HLB's Health Equity Essentials Blog

Insights 09.29.26

On behalf of the Hooper, Lundy & Bookman, PC Health Equity Task Force, here is our most recent HLB Health Equity Essentials.

Massachusetts Medicaid ACOs' Initiatives Improve Maternal Health

A new study published in *The Milbank Quarterly*, explores how Massachusetts' Medicaid Accountable Care Organizations (ACOs) implemented maternal health initiatives across multiple waiver periods to improve care quality and equity. By interviewing leaders, clinicians, and care coordinators across 6 Medicaid ACOs regarding initiatives introduced between 2018 and 2024, researchers found that instituting organizational maternal health metrics driven by contractual mandates, alongside providing necessary infrastructure and resources, successfully prompted ACOs to build targeted programs and track patient engagement to advance maternal health care quality.

Native Hawaiians Omitted from Groups Exempt from Medicaid Work Requirements

An article published earlier this month in *KFF Health News* spotlights that Native Hawaiians are not included in the Medicaid work requirement exemptions granted to Native Americans and Alaska Natives under new federal legislation, likely because they lack federal recognition as a tribal nation. Health officials and administrators worry this exclusion will worsen existing healthcare disparities, create administrative hurdles, and disenfranchise Native Hawaiian enrollees – many of whom already face high rates of poverty, homelessness, and geographic isolation.

RHTP Funding Paving Way for Improved Rural Health Care, But Infusion Deemed Insufficient to Assuage Rural Hospitals' Medicaid Woes

The Rural Health Transformation Program (RHTP), authorized under the One Big Beautiful Bill Act (OBBBA), provides $50 billion in federal funding across fiscal years 2026 through 2030 to help all 50 U.S. states enhance health care infrastructure in remote communities. The funds support projects that focus on expanding preventative care, strengthening workforce recruitment with minimum 5-year service commitments, adopting modern medical technologies, such as artificial intelligence (AI) and telehealth, and developing sustainable, value-based care delivery models. Earlier this month, the Trump Administration announced that it allocated nearly $17 million in funding to improve health care accessibility and infrastructure across rural areas in Kansas. This investment focuses on helping local medical providers adopt advanced diagnostic and monitoring technologies while enhancing regional transportation options for patients seeking specialized care. Similarly, in North Carolina, the Administration has allocated $1.25 million of RHTP funds to enhance medical and behavioral services for students living in rural areas of the state. The funding aims to expand school-based health centers, mobile clinics, and virtual care access across underserved local communities. The latest news on other RHTP funding projects can be found here.

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However, hospital organizations and other stakeholders report RHTP funds will fall significantly short of offsetting an estimated $1 trillion in planned Medicaid cuts over the next decade, and are voicing frustration. Initially envisioned as direct financial relief to stabilize struggling rural facilities and cover uncompensated care, the RHTP's scope shifted under Centers for Medicare & Medicaid Services (CMS) guidelines to prioritize specific long-term initiatives. Healthcare providers are concerned that these shifts in scope, and restrictions like spending caps and a requirement that no more than 15% go toward direct provider payments, are not likely to resolve immediate revenue crises or ensure everyday operational survival.

SAMHSA Awards $383.4 M in Grants to Strengthen Mental Health Services

On September 8 – designated as 988 Day – the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced over $383.4 million in federal grants aimed at expanding national mental health and substance use resources. The funding directs $252 million to suicide prevention, mobile crisis partnerships, and local 988 Lifeline capacity, including specialized support for tribal communities. The remaining funds are split between substance use treatment and prevention ($81.4 million), focusing on rural emergency services, overdose prevention, and youth programs, and mental health initiatives ($50 million), designed to address pediatric trauma, integrate primary and behavioral care, and establish school-based support.

U.S. Senator Kirsten Gillibrand (D-NY) Hosts First Ever Hearing on Menopause

U.S. Senator Kirsten Gillibrand is leading efforts to address the often-overlooked need for adequate menopause-related health care services – a void that is estimated to impact 75 million people. On September 16, Senator Gillibrand, Ranking Member of the Senate Aging Committee held a Congressional hearing titled, "*Half the Country, Zero Hearings: Meeting the Moment to End the Menopause Care Gap in America.*" Expert witnesses raised barriers to care and called for more research and standardized training in menopause care.

CMS Adds Technology-Focused Medicare Options to Manage Several Common Chronic Conditions

The Centers for Medicare & Medicaid Services (CMS) recently announced it is expanding its technology-driven Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model in spring 2027 to cover additional health conditions for traditional Medicare beneficiaries, including heart failure, substance use disorders, and nicotine dependence. This initiative relies on an outcomes-focused payment system that links compensation to measurable health improvements rather than individual procedures. Through voluntary participation, patients can access remote monitoring, virtual care, and connected health devices integrated into their existing care plans, without altering their Medicare benefits.

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