EMS Webinar Recap: Transforming Emergency Medical Services Through the Rural Health Transformation Program

Overview of the Webinar

The Alaska Department of Health hosted a focused webinar on Transforming Emergency Medical Services (EMS) in Alaska through the Rural Health Transformation Program (RHTP). The session brought together EMS leaders, local government representatives, health system partners, and community stakeholders to explore how EMS can play a critical role in advancing rural health transformation—from crisis response to long-term community restoration.

Facilitated by Lindsay Kato, Division Director for the Division of Public Health, the webinar provided an overview of RHTP, outlined EMS priorities and funding opportunities, and offered guidance for agencies interested in applying or participating in future initiatives.

Speakers included:

- Heidi Hedberg, Commissioner, Alaska Department of Health
- Dr. Robert Lawrence, Chief Medical Officer, Alaska Department of Health
- Tracey Loscar, Deputy Director, Matanuska-Susitna Borough EMS
- Tricia Franklin, Acting Section Chief, Rural and Community Health Systems

The session concluded with a live question-and-answer period focused on EMS readiness, program alignment, and implementation considerations.

Grounding the Work: Rural Health Transformation Program Overview

Commissioner Heidi Hedberg opened the program with a high-level overview of the Rural Health Transformation Program, emphasizing its purpose as a long-term investment in improving how Alaskans access and experience health care. She explained that the initiative is intended to move Alaska's health system away from fragmented, acute-only care models and toward prevention, coordinated services, and timely access to the right level of care.

Participants learned how input gathered through the state's Request for Information process, including feedback from EMS organizations, helped shape the direction of the program. The Commissioner

highlighted the importance of EMS agencies as both frontline responders and partners in developing innovative, community-based care models.

The Future of EMS in Alaska

Panelists discussed the evolving role of EMS beyond emergency response, noting opportunities to support preventive care, coordinated service delivery, and improved patient navigation. The conversation explored how EMS professionals often serve as the first point of contact within the health system, particularly in rural and frontier communities where access to care is limited.

Speakers emphasized:

- Expanding EMS roles in community health and stabilization
- Improving coordination between EMS, clinics, and hospitals
- Supporting innovative service delivery models tailored to rural Alaska
- Recognizing EMS as a key component of a broader, integrated health system

The discussion framed EMS transformation as an essential part of improving health outcomes while reducing strain on emergency departments and acute care facilities.

EMS Priorities and Program Alignment

Department leadership outlined how EMS priorities align with broader Rural Health Transformation goals, including prevention, early intervention, and workforce sustainability. The webinar reinforced that successful initiatives would demonstrate collaboration, clear community impact, and realistic implementation strategies.

Participants were encouraged to think creatively about how EMS services can support broader health system transformation, whether through mobile care models, partnerships with behavioral health providers, or innovative approaches to workforce development and retention.

Application Guidance and Next Steps

The webinar included guidance for organizations interested in pursuing funding opportunities through the Rural Health Transformation Program. Speakers encouraged agencies to review available program materials, consider partnership opportunities, and focus on sustainability and measurable outcomes when developing proposals.

Participants were reminded that future informational sessions will provide more detailed guidance, and additional program information will continue to be released as the initiative progresses.

Questions and Discussion

The session concluded with an open Q&A segment, where attendees asked questions about:

- Eligibility and readiness for EMS-focused projects
- Expectations around collaboration and partnerships
- Workforce challenges and innovation opportunities
- How EMS initiatives can align with broader system transformation goals

Department leaders emphasized the importance of ongoing engagement and encouraged participants to stay connected as additional guidance becomes available.

Stay Connected

Additional informational sessions and updates will be announced in the coming months. To learn more about the Rural Health Transformation Program and stay informed about upcoming EMS opportunities, visit: https://health.alaska.gov/en/education/rural-health-transformation-program/

Media Highlights: Selected Quotes

Heidi Hedberg, Commissioner, Alaska Department of Health

"This is a tremendous opportunity we have right now to transform how Alaskans access and use health care and EMS is a critical part of that transformation."

"EMS is often the first, and sometimes the only, point of contact people have with the health system. Strengthening EMS means improving health outcomes across the entire system."

"We know EMS agencies need stable, predictable funding, strong workforce pathways, and reliable data systems so you can focus on delivering care not fighting the system."

Dr. Robert Lawrence, Chief Medical Officer, Alaska Department of Health

"EMS is not just a lights-and-sirens response. It's an entire system that begins at a point of crisis and continues all the way through to restoration."

"The question for every region is: which part of that EMS system are you best positioned to build out and how can this opportunity help you do it?"

Tracey Loscar, Deputy Director, Matanuska-Susitna Borough EMS

"Alaska's EMS system is unlike anywhere else in the country, and this funding opportunity recognizes the unique challenges and strengths we have across the state."

“If we want lasting change, we need to move away from a purely reactive mindset and start thinking ahead about how EMS supports the health of communities.”

“The Rural Health Transformation Program gives us the opportunity to fill gaps, strengthen partnerships, and expand what EMS can do for Alaskans.”

Tricia Franklin, Acting Section Chief, Rural & Community Health Systems, Alaska Department of Health

“This opportunity gives agencies of all sizes from volunteer services to large systems the chance to participate in meaningful transformation.”

“We want to make sure every EMS organization understands the process and has a clear pathway to engage and help shape the future of care in Alaska.”

2.5.26 EMS Webinar FAQ – Detailed Answers

Alternative Destinations & Care Models

Q1. If no provider and no clinic except ETT/CHA, what is the plan?
Answer: The RHTP framework recognizes that many Alaska communities have only EMS and village-based responders/health aides. These roles are essential in the community in supporting access to primary care and wellness, first responder emergency care, and assisting with transport to higher levels of care. Opportunities to expand these roles with RHTP could include (but are not limited to) additional workforce, advanced training, incorporating community health workers or wellness programs, and optimizing telehealth or remote patient monitoring to reduce patient travel or support patients returning to community. Partnerships with community resources or regional care networks that connect patients, data and services that are closer to home, coordinated and more accessible for patients.

Alaska’s plan emphasizes: (a) treat-in-place, alternate destination transport, and technology-enabled consultation to bridge gaps; (b) regional hub-and-spoke coordination to connect EMS and village responders to clinics/hospitals via telehealth; and (c) flexible, phased participation so small services can engage at the pace their capacity allows.

Q2. Local clinics are mentioned as potential alternate destinations, but most rural communities lack urgent care/after-hours capacity. What funding mechanisms are envisioned to build and staff that capacity, and how is the state thinking about long-term financial sustainability given low volumes?
Answer: RHTP funding initiatives include expanding access points and sustaining essential primary, behavioral, oral, specialty, and emergency services with regional coordination, telehealth, and selective capital/IT upgrades that match local volume. Sustainability is anchored in: (1) value-based payment pilots to stabilize rural finances, (2) workforce pipelines and housing support, and (3) collaboration with hub systems to share staffing/operations.

CMS NOFO: States may fund capital expenditures and infrastructure (minor alterations/renovations and equipment upgrades) subject to limits and must focus investments that keep "long-term overhead and upkeep costs… commensurate with patient volume."

Q3. Our local clinics will not accept EMS patients and one does not take walk-ins. Can the state incent them to receive EMS patients?
Answer: Yes — Alaska's plan includes policy and payment levers and collaboration mechanisms to integrate EMS with clinics/hospitals.

The RHTP overview explicitly highlights alternate destination transport and creating a broader, integrated health system with EMS as a key partner; Alaska's DOH indicates a statewide focus on reducing ED strain and improving patient navigation via EMS-clinic coordination.

CMS permits States to provide payments to health care providers for items/services (with restrictions) and to foster local/regional strategic partnerships.

Q4. Would mobile mental health care response programs be eligible?
Answer: Yes. Behavioral health access and mobile crisis/MIH concepts are within scope.

Alaska's RFI summary noted strong stakeholder recommendations for mobile crisis services and mobile integrated health teams for prevention and assessments.

CMS use-of-funds explicitly includes "supporting access to opioid use disorder treatment, other substance use disorder treatment services, and mental health services."

Equipment & Supplies

Q5. What about generators for alternative care facilities?
Answer: Likely allowable if tied to minor facility upgrades or infrastructure to ensure continuity of operations for rural health sites (clinics, EMS bases, telehealth nodes), subject to CMS capital restrictions and justification within an approved initiative.

CMS allows "existing rural health care facility buildings and infrastructure, including minor building alterations or renovations and equipment upgrades" as a permissible use; investments must align with sustainability and patient volume. Generators fit as equipment upgrades supporting operational resilience when justified.

Alaska's narrative stresses infrastructure constraints (power, internet) and the need for reliable operations for remote care — lending rationale to generator purchases under the Spark Technology & Innovation or Health Care Access initiatives.

Q6. Are ambulances or mobile response vehicles allowable?
Answer: Potentially, yes, if directly tied to an approved initiative (e.g., EMS modernization, mobile crisis/MIH, regional access) and consistent with NOFO funding policies. CMS permits equipment upgrades and innovative care models; vehicles are often allowable when framed as mobile care infrastructure rather than routine fleet replacement.

CMS NOFO language on capital/infrastructure and innovative care supports vehicles if they are integral to approved initiatives (e.g., mobile behavioral health, alternate destination transport pilots). Final allowability is subject to CMS approval in the State's work plan and budget narrative.

Q7. Are there purchasing restrictions for harm reduction supplies?
Answer: Potentially, yes, if directly tied to an approved initiative. RHTP permits funding to support behavioral health and substance use treatment access.

CMS use-of-funds includes opioid use disorder and SUD services; supplies that enable these services can be allowable under programmatic interventions, subject to funding policies and non-duplication with existing federal sources.

Regional Planning & Collaboration

Q8. Will there be opportunities for agencies to identify areas of potential collaboration to increase alignment and reduce silos?
Answer: Yes — Alaska will host community-led regional planning workshops (Spring/Summer 2026), virtual webinars throughout the year, and annual convenings to facilitate partnerships and alignment across stakeholders. Alaska's RHTP application process is also an opportunity to describe the topics and ideas you may have for collaboration.

Q9. Would DOH support rural communities to coordinate local RHTP convenings (smaller, regional versions)?
Answer: Yes — the RHTP engagement plan encourages community-led planning and collaboration.

Community Capacity & Workforce

Q10. Will smaller services without administrative support be able to work with their Regional EMS office to collaborate?
Answer: Yes — Alaska's EMS webinar and broader RHTP approach encourage partnerships with regional entities (including Regional EMS offices) to share administrative capacity and build collaborative projects. In addition, the application process is an opportunity for smaller organizations to request resources and technical assistance.

Q11. Volunteer EMS capacity: In communities where members have full-time jobs, expanding into preventive/follow-up care may cause attrition. How is this applicable to small volunteer services?
Answer: Alaska's initiatives are designed to be voluntary, flexible, and phased, enabling right-sized participation. Small volunteer services can focus on core EMS modernization (e.g., documentation/data, training, equipment, limited treat-in-place protocols) and referral/navigation rather than ongoing preventive care. Coordination with regional partners or mobile teams could provide support that helps to preserve volunteer capacity.

Q12. Does "direct payment" include tuition assistance/scholarships for workforce development?
Answer: Direct payment for tuition assistance/scholarships is allowable under workforce recruitment/retention initiatives subject to 5-year service commitments.

CMS FAQ: "In States that elect to use RHT Program funds to recruit and retain clinical workforce talent… there is a minimum five-year commitment for clinical workforce talent to serve rural communities who benefit from recruiting and retention initiatives funded by the RHT Program."

Q13. Our community lost the clinic provider; can we apply for funds to renovate and update that space before a new provider comes in?
Answer: Yes, potentially — minor renovations and equipment upgrades are permitted as capital

expenditures if they align with an approved initiative and sustainability plan; Alaska emphasizes keeping overhead commensurate with patient volume and integrating with regional access plans.

CMS NOFO: capital expenditures and infrastructure (minor alterations/renovations and equipment) are allowable; investments must support sustainable access and be proportionate to expected volume.

Alaska's narrative supports modernizing access points and right-sizing services for rural communities.

Q14. If there are limitations on facility upgrades/purchases/land development, how is workforce housing planned to be sustainable?
Answer: CMS allows minor facility alterations/renovations and equipment upgrades (not large land development) to reduce the barrier for communities or healthcare facilities to develop workforce housing. Sustainability strategies could include braided funding, shared maintenance, utilities, and housing management agreements, housing support tied to workforce retention and service obligations (e.g., five-year commitments).

Data & Evaluation

Q15. Who will conduct the statewide provider training gap analysis (Q2 2026) referenced on page 42 of Alaska's application?
Answer: This has not been determined.

Q16. Will DOH partner with UCSD's Rural Health Transformation Evaluation Hub or similar entities for rigorous data collection and evidence-building?
Answer: Alaska anticipates partnering with external entities for evaluation and TA, specific entities have not been determined.

References

1. Alaska Department of Health. (2026). Rural Health Transformation Program FAQ. https://health.alaska.gov/en/education/rural-health-transformation-program/
2. Alaska Department of Health. (2026). Alaska RHTP Project Narrative and Supporting Documents. https://health.alaska.gov/media/bxangqdz/alaska-rhtp-project-narrative-and-supporting-documents.pdf
3. Centers for Medicare & Medicaid Services. (2025). Rural Health Transformation Frequently Asked Questions. https://www.cms.gov/files/document/rural-health-transformation-frequently-asked-questions.pdf
4. Grants.gov. (2025). Application Instructions PKG00291485. https://apply07.grants.gov/apply/opportunities/instructions/PKG00291485-instructions.pdf