

Congress of the United States
Washington, DC 20510

September 23, 2025

The Honorable Mike Kehoe
Governor
State of Missouri
P.O. Box 720
Jefferson City, MO 65102

The Honorable Jessica Bax
Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102

The Honorable Sarah Willson
Director
Missouri Department of Health and Senior Services
912 Wildwood Dr
P.O. Box 570
Jefferson City, MO 65102

Dear Governor Kehoe, Director Bax, and Director Willson:

On July 4, under President Trump's leadership, Republicans signed into law the working families tax cuts, which provide America's working families with the largest tax break in our nation's history and make transformational investments in rural health.¹ The legislation delivers on President Trump's commitments to lowering taxes for working families and main street businesses alike, investing in American jobs and innovation. Additionally, through the **Rural Health Transformation Program (RHTP)**, Congress provided \$50 billion to improve access to health care in rural areas, including the communities we represent in Missouri. As the law directs these funds to states for distribution, we write to ensure the law is followed and these resources benefit the truly rural communities that we represent and the Missouri families that desperately need improved access to health care.

For the 20 percent of Americans – 60 million in total – that live in rural communities, insufficient access to health care is a daily crisis and contributes to worse health outcomes. These patients are often forced to drive an hour or more for basic medical services and face critical barriers when trying to receive specialized services such as oncology or maternity and obstetric care. The inability to directly and efficiently access care is devastating to rural communities across the country. It is unsurprising that rural patient cancer mortality is 13 percent higher than that of urban patients; that rural maternal mortality is twice as high as urban maternal mortality; and that rural mortality overall is 43 percent higher than urban mortality across natural causes.^{2 3 4} Access challenges are worsened when rural communities lose these critical service lines, or worse, their

¹ P.L. 119-21.

² <https://www.cdc.gov/nchs/data/databriefs/db417.pdf>

³ <https://ajph.aphapublications.org/doi/10.2105/AJPH.2022.307134>

⁴ USDA ERS, "[The Nature of the Rural-Urban Mortality Gap](#)."

entire hospital facilities. **Missouri has had 12 rural hospitals close in the past decade, reducing access to care for thousands of Missourians.** Nationwide, nearly 200 rural hospitals have closed in that timeframe, while more than 100 rural hospitals have stopped providing maternity services in just the last five years.⁵ Nearly 400 rural hospitals have stopped providing chemotherapy services since 2014.⁶ We are committed to identifying the root causes of rural America's health care access problem and engaging in meaningful solutions, such as the RHTP, to improve health care for the 60 million American families that need it most.

The RHTP makes a critical, timely investment in America's rural communities, like those in Missouri. Under this program, rural health providers will see \$50 billion in investments over the next five years, with half of this funding allotted to states directly and half to be awarded to states that submit a comprehensive application to make improvements in rural health through meaningful investments such as: promoting sustainable access to high quality rural health care services, recruiting and retaining rural clinical workforce, and rightsizing health care delivery systems to meet the needs of each community. Congress intentionally drafted this program to provide a federal-state partnership that ensures every dollar benefits the rural communities that need it most. Accordingly, we are sharing the following principles that will best improve access to rural health care in rural Missouri and demonstrate responsiveness to CMS' Notice of Funding Opportunity, and we request you to incorporate them in your forthcoming RHTP application.⁷ We stand ready to work with you on the application process to guarantee the most success, support, and resources for Missourians.

- Demonstrate Missouri's rural nature using the truest and most reliable measures of "rurality" throughout the RHTP application. This includes demonstrating:
 - Reduced access to health care services relative to other states, measured by rural hospital closures, service line reductions, or similar metrics;
 - Total rural resident populations in Missouri (including any population trends);
 - Rural resident populations in the state relative to other resident populations in Missouri and relative to other states; and
 - Rural health provider populations in Missouri relative to the number of rural residents and relative to other states;
- Commit to using RHTP funds to:
 - Support rural facilities in restarting or adding new service lines, such as maternity care and labor/delivery, cardiology, chemotherapy, and other services;
 - Right size existing and relocating rural health facilities, especially in instances when a previously closed facility can be reopened to restore access to care;
 - Support sustainable efforts to recruit and retain health care workforce personnel in rural communities, including through facilitating new graduate medical education programs or partnerships in rural areas;
 - Promote upstream care interventions to prevent and better manage chronic disease in rural populations, including innovative transportation arrangements that bring patients to care, care to patients, and patients back to their communities;

⁵ <https://ruralhospitals.chqpr.org>


⁶ https://www.chartis.com/sites/default/files/documents/chartis_rural_study_pressure_pushes_rural_safety_net_crisis_into_uncharted_territory_feb_15_2024_fnl.pdf

⁷ <https://www.cms.gov/newsroom/press-releases/cms-launches-landmark-50-billion-rural-health-transformation-program>

- Invest in modern technologies that improve care delivery for rural patients as well as back-end operation management; and
- Promote sustainable measures to improve the financial status of rural providers, including investments in technical assistance for improved contract review between providers, payers, and vendors.
- Ensure all RHTP funds are distributed to support *truly rural* facilities rather than so-called “dually classified” hospitals and other urban health facilities masquerading as rural.⁸
- For each use of the funding, provide a comprehensive implementation plan that includes:
 - Concrete metrics the state will use to assess the progress and success of each plan’s implementation; and
 - A plan to track each dollar of RHTP funding to ensure program integrity.

In Congress, we represent Missourians from every corner of the state, but as farmers, ranchers, doctors, news anchors, and former state lawmakers in the Show-Me State, we hear daily how health care access challenges negatively impact rural Missouri families. Fortunately, thanks to President Trump’s leadership and our positions as Members of Congress, Republicans nationwide have opportunities to make real improvements in rural health – and we appreciate your partnership in this worthy goal. The need for real health care solutions in rural America is greater than ever, and together, we can ensure the RHTP funds are, as the White House stated, “appropriately distributed and going to the most deserving, not the most politically connected.”⁹

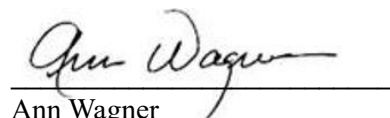
Sincerely,




Jason Smith
Member of Congress



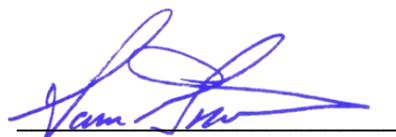
Eric Schmitt
United States Senator



Ann Wagner
Member of Congress



Robert F. Onder, Jr.
Member of Congress



Sam Graves
Member of Congress



Mark Alford
Member of Congress

⁸ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2025.00019>

⁹ <https://www.whitehouse.gov/articles/2025/07/the-one-big-beautiful-bill-is-a-historic-investment-in-rural-healthcare/>