



NVHA Workforce Programs

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Agenda

- 1 | Statewide Health Care Access and Recruitment Program (SHARP)**
General overview of Nevada's SHARP Program with associated timelines.
- 2 | Graduate Medical Education (GME)**
Overview of GME Advisory Council and GME Grant Program structure.
- 3 | Rural Health Transformation (RHT) Program**
Review of RHT background & dive into structure, priorities, and timeline.
- 4 | Questions and Discussion**
Open discussion and questions.



Statewide Health Care Access & Recruitment Program (SHARP)



New Workforce Grant Initiative: SHARP

Statewide Health Care Access & Recruitment Program

- SB 5, Special Session 2025
- **\$60 million (one-time funds)**
- Support workforce capacity and sustainable health care in Nevada.
- First assessment and report due by July 1, 2026
- NVHA gathering information now for first assessment and will develop required report to inform the Request for Applications (RFA)
- **July 1, 2026 – Funds available for implementation**
- Competitive RFA process to be announced this July/August





Graduate Medical Education



GME Advisory Council Responsibilities

1

Evaluate applications for competitive grants for the GME grant program and make recommendations to the NVHA.

- [NRS 223.635\(1\)](#)
- [SB262](#) Sec. 5
- [SB 494](#) Sec. 6

2

Study and make recommendations to NVHA, the Governor, and the Legislature concerning:

- The **creation and retention** of Nevada programs for residency training and postdoctoral fellowships that are approved by ACGME; and
- The **recruitment and retention** of physicians necessary to meet the health care needs of Nevada residents, with the emphasis on those health care needs.
 - NRS 223.635(2)

3

In collaboration with NVHA, the Advisory Council shall explore ways to use **federal financial participation in Medicaid** to support programs for medical residency training and postdoctoral fellowships in Nevada.

- SB262 Sec. 7.7



NVHA GME Grant Program

SB262 (2025)

- When awarding grants, the NVHA shall consider the recommendations of the GME Advisory Council and give priority to award grants to programs that:
 - Will **leverage funds** from the Federal Government or private persons to maximize the impact of the grants;
 - Incorporate **innovative delivery models**, including telehealth, rotations in rural areas, and training in underserved settings;
 - **Provide logistical support** which may include transportation, housing, and accommodations for family members of residents and fellows, to facilitate the placement of residents and fellows in rural areas and other underserved areas;
 - **Demonstrate collaboration** with rural hospitals, community health centers, and other local health care entities; and
 - Address geographic areas and populations of Nevada **where the shortage of providers of health care is most critical** and specialties for which the need in those areas and among those populations is most critical.



NVHA GME Grant Program (2 of 2)

SB262 (2025)

- The money in the account for the GME Grant Program must be used to award competitive grants to institutions in Nevada:
 - Seeking to create, expand, or retain programs for residency training and postdoctoral fellowships that are approved by the ACGME; **or**
 - Operating programs for residency training that are approved by the ACGME and that are training residents that **exceeds** the maximum number of FTE resident positions for which the institution receives direct or indirect GME payments from Medicare.
- **Any money remaining in the account at the end of the fiscal year does not revert to the State General Fund, and the balance in the account must be carried forward to the next fiscal year.**





GME Grant Round 8 Timeline

Prepare & Finalize:

GME Council to finalize Request for Applications (RFA) & scoring rubric; prepare for new round of funding (Jan. 29)

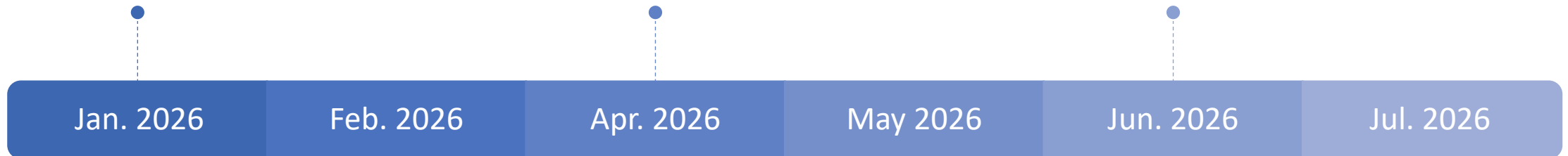
GME Grant RFA Closes:

Round 8 applications close
April 24, 2026

Administrative Review:
April 24 – May 1

Notice of Award Released to Funded Applicants:

executed subawards by
June 30, 2026



GME Grant RFA Opens:

Round 8 RFA + FAQ published
By February 13, 2026
(open for **70 days**)

Grant Application Review:

Advisory Council scores applications & provides recommendations to NVHA for funding based on scores.
(May meeting date TBD)

Round 8 GME Grant Start



Discussion Question

How can we strategize about leveraging state funds to best support the perinatal workforce?



NEVADA

RURAL HEALTH TRANSFORMATION

Overview



Rural Health Transformation Program



[H.R. 1 Section 71401](#), the One Big Beautiful Bill Act (OBBBA), enacted July 4, 2025, establishes a new federal grant program called the Rural Health Transformation Program.



The program is intended to make investments in rural health and lead to truly sustainable transformation of health care in rural areas.



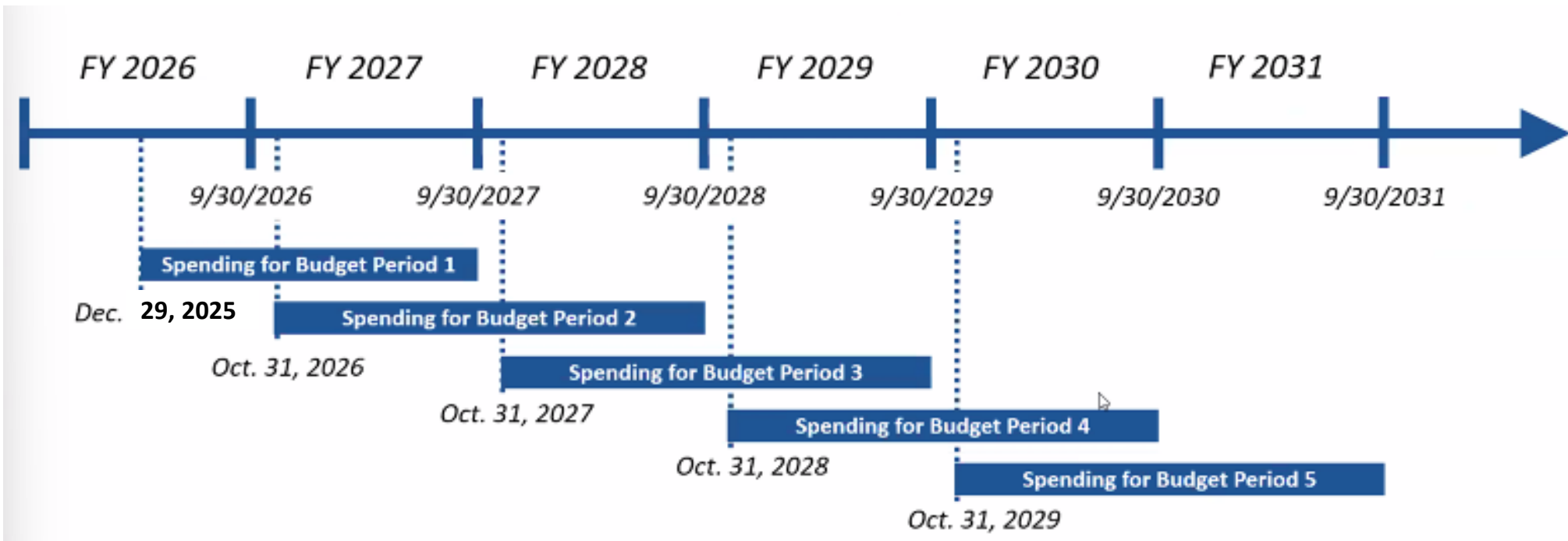
\$10 billion per federal fiscal years 2026-2030 for a total of \$50 billion available across all 50 states. States were awarded based on **50% baseline** funding and **50% workload** funding.



RHT Funding Distribution & Use Deadlines

For each budget period, recipients will have until the end of the following fiscal year (September 30) to spend awarded funding.

- Budget Period 1 started on December 29, 2025, and subsequent Budget Periods will start on October 31 of each fiscal year.





Nevada Awarded RHT Grant Funds

Year 1 award amount = \$179,931,608.42

- Original request of \$200M annually per CMS guidance
- Award amounts varied among all states based on adjustments to workload funding and technical score factors
- NVHA must apply annually to CMS for continued funding under the cooperative agreement



Nevada RHT Program Primary Initiatives



Rural Health Outcomes Accelerator Program (RHOAP)

Make Rural America Healthy Again

- Evidence-based, outcomes driven initiatives
- Chronic disease prevention & management
- Behavioral health
- Prenatal care
- Access to appropriate levels of care
- RFPs

15% (\$26,989,791)

Flex Fund to Strengthen Rural Health Infrastructure (Flex Fund)

Sustainable Access

- Rural CAHs and clinic infrastructure needs
- Leverage regional buying power; regional purchasing strategies
- Increase in medical transportation access across rural Nevada
- No new construction
- RFAs

20% (\$35,986,322)

Workforce Recruitment & Rural Access Program (WRRAP)

Workforce

- Grow-Your-Own Pipeline
- Tuition/training support
- CHWs, CHRs, PSS, etc. recruitment & training
- Addressing burnout, isolation & retention
- Incentives for various new rural provider hires
- Rural residency programs
- RFPs/RFAs

40% (\$71,972,643)

Rural Health Innovation & Technology (RHIT)

Technology Innovation

- Digital health ecosystem in rural Nevada
- IT advances & consumer technology innovation
- Rural telehealth infrastructure
- Access to patient-centered care
- Interoperable health data sharing systems
- RFPs

15% (\$26,989,791)



RHT Initiative Spotlight:

Rural Health Outcomes Accelerator Program (RHOAP)

Baseline RHOAP Objectives

Evidence-Based / Outcome Focused Initiatives

Promote Collaborative Models

Sustainable

Reportable
(Qualitative/Quantitative)

- Chronic Disease
- Primary Care
- Behavioral Health
- Maternal and Infant Health



Current Maternal & Infant Health Landscape

Many rural NV communities have very limited - or no - perinatal / prenatal services provided.

Expecting mothers are often referred to larger communities and healthcare systems for needed screening and care.

Forces extra personal travel, expense, planning/preparation not to mention additional worry.

Increased risk of poor outcomes.



Outcome: Possible RHOAP Projects

- Coordinated perinatal/prenatal care between PCP and specialty care for delivery.
- Add needed diagnostics in rural hospitals and clinics.
- Education/training for high-risk emergency deliveries.
- Case management to track and manage care needs.
- Create other collaborative pathways for specialty services.



A Few Basics to Remember

Federal RHT requirements:

- Terms and conditions of federal awards will flow down to subrecipients per relevant cost limitations and subawards must be consistent with the requirements specified by CMS and the state's approved application.
- Budgets must include supporting information for all costs. Each activity/cost must be described and fully itemized. Lump sum totals will not be accepted. The necessity for a particular cost or how a particular cost/activity links to the program must not be assumed.
- Progress in implementing RHT initiatives will be measured quantitatively and qualitatively through milestones and target metrics. Quarterly and annual progress reports are required.
- Sustainability plans must be included.



Next Steps in the RHT Program



Important Notes on RHT Timing and Deadlines

- ★ **Deadline:** All Year 1 RHT funds must be obligated by **October 30, 2026**, and spent by **September 30, 2027**. (\$180M)
- Consider this funding timeline when developing RHT projects & activities for Year 1 RFAs and RFPs

Helpful RHT Links:

- [Nevada RHT website](#)
- Nevada [RHT meetings website](#)
- ★ Sign up for [NVHA ListServ](#)
- Contact the team: RHTP@nvha.nv.gov

- February – March: RHT Public Workshops

- Assemble RHT Steering Committee – first meeting March 11, 2026

- Hire NVHA RHT Program Staff

- **March 2026:** publish **RFAs for subawards** for Rural Veterans/Corrections/Tribal/Flex Initiatives

- RFA applications for Year 1 funds accepted continuously **through August 28, 2026**

- Publish **RFPs for contracts** and RFAs for the 4 Primary RHT Initiatives April-May 2026



Discussion Questions

1. How can we leverage RHT funds to best strengthen the rural workforce?
2. What innovative models can we consider to strengthen maternal care in rural and frontier Nevada?



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