Integrating Pharmacy Practice into the Rural Health Transformation (RHT) Program

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Financial Disclosure

Ateequr Rahman declares that he has not had a relevant affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of this continuing pharmacy education activity within the past 24 months.

Additionally, members of the District 4 Planning Committee and NABP staff involved in the planning of this activity do not have any current affiliation or financial arrangement with any ineligible companies that may have a direct interest in the subject matter of NABP's CPE program within the last 24 months.

Learning Objectives

- Describe the goals and structure of the Rural Health Transformation (RHT) Program and its impact on rural health care delivery.
- Identify pharmacist-led services, including chronic disease management, medication therapy management, testing, and immunization delivery, that address health care gaps in rural communities.
- Recognize the impact of pharmacist involvement on patient outcomes, health care access, care coordination, and cost-effective service delivery in rural settings.
- Discuss policy, workforce, and implementation strategies that support the integration of pharmacists into state-level rural health transformation initiatives.

RHT Program: National Context

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving health care access, quality, and outcomes by transforming the health care delivery ecosystem.

- $50 billion federal Rural Health Transformation Program
- $10 billion available annually for five years, 2026–2030
- All 50 states received awards
- Program emphasizes access, workforce, innovation, technology, and sustainable rural systems
- State-specific RHT implementation is aligned with the applicable state plan, scope-of-practice laws, and CMS requirements.

RHT Program Strategic Goals

- Expand access to care
- Improve rural population health
- Strengthen and retain the health workforce
- Advance innovative models of care
- Modernize technology and data infrastructure

Why Pharmacy Matters in Rural Health

- Rural communities face persistent access and workforce challenges
- Pharmacies are often among the most accessible health care sites
- Pharmacists can extend prevention, chronic disease management, medication optimization, and care coordination
- RHT creates an opportunity to embed pharmacy into statewide transformation strategies

The Rural Pharmacy Opportunity

- Community pharmacies are geographically distributed across rural communities
- Pharmacists can provide care without requiring a traditional physician visit
- Pharmacy teams can support medication-related outcomes across multiple settings
- Pharmacy can connect clinical care with community-based prevention

From Dispensing to Population Health

Traditional model → medication dispensing

Transformation model →

- Prevention
- Screening and testing
- Medication therapy management
- Chronic disease management
- Immunization
- Care transitions
- Patient education
- Population health outreach

Pharmacy's Role in RHT

- ACCESS
  - Bring services closer to patients
- WORKFORCE
  - Expand team capacity
- QUALITY
  - Optimize medication use
- TECHNOLOGY
  - Enable telepharmacy and remote monitoring
- SUSTAINABILITY
  - Integrate pharmacists into value-based care

Priority Area 1: Medication Access

- Address pharmacy deserts and transportation barriers
- Improve medication availability and adherence
- Coordinate specialty and high-cost medications
- Develop delivery and synchronization services
- Use technology to connect rural patients with pharmacy expertise

Priority Area 2: Chronic Disease Management

Pharmacist-led or collaborative services can support:

- Diabetes
- Hypertension
- Dyslipidemia
- COPD/asthma
- Heart failure
- Anticoagulation
- Polypharmacy in older adults

Priority Area 3: Prevention

- Immunizations
- Point-of-care testing where authorized
- Cardiometabolic risk screening
- Tobacco cessation
- Medication and lifestyle counseling
- Preventive-care referrals and follow-up

Priority Area 4: Behavioral Health

- Medication management for behavioral health conditions
- Screening and referral pathways
- Substance-use disorder medication support where within scope
- Naloxone access and education
- Collaboration with telebehavioral health teams

Priority Area 5: Maternal and Family Health

- Medication safety during pregnancy and lactation
- Vaccination and preventive counseling
- Contraceptive services where authorized
- Medication reconciliation
- Referral and care coordination

Priority Area 6: Older Adults and Polypharmacy

- Comprehensive medication reviews
- Deprescribing support with prescribers
- Fall-risk medication assessment
- Renal-dose and interaction review
- Transitions-of-care follow-up
- Caregiver education

Priority Area 7: Care Transitions

Hospital/ED → Community Pharmacy → Primary Care

Pharmacist interventions:

- Medication reconciliation
- Discharge medication review
- Adherence assessment
- Access/coverage problem solving
- Follow-up calls
- Communication with care team

Priority Area 8: Telepharmacy

- Extend pharmacist expertise to underserved communities
- Support remote medication review
- Enable specialist consultation
- Connect rural pharmacies with health systems
- Combine virtual expertise with local pharmacy access

Priority Area 9: Mobile and Community-Based Pharmacy

Potential delivery sites:

- Mobile health units
- Rural clinics
- Schools
- Community centers
- Senior centers
- Public health events
- Community pharmacies

Workforce Development

- Create rural pharmacy practice rotations
- Develop pharmacist and technician rural-care competencies
- Support residency/fellowship opportunities
- Build faculty–practice partnerships
- Create rural career pipelines for students
- Provide continuing professional development

Pharmacy Technicians as Workforce Multipliers

Expanded technician roles can support:

- Medication synchronization
- Refill coordination
- Patient outreach
- Immunization workflow
- Inventory and access management
- Data collection

Pharmacists focus on clinical decision-making

A State-Level Pharmacy Integration Framework

- Assess rural medication-related gaps
- Map pharmacy capacity and workforce
- Identify priority populations
- Define pharmacist services
- Establish collaborative workflows
- Build technology/data infrastructure
- Define payment mechanisms
- Measure outcomes

Example: Rural Transitions-of-Care Program

Hospital discharge

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Pharmacist medication reconciliation

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Access + adherence intervention

↓

72-hour follow-up

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30-day medication review

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Communication with PCP

↓

Readmission / medication-related event tracking

Implementation Roadmap: First 12 Months

Months 1–3: Needs assessment + stakeholder engagement

Months 4–6: Protocols + training + technology

Months 7–9: Pilot implementation

Months 10–12: Evaluation + refinement + scale-up

Build → Test → Measure → Improve → Scale

Challenges and Mitigation Strategies

Challenge → Response

- Workforce shortages → team-based models + training
- Reimbursement uncertainty → diversified payment strategy
- Technology gaps → interoperable, scalable platforms
- Fragmented care → referral and communication protocols
- Rural transportation → delivery/mobile/telehealth options
- Data limitations → standardized measures

Call to Action: Make Pharmacy Part of the Transformation

- Include pharmacy leaders in state RHT planning
- Define pharmacist services within rural care models
- Invest in pharmacy workforce and technology
- Create measurable clinical outcomes
- Build sustainable payment pathways
- Scale models that demonstrate value

Rural health transformation is an opportunity to move pharmacy from access point to integrated care partner.

Key Takeaways

- Pharmacy can directly support RHT priorities.
- Pharmacists can expand access, prevention, chronic disease management, and medication optimization.
- Technology can extend pharmacy expertise across rural geography.
- Workforce development is essential for sustainability.
- Outcomes and payment models must be designed from the beginning.

Self Assessment Question 1

The Rural Health Transformation (RHT) Program was authorized by the following bill

A. One Big Beautiful Bill Act (OBBBA)
B. The Tax Cuts and Jobs Act Bill
C. The Economic Growth and Tax Relief Reconciliation Act (EGTRRA) Bill
D. Offsetting Spending and Welfare Reductions Bill

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Self Assessment Question 2

What is the primary role of pharmacists in supporting the Rural Health Transformation (RHT) Program?

A. Replacing physicians in all aspects of patient care
B. Expanding access to medication management, preventive care, and chronic disease management
C. Limiting health care services to medication dispensing
D. Reducing the use of interprofessional health care teams

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Self Assessment Question 3

The following pharmacist activities are the priority areas in the Rural Health Transformation (RHT) Program

A. Medication Access
B. Chronic Disease Management
C. Prevention
D. Behavioral Health
E. All of the above

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References

- Public Law 119-21 (139 Stat. 72, enacted as H.R. 1 on July 4, 2025)
- Levinson, Z., & Neuman, T., *A Closer Look at the $50 Billion Rural Health Transformation Program*, KFF (July/August 2025)
- Levinson, Z. et al., *Trends in Projected Scores and Actual Awards*, Health Affairs Scholar, Vol. 4, No. 6 (June 2026)
- Centers for Medicare & Medicaid Services. (2025, December 29). *CMS announces $50 billion in awards to strengthen rural health in all 50 states* [Press release]. U.S. Department of Health and Human Services. https://www.cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states
- Centers for Medicare & Medicaid Services, Office of Rural Health Transformation. (2025–2026). *Rural Health Transformation Program overview and state awards*. U.S. Department of Health and Human Services. CMS Rural Health Transformation.
- U.S. Department of Health and Human Services, Health Resources and Services Administration. (2026). Federal Office for Rural Health Policy
- Centers for Disease Control and Prevention, and National Center for Farmworker Health. "CDC-Supported National Network of Farmworker-Serving Organizations." *American Journal of Public Health*, vol. 113, no. 2, 2023, pp. 166–169.
- Centers for Medicare & Medicaid Services. (2025–2026). *Rural Health Transformation Program Frequently Asked Questions*. U.S. Department of Health and Human Services. Retrieved from CMS Rural Health Transformation FAQ and the updated CMS April 2026 Post-Award FAQ

Questions/Comments

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