

What to Know About the Nurse Practitioner (NP) Workforce Technical Component for the Rural Health Transformation Program (RHTP)

Purpose. The RHTP is a federal initiative aimed at improving rural health care access, outcomes and workforce capacity through state-driven transformation plans.

- **Background:** On Sept. 15, the Centers for Medicare and Medicaid Services (CMS) released the [Notice of Funding Opportunity \(NOFO\)](#) for the RHTP. This program is a \$50 billion fund spread over five years created in H.R. 1, where states can apply to receive funds to support rural health care initiatives.
- **Deadlines:** This is a one-time application for states with an application period from **Sept. 15 - Nov. 5**, with awardees to be determined by Dec. 31. CMS will then determine the subsequent award amounts for the following four years of the program on an annual basis based on this initial application and continuing engagement with the states.
- **Eligibility: Only a state entity may apply.** Applications must be submitted by a state agency (e.g., Department of Health, governor's office). The grant requirements specify that a governor's letter of endorsement is required. (Source: CMS NOFO, Page 7)

Workforce Technical Component

- **How states are evaluated:** Among several factors, CMS includes a Rural Workforce Technical Component that scores states for authorizing certain clinicians, including NPs and others, to practice to the top of their license — boosting service supply, prevention-focused primary care and reducing wait times.
- **Scoring rubric (NP element):** For NPs, the rubric metric is [the State Practice Environment](#) map created by the American Association of Nurse Practitioners® (AANP). Under this criterion, states are awarded points on a scale of 0-100 based on the state practice environment for NPs (and certain other clinicians). These points will be tabulated with certain other health professions into an overall score on that metric for Workforce. (Source: CMS NOFO, Appendix, pp. 87–89)
- States that have adopted full practice authority (FPA) for NPs in alignment with AANP's categorization may be awarded 100 points in this category. According to the grant guidance, states that have not adopted FPA may be initially awarded at least 50 points for reduced practice and 0 points for restricted practice environments. However, these states have an opportunity to increase their score and receive conditional, partial credits by committing to adopt FPA by the deadline. (Source: CMS NOFO, Appendix, pp. 48–49)

Learn More: Interested parties can view the grant opportunity and learn more by visiting <https://grants.gov/search-results-detail/360442> under "Related Documents," download and open the ZIP file with additional CMS guidance and detailed information about the grant application and requirements.

Track State Action: State Health and Value Strategies, a program of the Robert Wood Johnson Foundation, maintains a tracker of state progress on the program and indicating the contact or agencies leading the work: <https://shvs.org/tracking-state-preparation-for-the-rural-health-transformation-program/>

Verify and Maximize the NP Rural Workforce Technical Score

Verify Your State's Status: For NPs, the grant rubric is based on [AANP's State Practice Environment](#) map and definitions. States may document this status accordingly on the application and reference AANP's criteria.

- **FPA: 100 points.** As of Oct. 1, 2025, over half of states and U.S. territories have adopted FPA licensure laws for NPs and are noted in green on AANP's map. As of 2025, these 30 U.S. jurisdictions include Alaska, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Guam, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Northern Mariana Islands, Oregon, Rhode Island, South Dakota, Utah, Vermont, Washington and Wyoming.
- **Reduced Practice States: 50+ points** are noted in yellow on AANP's map. These 12 states and three territories include Arkansas, Alabama, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Jersey, Ohio, Pennsylvania, West Virginia, Wisconsin, Puerto Rico, American Samoa and the U.S. Virgin Islands.
- **Restricted Practice States: 0+ points** are noted in red on AANP's map. These 11 states include California, Georgia, Florida, Missouri, Michigan, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Maximize Workforce Technical Score by Committing to Adopt FPA

States that have not yet adopted FPA are eligible for conditional, partial credit in this scoring category by committing to enact FPA by the deadline. The accompanying CMS guidance document explains:

"You can achieve high or maximum points for each factor either by having an existing policy or by committing to make policy changes by the end of calendar year 2027...If you are committing in your application to make changes to State policies, you will receive conditional, partial points for that factor starting in the first budget period...If you don't fulfill your commitment, we will recover points and funds in later years of the program."

Budget Period 1 (2026): States earn 50% of full credit for commitments.

Deadline: States must finalize FPA adoption by December 31, 2027 (or lose points and have funding recovered).

Source: CMS NOFO, pp. 48–49

- States using this approach are committing to introducing and passing state legislation by the deadline. Future legislation would need to qualify for AANP's FPA designation.
- AANP's criteria for FPA comes from the evidence-based recommendations and is consistent with the APRN Consensus Model. AANP's FPA designation provides patients with full and direct access to high-quality NP care and services statewide, regardless of geographic location or setting.

AANP is available for technical assistance. As leading experts on nurse practitioner state practice environment policies, the AANP State Government Affairs Department maintains a wide range of resources to support state policy discussions, including model legislation, peer-reviewed research demonstrating decades of high-quality, cost-effective NP care and data on the patient and workforce benefits associated with FPA policies. For more information, contact AANP at statepolicy@aanp.org.