	$978	$753	$860
Total Profit (Operating + Inv earnings, tax revenues, fed stim, other grants)	$2,288	$1,840	$3,425	$337	$1,498	$1,907

- Fed stimulus $$ mostly impacted 2021. 2022 losses on stock & bond markets.
- Total Profits rising 2023 & 2024; Patient service & operating margin increased in 2024
- Cost increases eating into profits while prices grow

Payment-to-Cost rates not equal across hospitals

- Overall, CO Medicaid pays 80 cents on the dollar of hospital costs.
- 42% of hospitals are being paid above costs in 2024, up from 29% of in 2020.
- Private insurance has consistently paid above costs, but only to about 80% of all hospitals.

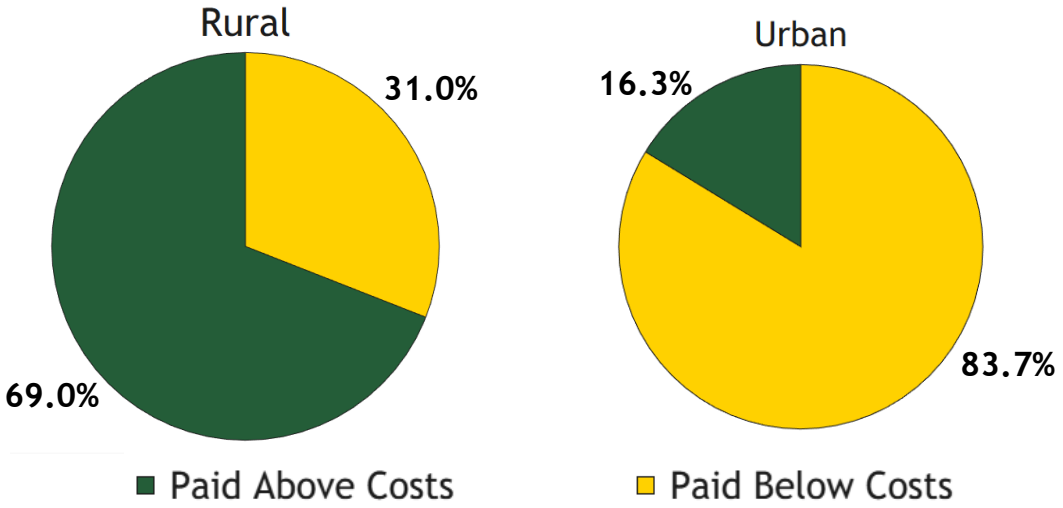
% of hospitals paid above cost for CO Medicaid & Commercial/Private Insurance from 2020 - 2024



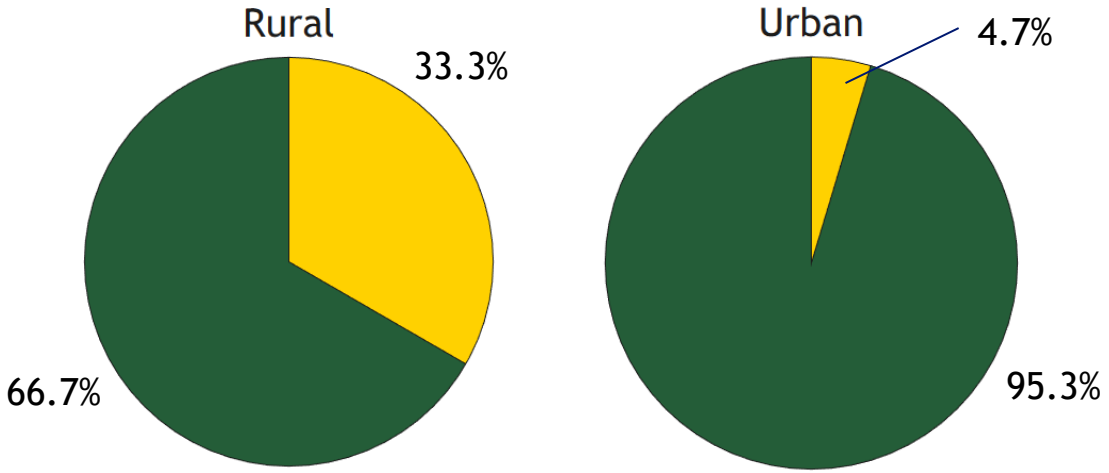
Rural & Urban Differences

- Nearly 70% of rural hospitals being paid above cost in 2024.
  - Consistent growth last several years.
- Private Insurance paying above cost for only ⅔ of rural hospitals
- Costs depend on the hospital; many have an efficiency opportunity.
- Negotiating power with carriers is very different for rural hospitals.

Proportion of hospitals being paid above cost by CO Medicaid, 2024



Proportion of hospitals being paid above cost by private insurance 2024

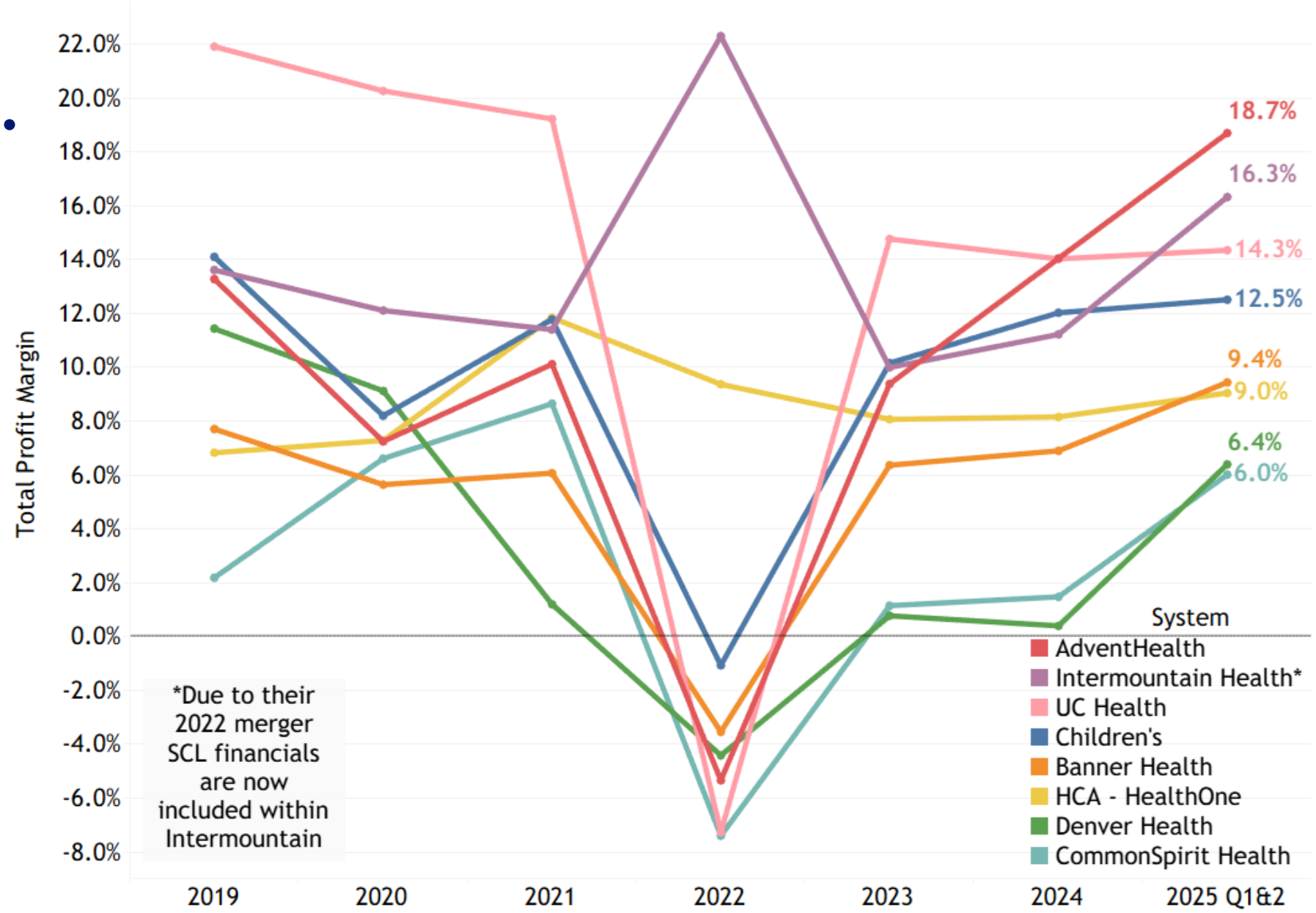


Total Profits National Measures. Vast Success of Certain Systems

Year over Year Review

- Systems maintain pre-COVID profits
- Most w/in 2-3% of 2019. Continued stabilization after 2022 drop.

Hospital stabilization requires focus on those who need it.



Notes: Measurements are for Consolidated National System amounts. Intermountain Health had merger and acquisition activity in 2022, which led to accounting impacts reflected in the high profit margins. HCA HealthONE's operating margin is higher than other systems in part due to necessary tax expenses being a non-operating expense; Total Profit Margin includes these expenses

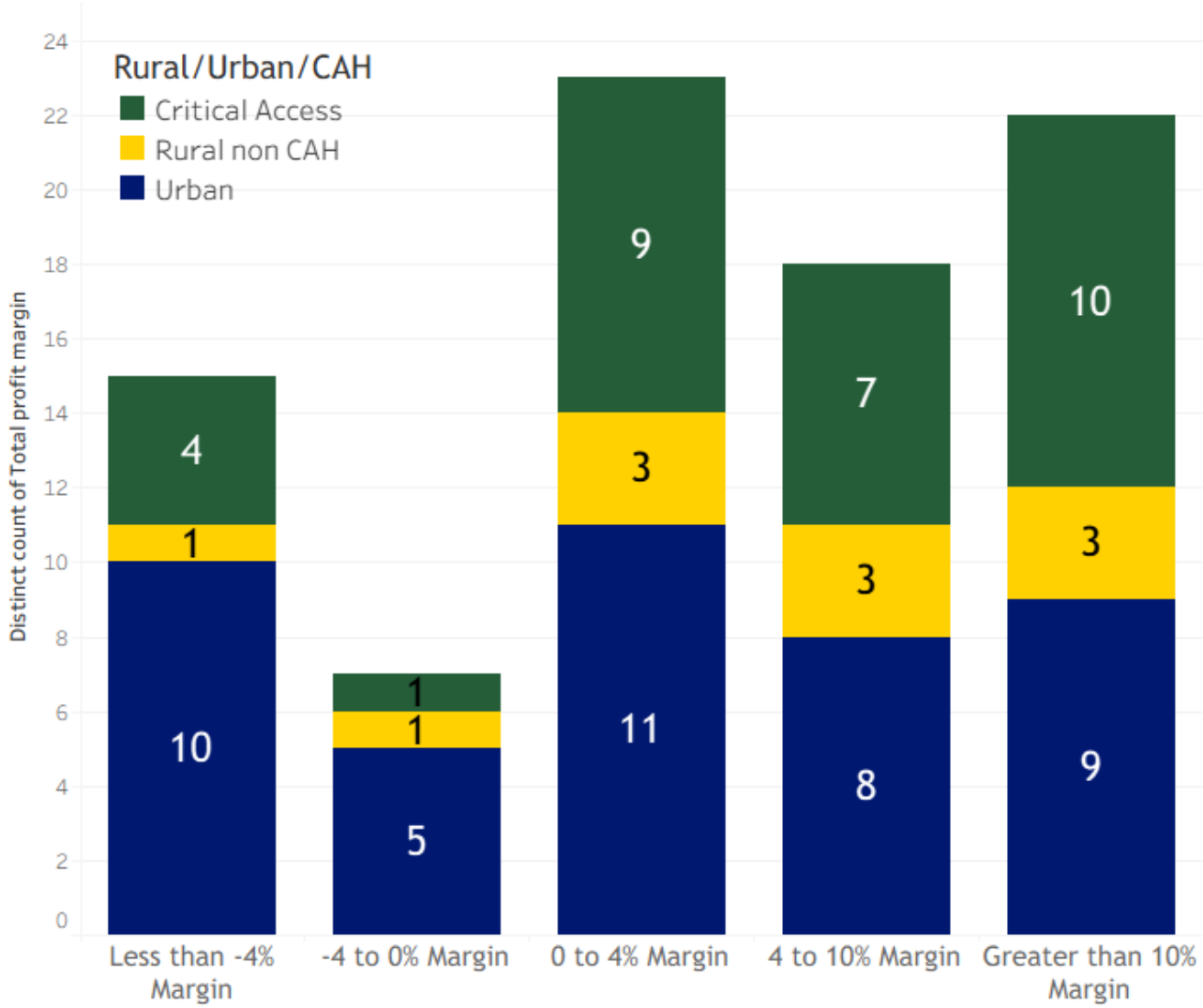
Hospitals with Negative Total Margin in 2024

Total Profit Margin	Urban	Rural non-CAH	Critical Access Hospital
0% to -4%	AdventHealth Littleton, Banner Health McKee, Banner Health North Colorado, Intermountain Health St Joseph, Intermountain Health Platte Valley, UCHealth Greeley	Delta Health	Prowers Medical Center
less than -4%	AdventHealth Porter, Children's Hospital CO Springs, CommonSpirit Longmont, CommonSpirit St Francis Interquest, CommonSpirit St Mary-Corwin, Intermountain Health Good Samaritan, Intermountain Health Lutheran, UCHealth Broomfield, UCHealth Grandview	CommonSpirit St. Elizabeth	Arkansas Valley, Keefe Memorial Hospital, Southeast Colorado Hospital, Spanish Peaks Medical Center

Weathering upcoming headwinds

- Total Profits broad range: from negative 25.2% to positive 32.9%
- 22 hospitals (26%): had negative total profits (losses), a decrease of 10 hospitals from 2023.
- All 15 urban hospitals with losses are system hospitals, recording investment gains at the system level

Total Profit Margins by Peer Group 2024 Hospital Count



Some Rural hospitals are less financially stable, requiring more intervention and support

Generally, Rural hospitals have:

- Higher payer mix of patients covered by public programs
- Higher uncompensated care
- Far fewer inpatient beds/stays; they depend on outpatient/clinic services
- No large system to rely on to share admin costs
- Lower days cash on hand reserves, driving lower investment income
- Higher % of Admin costs. Rural: 22.7% of total expenses, Urban: 13.6%)
- Lower margins/profits
- Many depend on community tax funding

Public payers reimburse close to rural hospital costs:

  - Medicaid = Nearly 70% of rural hospitals paid over cost
  - Medicare = 99% (Sequestration lowered by 2%, 101% minus 2%)

Investing in rural hospital access, outcomes, affordability

- **Healthy hospital finances help maintain care access for Coloradans statewide**
- **ACC Phase III - ACO-like support** for rural RHCs and Independent PCPs
- **Hospital Transformation Program Rural Support Fund** - $60M over 5 years to help 23 critical access and rural hospitals modernize ($48M paid out)
- **Colorado "Internet for All"** - $826M state grant program to achieve 99% connectivity goal; initial proposal approved
- **Rural Connectivity and Access to Virtual Care** - $17.4M in federal matching funds over 4 years; **100%** of rural safety net providers now connected to state HIE with incentive payments annually to help them stay connected
- **Improving Rural Access and Affordability with** $10.6M in state grants
- **SB23-298 enables rural hospitals to collaborate/cooperate** without violating anti-competitive federal or state laws

Rural Hospital Opportunities to Consider

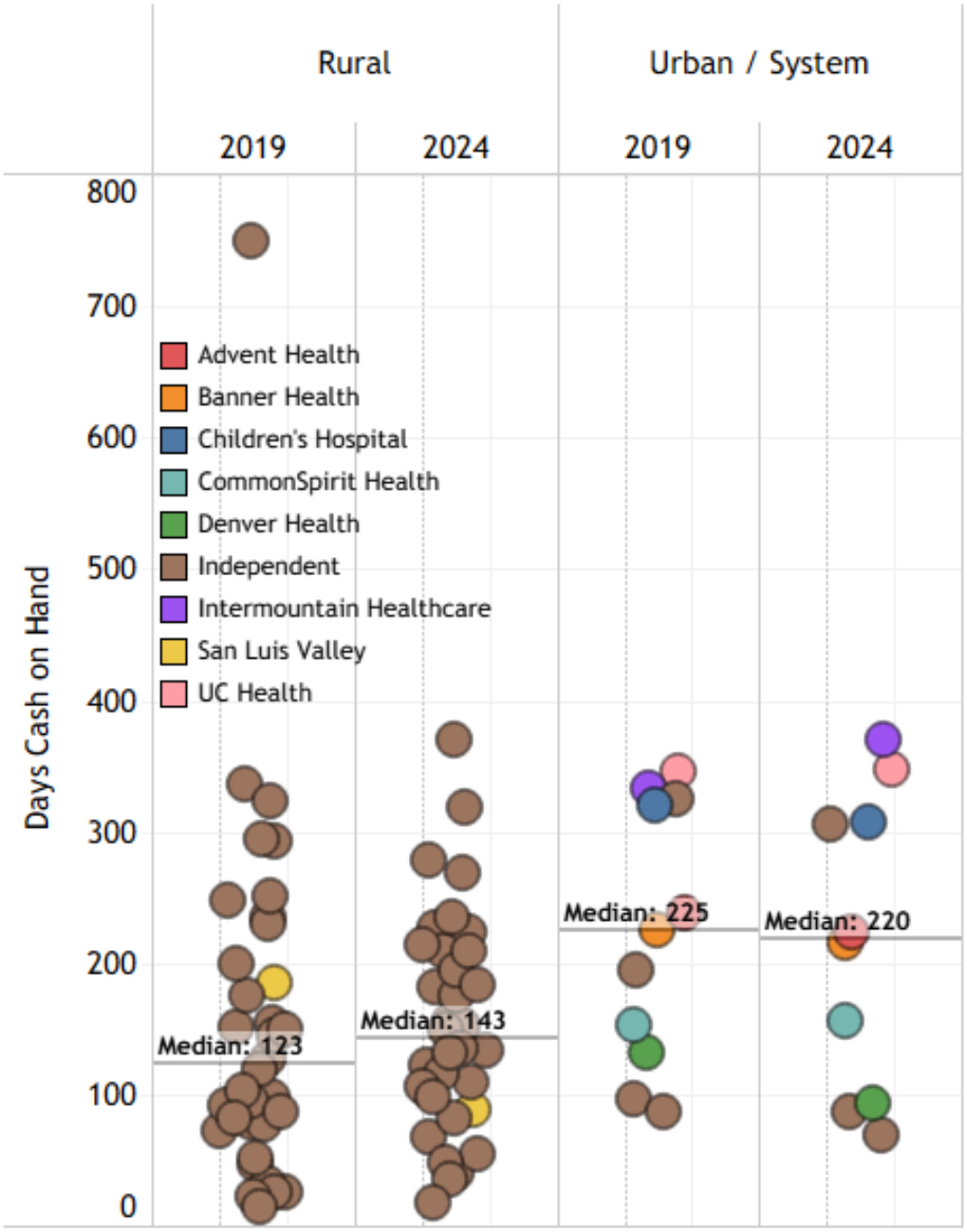
- Consider different licensure opportunities to better align with community needs
- Greater efficiencies by sharing resources with ruvia SB23-298 as expanded by SB25-078 to reduce admin costs
- Work together to leverage tools available affordability tools
  - eConsults, Prescriber Tools, administration of valued based payments
  - Operationalize PCMP ACO-like option built into RAE contract
  - Collaboratively hire/share nurse case managers
  - Collaboratively hire/share UM support to deal with payers
- Work with HCPF on CHASE increased funding opportunities
- Collaborate with HCPF on emerging federal action

Days Cash on Hand Reserves

- Wide range - 13 days to 348 days cash on hand
- S&P indicates 150 days cash on hand is strong
- Median 2024 days cash on hand at 153 days is comparable to 2019 pre-pandemic @ 149 days
  - In greater Denver, Denver Health has lowest days cash on hand @ 94 (2024)
  - Rural median 77 days less than urban independents / national systems

Days Cash on Hand Median for All Hospitals or Health Systems

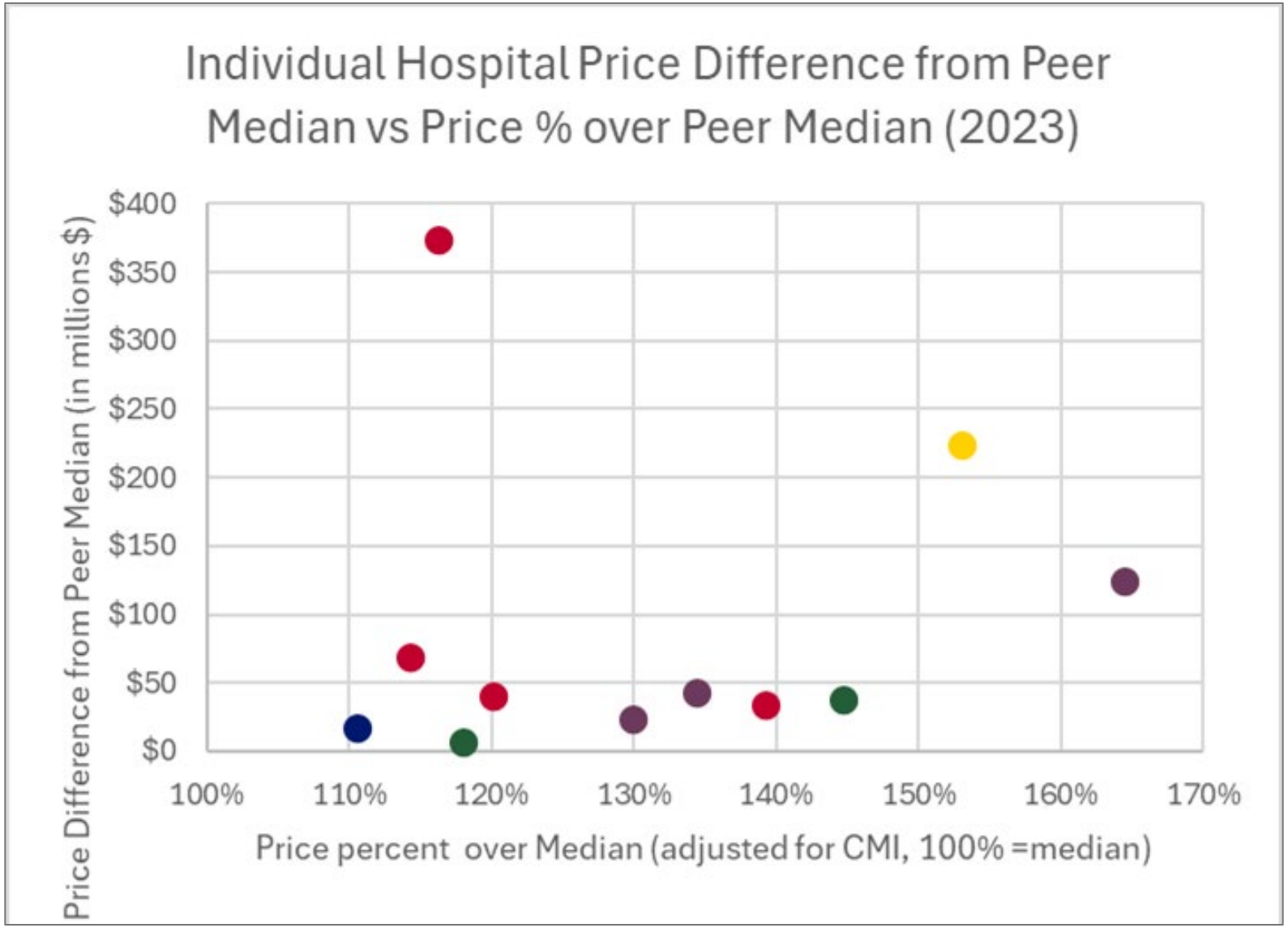
2019	2020	2021	2022	2023	2024
149	218	215	183	157	153



Days cash on hand: if a hospital stopped operations and no longer was receiving revenues, its days cash on hand would suggest that the hospital could remain open for that many more days before closing its doors
Credit Rating Criteria for U.S. And Canadian Not-For-Profit Acute Care Health Care Organizations.(April 2024). S&P Global

Hospital Outlier Opportunities

- Compared to similar hospitals across the nation, there are certain hospitals that have over 10% higher prices, costs, or both.
- Certain hospitals are also growing their prices faster than their peer-groups.
- ~ $1 billion in potential savings if outlier hospitals were closer to the norms of their peers.



Peer groups basis: Bed Size, Medicare Case Mix Index, Teaching Intensity, Service Intensity.

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Hospital Price Comparison by Procedure

This tool uses hospital price transparency postings. The information in the tool is limited to what the hospital provides and is only the hospital/facility price.
Note: If prices are not listed, the hospital may not take the insurance or may not have posted prices for that insurance coverage

Procedure Filters

Code Type: (All)
Category: (All)
Code & Description: CPT 70551 - Mri Scan Brain

Hospital Filters

Hospital System: (All)
Hospital Name: (Multiple values)

Geographic Filters

Region: (All)
County: (All)

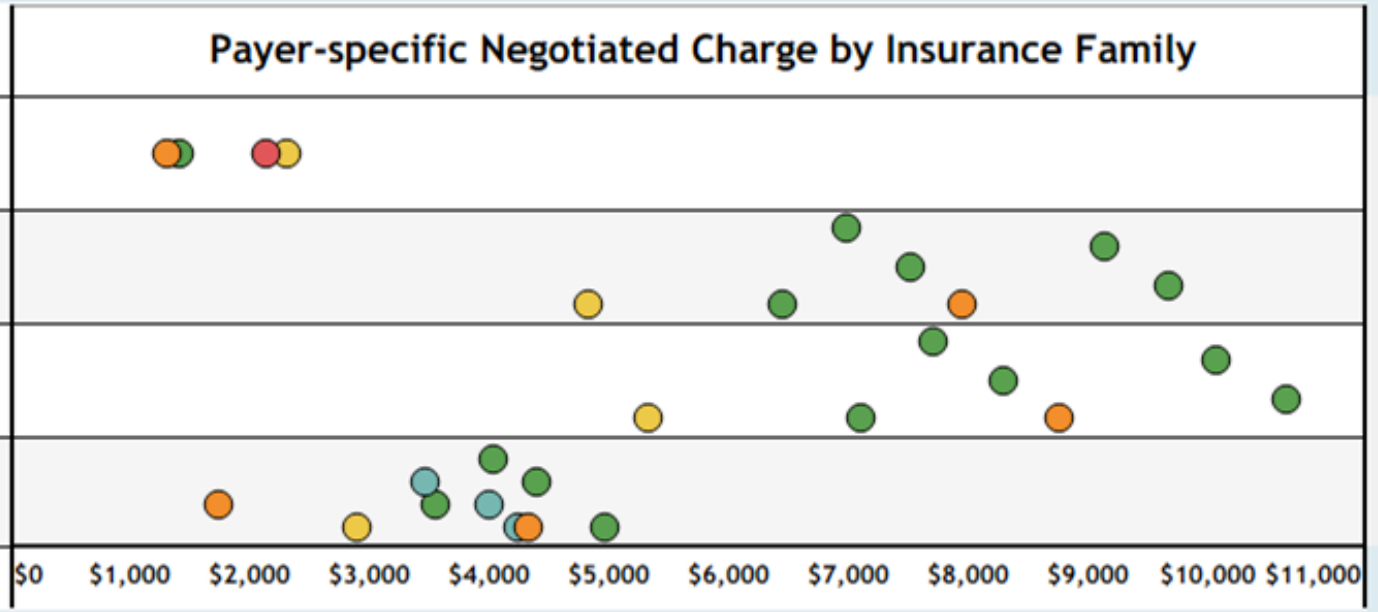
Insurance Filters

Insurance Family: (All)
Plan Type: (All)

Reset Filters

CPT 70551 - Mri Scan Brain

Hospital	File Posted Date	Gross Charge	Medicare Rate	Discounted Cash Price
Denver Health Medical Center	12/6/2024	$3,863.90	Rate Not Posted	$1,352.37
HCA HealthONE Rose	10/1/2024	$10,752.05	Rate Not Posted	$10,752.05
HCA HealthONE Rose	10/1/2024	$11,853.06	Rate Not Posted	$11,853.06
UCHealth University of Colorado Hospital	11/1/2024	$7,093.98	Rate Not Posted	$2,482.89

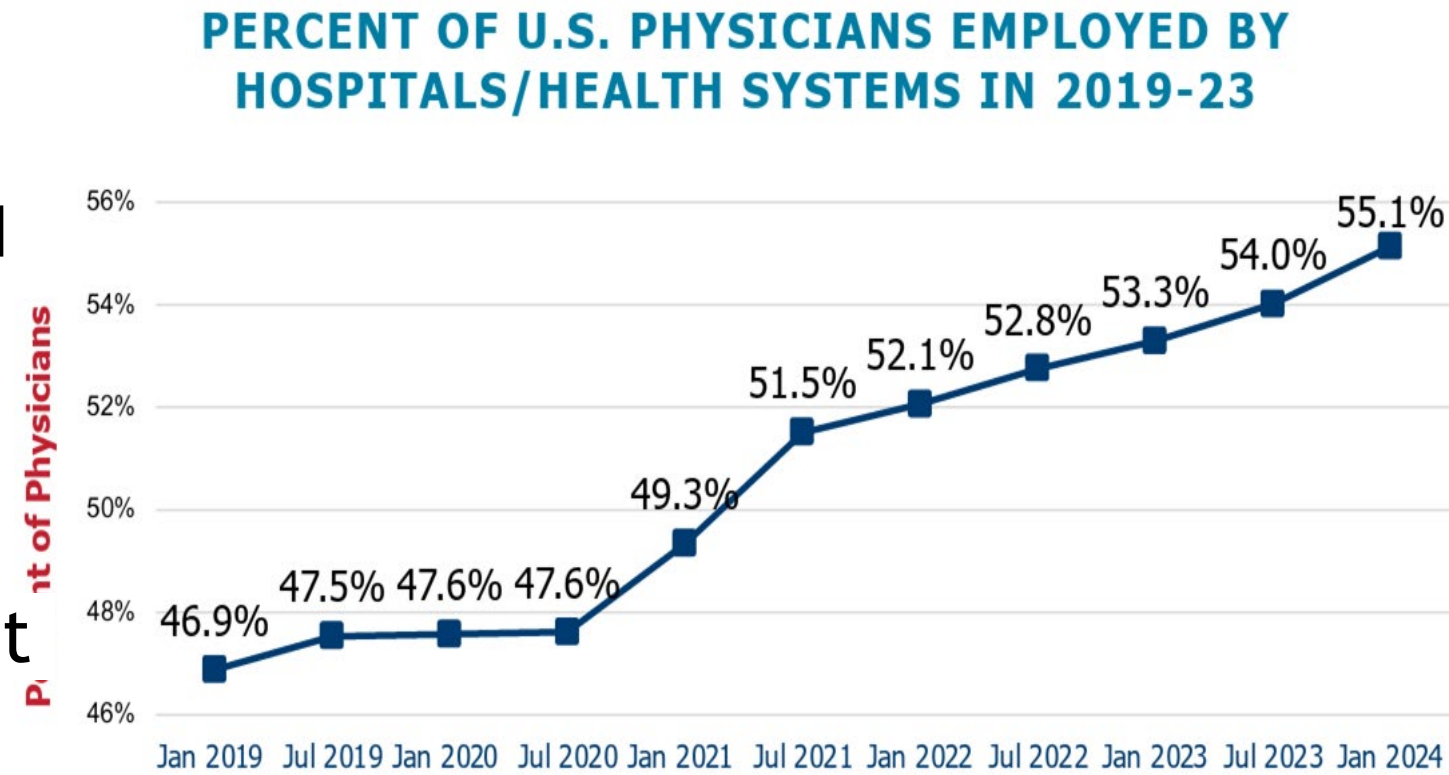


CO Vertical Integration: (Hospitals Acquiring Physician Practices)

- 79 physician practices acquired between 2014-2024
- 35% by UCHealth
- 31% by independent hospitals
- 17% by CommonSpirit Health

All credible studies indicate that VI increases prices.

55% of physicians nationally employed **by hospitals systems**. 77.6% of physicians are owned by corporate entities including hospitals.



Perspectives on cost-benefit of hospital-owned physician practices, included in Hospital Facility Fee Report

- Avalere Health. (April 2024). Physicians Advocacy Institute. Updated Report: Hospital and Corporate Acquisition of Physician Practices and Physician Employment 2019-2023. Avalere analysis of IQVIA OneKey database that contains physician and practice location information on hospital/health system ownership
- Hospital Facility Fee Steering Committee. (October 2024). Hospital Facility Fee Report

Compensation Insights: Top Hospital Execs

Latest legislation required sharing of salary and total compensation for top five highest paid admin positions of each nonprofit hospital

- 2024: $102.9M paid to top five positions, 1.4% of payroll
- Avg Top 5 positions compensation: Lg: $355k; Med: $355k; Sm: $182k
- 2024 learnings from what CEOs were incentivized to drive:
  - 89% - Quality of care outcomes
  - 81% - Profits/margin
  - 88% - Patient satisfaction
  - 69% - Address workforce needs
  - 41% - Affordability
- Board Engagement, Vision, Expectations, Accountability

Reported compensation information is under-represented because it does not include data for hospital systems or regional leadership. The compensation information for the top 5 positions is for the hospitals themselves, not their system leadership

Panel Discussion

H.R.1 Medicaid Coverage Threats

- **Federal Funding Reductions** due to Provider Tax provisions
  - CHASE funding impact to hospitals & coverage
- **Disenrollments** starting Jan 1, 2027:
  - **Eligibility redeterminations** every 6 months vs 12 months
  - **Work requirements** for most “able-bodied adults”, eff Jan. 1, 2027 Work, Work Program, School, Volunteering at least 80 hrs/mo to qualify
- **Eligibility Determination**: Clawbacks for errors above 3% under PERM
- **Other** Federal impacts outside of H.R.1
- For more info. on H.R.1, please join HCPF’s 2/24 webinar.

North Star: Mitigate coverage losses and its catastrophic consequences to Coloradans, providers, economy

Why this North Star Focus? Coverage Loss Impact.

- **Negative Population Health Impact:** Care delays, not filling Rx, missing preventive screenings
- When care is sought by uninsured individuals, **increased medical debt/bankruptcies.** Higher use of costly ER.
- **Growing provider uncompensated care** - esp. concerning for providers with lower margins.
- Tough **provideraccess decisions. Layoffs.**
- **Economy:** Health Care is the largest component of Colorado's and U.S. economies

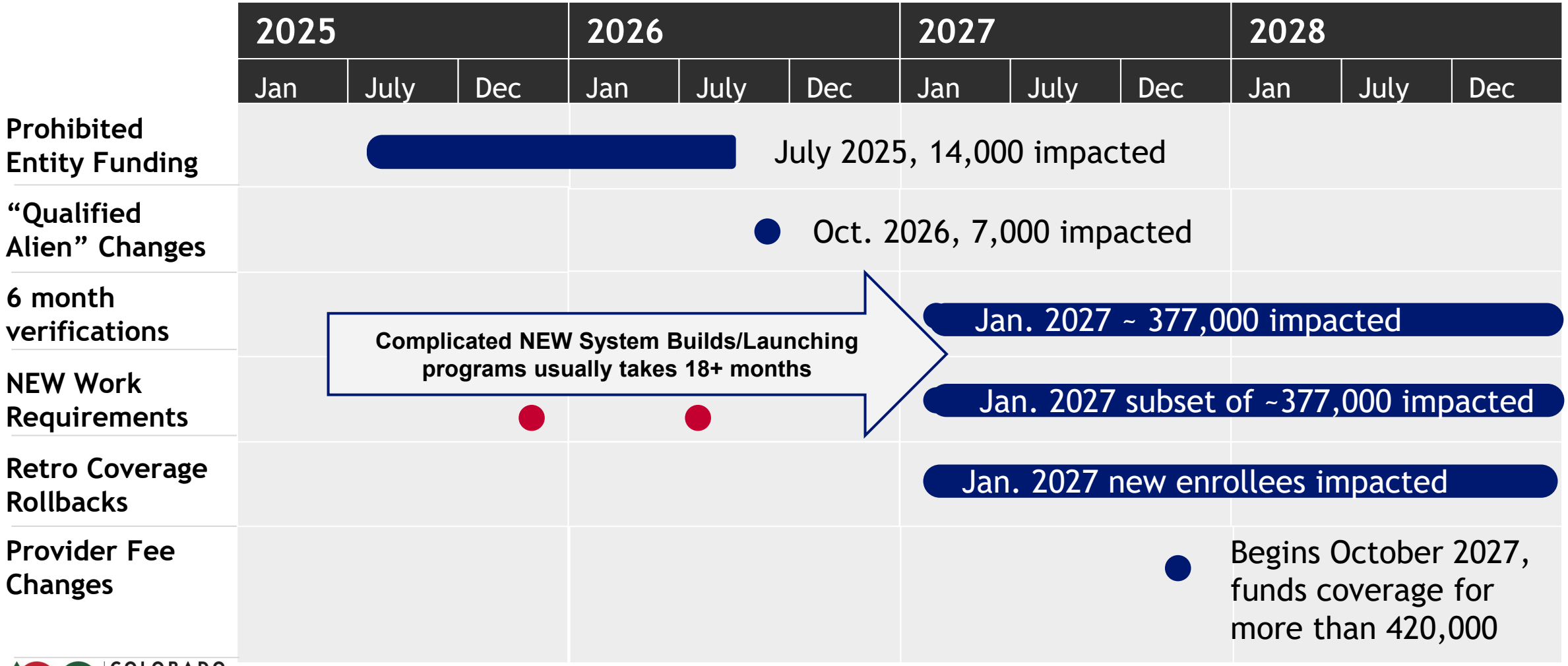
2025 FEDERAL POVERTY LEVELS by Family Size*

FAMILY OF 1	FAMILY OF 4
$20,820	$42,768

*Some earning more may still qualify

H.R. 1 Medicaid Coverage, Eligibility & Financing
(not comprehensive of all changes)

- CMS Guidance - preliminary guidance in December 2025, final rules in June 2026



Uncompensated Care

CHI Health Access survey (CHAS) uninsured rate 2025: 5.9%. 2023: 4.9. Pre Pandemic: 6.5%

- 2024 Combined Uncompensated Care $716.7M, up 31.5% from 2023
- Driven by increased Charity Care
- Almost 50% of increase was in 4 urban hospitals: Denver Health, University, St. Anthony, Children's
- **Charity Care:** inability to pay expected bill. **Bad Debt:** payment is expected but not received

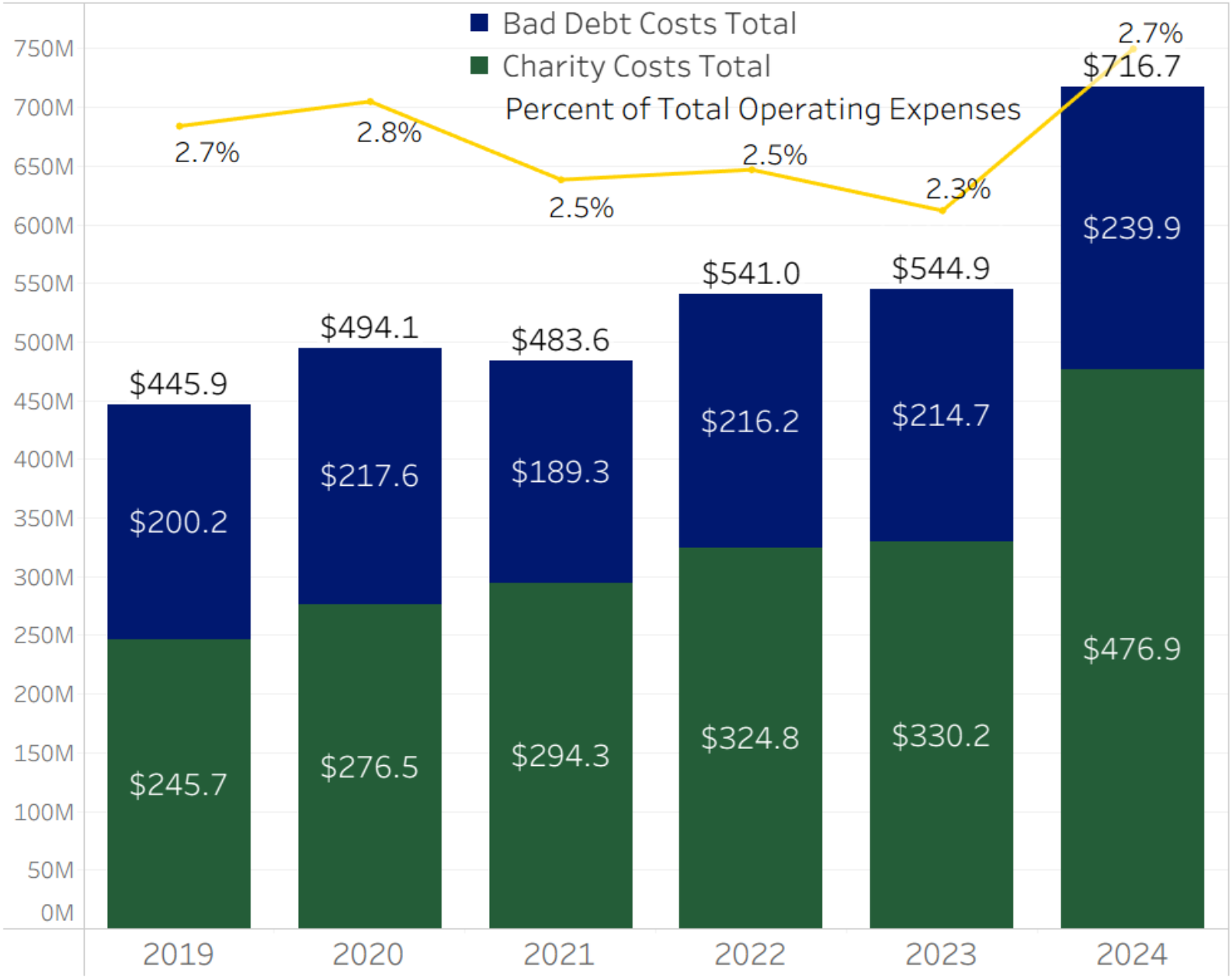


Figure is not adjusted for inflation

Denver Health carrying high level of Uncompensated Care

Denver Health Portion of Uncompensated Care Costs

- 24% of statewide. 41% of Denver DOI region. 81% of Denver county.
- Why are uninsured or underinsured patients traveling to DH, vs using their local hospital?
- How might other hospitals step up to help DH, given their lower Uncompensated Care costs?
  - Community Benefit? CHASE?

2024 Uncompensated Care Costs by System

System	Total Uncompensated Care Costs (millions)	Percent of Total Uncompensated Care Costs	Percent of Total Licensed Beds
Denver Health	**$174.7**	24.4%	4.4%
All Other Independent	**$101.2**	14.1%	9.0%
Total Independent	**$275.9**	38.5%	13.4%
UCHealth	**$156.0**	21.8%	22.7%
Commonspirit	**$92.6**	12.9%	14.9%
Intermountain Health	**$65.4**	9.1%	11.3%
AdventHealth	**$45.5**	6.3%	7.7%
HCA HealthONE,	**$28.2**	3.9%	19.4%
Banner Health	**$23.3**	3.3%	4.7%
Children's	**$22.9**	3.2%	5.0%
San Luis Valley	**$5.4**	0.8%	0.5%
Grand Total	**$716.7**	100%	100%

Community Benefit

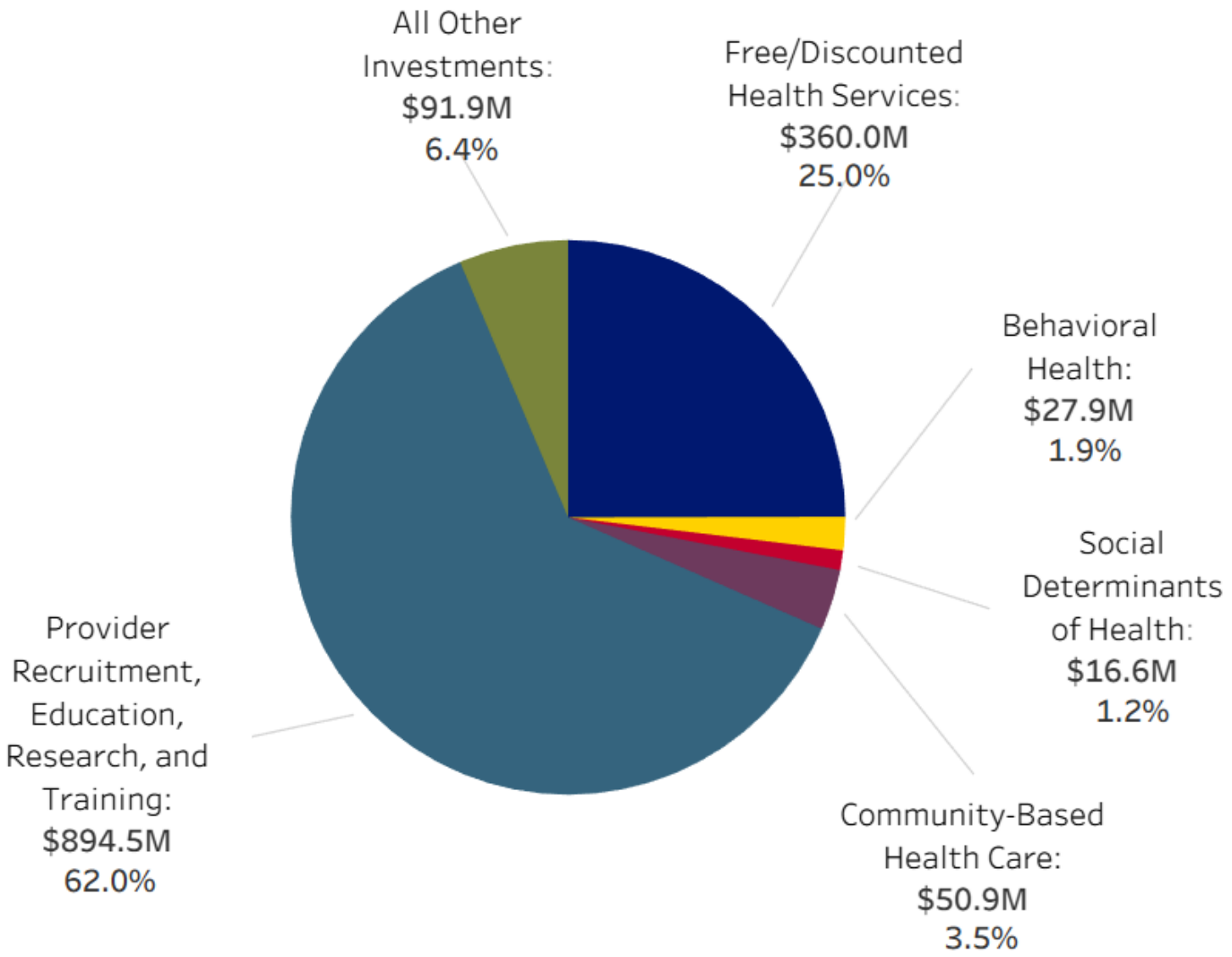
Community Benefit: $1.44 billion

- 8.2% of patient revenues
- 15.9% w/Medicaid shortfall
- 62% invested into provider training, recruitment, education, research.

All systems spending more than est. tax liability, incl. Community Benefit & Medicaid shortfall

Most spending more with just Community Benefit

2023 Community Benefit Major Investment Areas



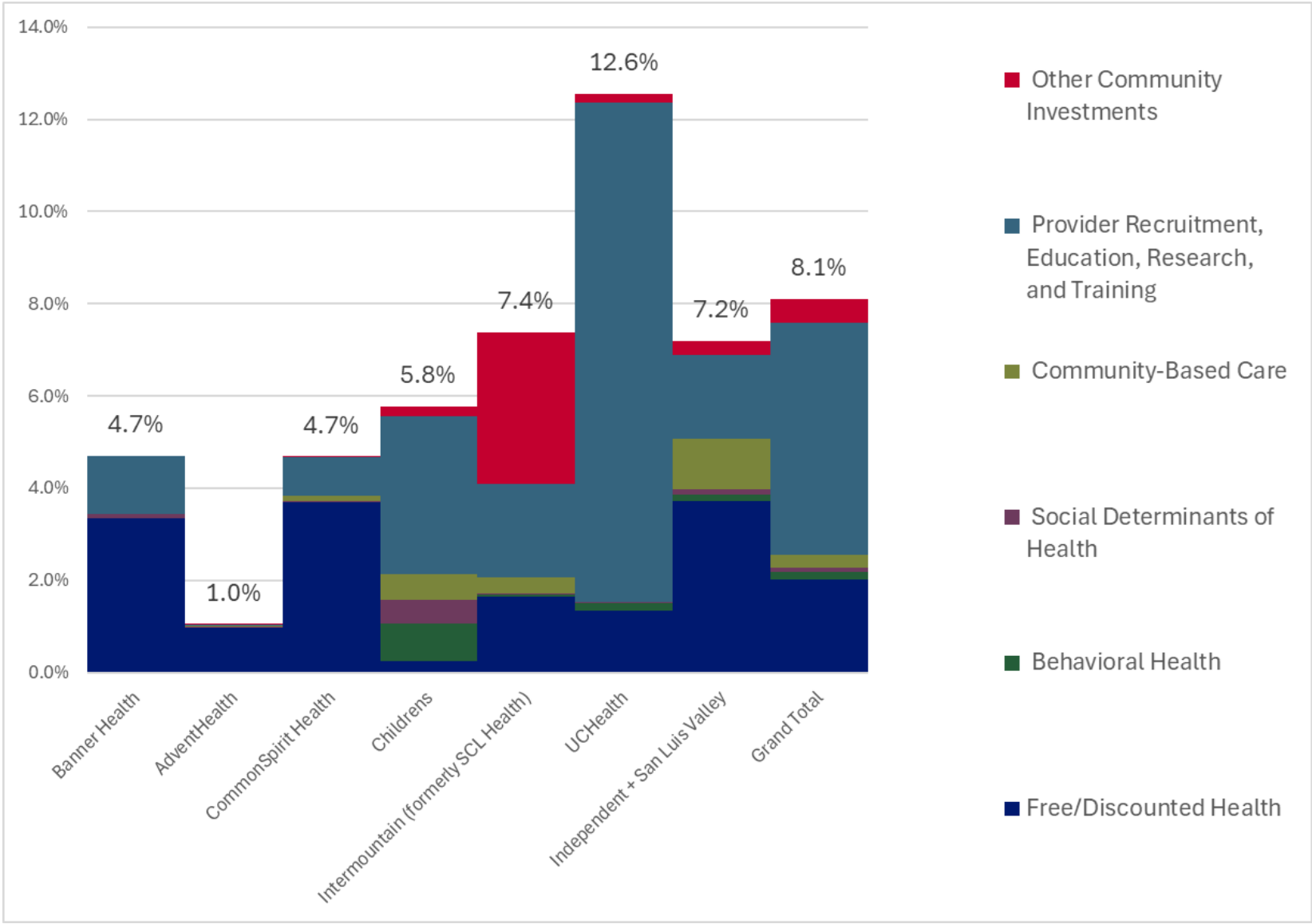
Community benefit are actions hospitals take to qualify for tax-exempt status and also refer to the dollar amount/expense spent on these actions. Tax exemption estimates for 2022 are low compared to other years due to investment market losses in 2022.

Community Benefit Opportunity is to align $$ with community voice

Community Health Needs Assessments Insights

- Behavioral Health
  - 84.8%, 39 hospitals
  - 17 did not invest despite prioritization
- Access to care
  - 65.2%, 30 hospitals
- Chronic conditions
  - 47.8%, 22 hospitals

2023 Community Benefit Investment % of Net Patient Revenue



CHASE / Provider Fee Insights

- Increases Medicaid reimbursements, $0.54 cents on the dollar of hospital cost to $0.80 in recent years, decreasing Medicaid shortfall.
- Most recent 2024-25 Federal Fiscal Year
  - Hospitals put in $1.42B. Got back $1.9B. Net Gain $483M.
  - Draw enhanced federal match on hospital payments, reducing fees by $213M.
- Finances state's share of 439,000 Medicaid & CHP+ members
  - 10% share for Medicaid Expansion (381k)
  - 35% share of CHP+ Expansion (31k)
  - 50% share for Medicaid Buy-In for People with Disabilities (27k)
- $843M in HCPF hospital claim payments from these populations in FY 2024-25

H.R. 1 & CHASE Future Landscape

- **Federal Funding Reductions** due to H.R.1 “Provider Tax” provisions
  - 6% net patient revenue fee limit reduces by 0.5% per year beginning Oct. 2027 (FFY 2028) until it reaches 3.5% in FFY 2032
- CHASE funding impact to health care coverage
  - Current hierarchy - hospitals are funded before coverage
  - By FFY 2032, shortfall of $853M non-federal share and reduced federal revenues by $3.9B annually
- Feb. 17, 2026 budget and caseload update will include enrollment impacts due to 6 Month Renewals & Work Requirements eff. Jan. 2027

Hospital Transformation Program (HTP)

Hospital Transformation Program (Program Year 4):

- Value based payments drive focus, better outcomes. Hospitals are now in pay-for-performance years of program.
- Hospitals performing across 27 state and local measures to drive better results
- Rural Support Fund: $60 million over 5 years, $12 million/yr

Hospital Transformation Program (HTP) is transforming hospital care for all Coloradans with value based reimbursement

Impressive actions by hospitals to drive better quality care, affordability

HTP Activities Summary To Date, Driving Value & Results for All Coloradans

- **16,839 activities** to reach milestones for hospital interventions
- **96.8%** hospitals met reporting milestones
- **96.3%** on track for future milestones

Hospitals' Community Health Neighborhood Engagement (CHNE)

- **5,221** consultations with key stakeholders
- **1,161** community advisory meetings and **391** public engagement meetings
- Representing **6,700 unique CHNE activities**

Hospital Transformation Program

Examples of Patient-Centered Changes:

- **Follow-up before discharge and notification to the local care coordinator to drive better patient outcomes**
  - ➢ Increased 56% from year 1 to 3, indicating better coordination between hospitals and local care coordinators
- **Social needs screening and notification**
  - ➢ Increased 52% from year 1 to 3. Screening leads to improved health outcomes and proactive treatment for diseases
- **Using alternatives to opioids in Emergency Department**
  - ➢ Increased by 22% from year 1-3, reduces exposure to addictive medication

Leveraging Federal Funding: State Directed Payments

- H.R.1 changed the way states can leverage provider fees and State Directed Payments
- HCPF worked with the CHASE Board, hospitals and other stakeholders to submit new State Directed Payment pre-prints, with potential for $378M in new federal funding and an additional $8M for Denver Health
    - Our proposals are pending CMS approval
- **HCPF will continue to explore new federal funding opportunities as they arise, in collaboration with hospitals, the CO Hospital Association and stakeholders**

Leveraging Federal Funding:

CMS awarded CO $200M annually, $1 billion over 5+ years

- RHTP grant March 2026 - Sept 2031. Local applications in April, Awards in August. Please prep legal/contract teams for speedy contracting!
- Eligible Providers: Rural Hospitals; Tribes & Facilities; Community Health Centers/FQHC; Rural Health Clinics (RHCs); Comprehensive Behavioral Health Providers; Opioid Treatment Programs; Emergency Medical Services
- CO's submitted grant application. CMS issued a set of restrictions for RHTP
- Advisory Committee to be seated this quarter. Includes rural providers, consumers, public health, education, state leaders.
- While it won't make up for H.R.1 fiscal provider impacts, it will help providers transform to improve sustainability.
- Send Questions to: hcpf_RHTP@state.co.us

Goals, Initiatives, and Primary Activities

Colorado's RHTP application is organized around CMS' 5 Strategic Goals, and outlines 10 key initiatives with corresponding performance measures, implementation timelines, and funding needs.

CMS Strategic Goal Alignment	Colorado Initiative(s)	Colorado's Permissible Use of Funds	Primary Activities / Outputs
Make Rural America Healthy Again $229,950,000	1 - Transform Rural Care 2 - Build Data Infrastructure 7 - Expand Preventive Care	Prevention & Chronic Disease	Chronic disease prevention, screenings, data tracking, community-based outreach.
Sustainable Access $106,628,020	3 - Build & Connect Rural Health Networks 4 - Strengthen Rural Care Delivery Systems 5 - Sustain Hospital Operations	Access & Hospital Stabilization	EMS network support, hospital grants, regulatory readiness, rural referral networks.
Workforce Development $178,450,000.00	6 - Strengthen & Expand Workforce 8 - State & Local Coordination	Workforce Development	Credentialing, health worker programs, clinical training, recruitment, and retention.
Innovative Care $230,000,000	9 - Design & Pilot Rural VBC Model(s)	Innovation & Value-Based Care	Design, contract, and evaluate APMs; shared savings and bundled-payment pilots.
Tech Innovation $255,500,000	10 - Expand Rural Telehealth & Technology Integration	Technology & Telehealth	Telehealth hardware grants, HIE integration, cybersecurity training, data dashboards.

Panel Discussion 2

Discussion, Questions

Thank you!