Emerging Technology Committee (ETC)

Committee Charter

Kansas Rural Health Transformation Program

CMS Federal Award: RHTCMS332072-01-00 | Program Year 1: May 1 – Oct. 30, 2026

1. Background and Program Context

The Kansas Rural Health Transformation Program (RHTP) is funded under CMS Federal Award RHTCMS332072-01-00 and administered through the Kansas Department of Health and Environment (KDHE). The University of Kansas Health System (UKHS) Care Collaborative Association (CCA) serves as a subrecipient under KDHE and has engaged the Kansas Health Institute (KHI) to support the Emerging Technology Committee (ETC). Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $221.89 million in Budget Period 1, with 100 percent funded by CMS/HHS.

KHI is a nonprofit educational organization with the mission of improving the health of all Kansans by providing nonpartisan information, convening crucial conversations and facilitating learning that leads to meaningful change. KHI has more than three decades of experience convening partners, and since 2017 has been facilitating state-level task forces and working groups.

Under Initiative 5 of the RHTP, the ETC was established as the artificial intelligence (AI) and consumer-facing technology expert panel under the Emerging Technology Program. The ETC is charged with exploring the use of AI and other technologies, reviewing recommendations from subject matter experts and making recommendations related to the use of available funding for technology deployment in Kansas rural health settings.

The ETC operates as an advisory body in support of a federally funded program and, as such, all ETC activities, recommendations and decisions must be conducted in alignment with the terms and conditions of CMS Federal Award RHTCMS332072-01-00 and applicable federal regulations, including but not limited to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards). The ETC's work is further governed by the RHTP application and program of narrative approved by CMS, which establishes the scope, priorities and permissible uses of funding under this award.

No recommendation, charter amendment or change in the ETC's scope of work shall be implemented if it would conflict with the terms of the CMS award, the approved RHTP program narrative or applicable federal law and regulation. In the event of any conflict between this Charter and federal requirements, federal requirements shall govern.

2. Purpose

The Emerging Technology Committee exists to:

- Explore the use of artificial intelligence (AI) and other emerging technologies to improve health outcomes for rural Kansans.
- Review recommendations from subject matter experts in the field of health technology and AI.
- Make evidence-informed recommendations related to the use of available RHTP funding for technology procurement, implementation and evaluation.
- Identify high-value AI and emerging technology use cases relevant to Kansas rural providers.
- Provide stakeholder feedback and guidance to BioSTL Center for Rural Health Innovation and CCA on technology vendor selection, RFP development, and Year-2 budget priorities.
- Establish a transparent, collaborative process that supports the long-term capacity of Kansas rural health stakeholders to evaluate and adopt emerging technologies.

The ETC's work is conducted within the scope and parameters established by the RHTP narrative approved by CMS. All committee activities and recommendations must remain consistent with the authorized purposes of CMS Federal Award RHTCMS332072-01-00.

3. Scope of Work

3.1 Short-Term Priorities (Year 1: May – October 2026)

- Establish ETC governance, including adopting this charter and convening inaugural membership.
- Facilitate review and feedback on the Ambient AI Request for Proposals (RFP) developed by BioSTL Center for Rural Health Innovation.
- Prioritize up to two high-value AI and emerging technology use cases for Kansas rural providers.
- Provide input on Year-2 RHTP budget considerations for vendor procurement and implementation support.
- Develop a Year-2 ETC Workplan identifying priority activities, topics and timelines (Draft due by Aug. 1, 2026. Final deliverables are due by Sept. 30, 2026).
- Engage with BioSTL Center for Rural Health Innovation knowledge-sharing webinars and the Global Innovation Summit.

3.2 Medium-Term Priorities (Year 2 and Beyond)

- Oversee implementation progress for priority technology use cases adopted by Kansas rural providers.
- Monitor the emerging technology landscape and identify new opportunities relevant to rural health transformation.
- Build stakeholder capacity to evaluate vendor performance, data privacy and equity implications of AI tools.
- Develop effective communications about ETC recommendations for rural providers, policymakers and the public.

3.3 Long-Term Vision

- Establish the ETC as a durable, trusted resource for Kansas rural health stakeholders navigating technology adoption.
- Contribute to a transparent, evidence-based process for evaluating and deploying health technology that transcends individual program cycles and administrations.

- Build Kansas-based capacity to generate and use appropriate data for program management, technology evaluation and accountability.

4. Committee Structure

4.1 Composition

The ETC is composed of members and liaisons with expertise across the following categories:

Member Category	Description / Representation
Rural Provider Representatives	Provider associations, clinicians, providers and health care professionals, health care administrators, from Kansas rural health systems, including hospitals, long-term care facilities and primary care.
Technology / AI Subject Matter Experts	Professionals with expertise in health information technology, artificial intelligence, and digital health solutions.
Research / Evaluation Representatives	Non-state agency representatives with expertise in health services research, public health, policy analysis, data analysis or program evaluation.
State Agency Liaisons	Designees from KDHE and other relevant state agencies involved in technology and rural health transformation.

4.2 Nomination and Selection Process

- The initial ETC membership was identified through a collaborative process involving CCA, KHI and RHTP stakeholders to ensure representation from rural health care providers, health systems, technology experts, researchers and other relevant perspectives.
- The ETC may recommend additional members in the future if the committee identifies expertise, perspectives or stakeholder representation that would strengthen its work, or if an existing member is no longer able to participate.
- Recommendations for new members may be made by ETC members and will be reviewed by CCA in consultation with KHI to ensure continued alignment with the committee's purpose and desired membership composition.
- KHI will facilitate outreach, onboarding and inclusion of approved new members.
- State agency liaison roles will be determined by the respective agencies.

4.3 Terms and Expectations

- Members are expected to attend a majority of scheduled ETC meetings.
- In the event a member is unable to attend a scheduled meeting, the member may designate a proxy to attend on their behalf. The member is responsible for briefing the proxy in advance and ensuring the proxy is familiar with the committee's current work. Proxy attendance does not substitute for sustained member engagement over time.
- Members are expected to review pre-meeting materials in advance and actively participate in committee deliberations.
- Members are expected to disclose conflicts of interest relevant to technology vendor discussions and recuse themselves as appropriate.

- Members are expected to serve as ambassadors for the ETC's work by engaging colleagues, stakeholders and networks outside the committee to gather additional perspectives, share the committee's progress and strengthen the connection between the ETC and the broader rural health community it serves.
- Terms and rotation policies will be determined by the ETC in its Year-2 Workplan.

4.4 Leadership

- To help ensure successful completion of ETC written deliverables, the facilitation team will identify volunteer-based "Section Leads" and "Content Reviewers" based on capacity and expertise for specific topics, sections or deliverable components.
  - **Section Leads** will be responsible for refining and bolstering assigned sections of specific written deliverables, ensuring alignment with the committee discussion and consensus.
  - **Content Reviewers** will provide technical feedback on specific draft sections, ensuring accuracy, completeness and clarity.
- Two ETC liaisons from state government will be invited to participate to help ensure alignment with state emerging technology priorities, policies and RHTP objectives. One liaison role will be fulfilled by the State Chief Information Technology Officer or designee, and the other by a representative of KDHE, which administers the RHTP on behalf of the State of Kansas.

4.5 Subject Matter Expertise & Community Engagement

To ensure that the perspectives of end users inform its work, the ETC will seek input, as needed, from the communities that will use the emerging technology. The committee recognizes that those who interact with these technologies, including patients, caregivers and frontline clinical staff, offer essential insight into safety, usability and real-world application.

To gather this input, the ETC may:

- Engage established channels such as hospital patient and family advisory councils, as well as additional groups or individuals whose perspectives are relevant to a given technology under review
- Invite representatives to participate in discussions, request feedback through surveys or consult subject matter experts as needed
- Engage patient advocates and rural community representatives on an ad hoc basis to ensure end-user and community perspectives inform the ETC's recommendations
- Engage representatives of large rural employers on an ad hoc basis to incorporate workforce and community health perspectives on the impacts of technology adoption

The scope and method of engagement will be determined by the nature of each technology and the populations it affects.

5. Operating Process

5.1 Facilitation

KHI will serve as the neutral facilitator for all ETC meetings and processes, providing facilitation, research support, administrative services and coordination of official ETC communications consistent with its Scope of Work. Official communications regarding ETC meetings, materials, schedules and committee activities will be coordinated and distributed by KHI.

5.2 Meeting Cadence

- The ETC will convene up to seven meetings during Program Year 1 (May–October 2026), on a regular cadence consistent with the approved workplan.
- At least one meeting will be held in person, per program year.
- Meeting schedules will be established in advance and communicated to all members.

5.3 Decision-Making

- The ETC will operate by consensus wherever possible.
- Survey tools or other prioritization mechanisms will be used to ensure all perspectives are considered.
- In the event that consensus cannot be reached and a vote is required, decisions will be made by a majority of voting members present. In the case of a tie vote, the KDHE state agency liaison shall serve as the tiebreaker.
- The ETC's recommendations are advisory in nature. Final decisions regarding funding, procurement, program administration and implementation activities under the RHTP remain the responsibility of KDHE in accordance with federal requirements.
- As stated, KHI serves as the neutral facilitator for the ETC and will not participate in committee decision-making. KHI's responsibilities include facilitating meetings, supporting stakeholder engagement, coordinating committee activities and documenting committee discussions and recommendations.
- BioSTL Center for Rural Health Innovation serves as a technical subject matter expert and implementation partner to the ETC, providing information, recommendations and support related to program deliverables, and will not participate in committee decision-making or consensus determinations.
- State government liaisons will serve in an advisory capacity, providing information and perspectives regarding state priorities, policies and program implementation considerations. State government liaisons will not participate in committee decision-making or consensus determinations.

5.4 Meeting Documentation

- KHI will prepare and distribute meeting materials in advance of each session.
- KHI will compile and distribute post-meeting minutes to the ETC within five business days of each meeting.
- KHI will collaborate with CCA to make post-meeting materials accessible to the public within 10 business days of each meeting.
- Other relevant documents and resources will be shared with ETC members, BioSTL Center for Rural Health Innovation, CCA and KDHE as appropriate.
- All meeting records will be maintained in accordance with federal cost principles and CCA’s Subrecipient Agreement requirements.

6. Federal Compliance and Allowability

All ETC activities, materials and expenditures must be allowable, allocable and reasonable under federal cost principles (2 CFR Part 200) and consistent with CCA’s Subrecipient Agreement with KDHE. KHI will maintain documentation of all work performed in accordance with these requirements.

- ETC members and supporting staff should avoid conflicts of interest in vendor and technology selection processes.
- All recommendations related to vendor procurement must be consistent with applicable procurement standards under 2 CFR Part 200.
- Meeting records, minutes and supporting documents will be retained per federal records requirements.

7. Charter Amendments

This charter may be amended by consensus of the ETC membership, with approval by KDHE. Proposed amendments should be submitted to KHI in advance of a scheduled ETC meeting and distributed to members for review prior to any vote.

Prior to taking effect, any proposed amendment must be reviewed by KDHE to confirm that the change is consistent with the terms of CMS Federal Award RHTCMS332072-01-00 and the approved RHTP program narrative. Amendments that would alter the scope, purpose or federal compliance framework of the ETC require written confirmation from KDHE before adoption.

A log of all charter amendments will be maintained at the end of this document, including the date of each amendment, a brief description of the change and the version number. The charter version history is as follows:

Version	Date	Description of Change
1.0	**[Approval Date]**	**Original charter approved by ETC and KDHE**

8. Charter Approval

This charter was reviewed and approved by the Emerging Technology Committee and the UKHS Care Collaborative Association.

KDHE Authorized Representative Signature	Date

Appendix A.

Key Deliverables and Timeline, May-October 2026

Deliverable	Due Date	Acceptance
ETC Convened	By June 15, 2026	Documented membership roster
Committee Charter	July 1, 2026 (Draft) Approval by July 30, 2026	Approved by ETC and KDHE
Ambient AI RFP Feedback	Aug. 31, 2026	Approved by ETC
Priority Use Cases and Year-2 Budget Input	Aug. 31, 2026	Approved by ETC
Year-2 ETC Workplan (Preliminary)	Aug. 1, 2026	Reviewed by ETC and KDHE
Year-2 ETC Workplan (Final)	Sept. 30, 2026	Approved by ETC and KDHE
Knowledge Sharing Deliverables	Sept. 30, 2026	Approved by ETC

Appendix B.

Emerging Technology Challenges and Opportunities in Kansas

Within the first meeting of the ETC on June 4, 2026 the Committee went through a Compass Points exercise and completed a brief survey to surface member perspectives regarding key challenges and opportunities around emerging technology and rural health to inform the group's work and charter development. A summary of the discussion and the survey responses are summarized below.

Opportunities

- Technology's potential to keep rural Kansans in their communities and bring specialty care to them rather than requiring long-distance travel.
- AI solutions, including Agentic AI, AI-driven medical coding/billing and ambient AI listening tools.
- Opportunity to address projected national physician shortages, which will disproportionately affect rural communities.
- The pace of digital health innovation, which is opening opportunities that were not previously possible for rural communities.
- Solutions that address both medical and non-medical drivers of health, including transportation and access to services.
- Telehealth, including increased access to behavioral health services.
- Shared services and integrated data systems across platforms and providers.

Challenges

- Sustainability after the grant period ends; solutions must be financially viable over the long term.
- Vendor landscape and pricing; providers are already seeing vendors approach them knowing RHTP funding exists, and prices may not reflect long-term affordability.
- Electronic Health Records integration barriers; innovative AI tools face challenges integrating with legacy EHR systems due to technical constraints and high interface costs.

- Vendor viability; many AI companies are newly founded, raising questions about long-term business model sustainability.
- Workflow fit; technology must integrate seamlessly into provider workflows without adding burden.
- Data privacy, consent, accuracy, human oversight and potential biases in ambient AI-generated documentation.

Suggestions

- Establish clear affordability thresholds, so technology companies understand budget parameters upfront.
- Present the business case alongside price; ambient listening can enhance coding and improve revenue cycle, creating financial returns that offset costs.
- Develop a robust vetting process so the ETC can serve as a trusted resource for rural providers evaluating technology solutions.
- Define evaluation criteria that account for not just technical fit, but operationalization, sustainability and long-term viability.