

RHTP: Best States for Kiosk + Telehealth Deployment

\$50B does not automatically mean transformation. The practical opportunity is where funding density, rural access pressure, state technology plans and procurement execution line up.

Executive takeaway: The best RHTP targets are not simply the largest states. They are states with rural geography, high funding density, explicit telehealth/cyber/technology initiatives and enough execution capacity to turn grants into deployable infrastructure.

TIG position: Frame kiosks as access infrastructure: secure telehealth endpoints, assisted digital front doors, remote monitoring access points, identity/check-in stations and cyber-hardened community care touchpoints.

Top 10 Opportunity Ranking

Rank	State	Score	Award \$M	\$/Resident	Primary Opportunity
1	Alaska	9.7	\$272.2	\$369	Telehealth/RPM plus frontier access endpoints
2	Montana	8.1	\$233.5	\$204	Regional telehealth kiosks and shared rural infrastructure
3	Wyoming	7.9	\$205.0	\$348	Frontier telehealth kiosks and remote care access
4	North Dakota	7.7	\$198.9	\$249	RPM, telehealth rooms and regional shared services
5	South Dakota	7.4	\$189.5	\$203	Telehealth/RPM and community access points
6	Oklahoma	7.0	\$223.5	\$54	Cyber/IT modernization with access endpoints
7	Vermont	6.9	\$195.1	\$303	Telehealth access and small-state digital modernization
8	Maine	6.9	\$190.0	\$134	Telehealth hubs, cyber assistance and AI guidance
9	Kansas	6.8	\$221.9	\$75	Rural hospital telehealth and cybersecurity modernization
10	Nebraska	6.8	\$218.5	\$108	Regional hubs, telehealth endpoints and shared service models

Why These States Rise to the Top

1. Alaska - score 9.7

Opportunity: Telehealth/RPM plus frontier access endpoints

Why it matters: Frontier geography; explicit technology, telehealth, devices, AI and cybersecurity signals.

2. Montana - score 8.1

Opportunity: Regional telehealth kiosks and shared rural infrastructure

Why it matters: High funding density and sparse access geography.

3. Wyoming - score 7.9

Opportunity: Frontier telehealth kiosks and remote care access

Why it matters: Very high funding density and frontier geography.

4. North Dakota - score 7.7

Opportunity: RPM, telehealth rooms and regional shared services

Why it matters: High per-capita award and severe workforce/access gaps.

5. South Dakota - score 7.4

Opportunity: Telehealth/RPM and community access points

Why it matters: High funding density and rural provider shortages.

6. Oklahoma - score 7.0

Opportunity: Cyber/IT modernization with access endpoints

Why it matters: Large award and BPC-cited EHR/HIE modernization plan.

7. Vermont - score 6.9

Opportunity: Telehealth access and small-state digital modernization

Why it matters: High per-capita award and small-state implementation potential.

8. Maine - score 6.9

Opportunity: Telehealth hubs, cyber assistance and AI guidance

Why it matters: BPC cites telehealth hubs, cybersecurity risk assessment and AI hub.

9. Kansas - score 6.8

Opportunity: Rural hospital telehealth and cybersecurity modernization

Why it matters: Large award, strong rural footprint, scalable provider networks.

10. Nebraska - score 6.8

Opportunity: Regional hubs, telehealth endpoints and shared service models

Why it matters: High award per resident and easier statewide coordination.

Spend Direction Map: Kiosks vs Telehealth vs Cybersecurity

This is a directional deployment lens. It does not predict state procurement awards. It shows where patient-facing endpoints, virtual care, remote monitoring, shared data systems and cybersecurity are likely to receive attention based on published program goals and state abstracts.

Segment	States	Best Use Case
Selective/Watch List	27	Targeted pilots only; require specific local partner or procurement trigger.
Kiosk + Telehealth Priority	13	Secure rural access rooms, assisted telehealth kiosks, check-in/identity endpoints and RPM pickup/return nodes.
Cyber/IT Modernization Priority	5	Security assessment, threat detection, HIE/EHR integration, shared IT services and managed rural cyber programs.
Scale Deployment Priority	3	Multi-site standardized deployments with larger health systems or state procurement vehicles.
Telehealth/RPM Priority	2	Telehealth hubs, specialty consults, behavioral health, chronic disease RPM and mobile/satellite care.

Priority states by category (first 12 examples per segment)

Kiosk + Telehealth Priority: Alaska, Montana, Wyoming, North Dakota, South Dakota, Oklahoma, Maine, Kansas, Nebraska, New Mexico, Arkansas, West Virginia

Cyber/IT Modernization Priority: Texas, Alabama, Missouri, Utah, Indiana

Telehealth/RPM Priority: Tennessee, Colorado

Scale Deployment Priority: Georgia, North Carolina, California

Selective/Watch List: Vermont, Mississippi, Hawaii, Idaho, Kentucky, Iowa, New Hampshire, Louisiana, Oregon, South Carolina, Minnesota, Wisconsin

Methodology and Caveats

Composite score weights: FY26 award size 12%; award per resident 18%; rural/geography fit 17%; access pressure 14%; telehealth fit 13%; cyber/IT fit 10%; kiosk/endpoint fit 11%; scale/procurement fit 5%. The result is an editorial opportunity model for outreach and market analysis, not an official funding determination.

The model intentionally weights funding density and rural geography more heavily than raw dollars. That is why Alaska, Montana and the Dakotas can outrank very large states. Texas and California remain important scale markets, but the grant dollars are more diluted.

Sources

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