



August 29, 2025

Governor Mike DeWine  
77 S. High St, 30<sup>th</sup> Floor  
Columbus, Ohio 43215

**Re: *Ohio's Application for the OBBBA Rural Health Transformation Program***

Dear Governor Mike DeWine,

On behalf of The Ohio Council of Behavioral Health & Family Services providers, Ohio Association for the Treatment of Opioid Dependence, Ohio Appalachian Children Coalition, and the Ohio Alliance for Population Health, we are writing to urge the DeWine Administration to consider the critical work being done by Community Mental Health Centers (CMHCs), Opioid Treatment Programs (OTPs), and community health centers (CHCs), including Federally Qualified Health Centers (FQHCs) and rural health centers (RHC), to address mental health and substance use in rural communities when submitting Ohio's application to participate in the Rural Health Transformation Program established under the H.R. 1, *One Big Beautiful Bill Act (OBBBA)*.

The Rural Health Transformation Program (\$50 billion in resources to be distributed to the states over five years) represents an opportunity to support care delivery, foster innovation, build local and regional strategic partnerships, recruit and retain clinicians, improve health outcomes, and expand access to essential services in rural communities. When rural residents are healthy, productive workers, Ohio's rural communities are stronger and our economy prospers. Because program funds are time-limited to a maximum of five years, proposals for the program must ensure that gains made during the program period are not lost when federal funding sunsets.

We encourage the DeWine Administration to incorporate CMHCs, OTPs, and CHCs, and other providers such as community addiction services providers and public health, into the state's detailed health transformation plan and application for the Rural Health Transformation Program. Doing so will ensure that rural communities have access to hospital services but also connect hospitals with local and regional community-based organizations positioned to deliver

high-quality, accessible behavioral health and primary care to those who need it and close to their homes. Ensuring access to a full range of services focused on collaboration between hospital and community-based care with an integrated, whole-person approach is a proven best practice strategy that is cost effective, enables development and use of data and technology, and improves health outcomes for rural residents.

As part of Ohio's application plan, we believe CMHCs, OTPs, and CHCs, and other providers such as community addiction treatment providers and public health, are well positioned to support many of the Rural Health Transformation Program activities, and we encourage the DeWine Administration to include at least three of the following activities as funding priorities:

**Providing payments to health care providers for the provision of health care items or services, as specified by CMS.** As workforce challenges persist, particularly in recruiting and retaining health care practitioners in rural areas, Ohio has intentionally invested in strategies to improve payment for health care providers, particularly those delivering lifesaving mental health and substance use services. This strategy has sustained access as Ohio continues efforts to address known shortages and service capacity. Further, it may permit additional funding for mobile crisis services, crisis stabilization, and continuation of telehealth capabilities to connect with specialty providers across rural communities.

**Supporting access to opioid use disorder treatment services, other substance use disorder treatment services, and mental health services.** Ohio has invested in deploying multiple strategies to reduce the opioid overdose deaths, including increasing access to an array of prevention, treatment, and recovery support services. As a result, Ohio has seen a 39% decrease in overdose deaths in 2024. Now is the time to sustain and continue these efforts, particularly in our rural communities that were the epicenter of the opioid addiction epidemic continue to recover. CMHCs, OTPs, CHCs, and community addiction services provider are the entry points for substance use and mental health services and are essential care that improves overall health outcomes. These resources will support expanding access to life-saving medications and building crisis response services, including mobile crisis in rural areas.

**Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.** While hospitals, CHCs, and physician practices received federal funding through the HITECH act to invest in electronic health records, and health information exchange, CMHCs, OTPs, and community addiction services providers were largely left out and were not directly eligible to receive these funds. As such, investment opportunities will enable CMHCs, OTPs, and community addiction services providers to upgrade software and hardware to advance use of EHR capabilities, improve security of patient information, participate in health information data exchange, and prioritize efforts to improve patient care, care coordination, and outcomes. This in turn enables collaboration and integration with rural hospitals, CHCs, and physician practices to support care coordination and improve health outcomes. Funding would also enable efforts to expand access to broadband so services can be delivered using telehealth and digital platforms including use of AI tools.

**Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.** Similarly, funding would enable rural providers to develop and improve strategies, staff training, and practice changes to promote routine health screening and measures to intervene early and monitor health outcomes. When combined with upgraded technology strategies, this would be powerful to support healthcare integration efforts and use telehealth, digital strategies, and AI tools to improve access to care.

**Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.** Recruitment and retention of health care practitioners is a key consideration as known workforce shortages stubbornly persist in primary care, specialty care, and behavioral health across all rural areas of Ohio. While telehealth, digital platforms, and even AI tools can be useful, they are insufficient to meet the demand for care in all rural areas. These funds can create opportunities for rural residents to obtain training and education to build the workforce locally through partnerships between Ohio's academic institutions, hospitals, CHCs, CMHCs, OTPs, and community addiction services providers. Coalitions and collaborations, such as those at Ohio University, Ohio State University, Shawnee State University, and Youngstown State University, are emerging and proving to be effective and are likely to retain workforce to serve rural communities. Ohio will need to be creative and intentional in developing retention strategies in rural communities to support workforce retention for five years. This could include opportunities for paid internships, tuition assistance, but also community resources to address stipends for transportation, childcare, and housing options. Further, recruitment and retention must also attend to community/regional infrastructure such as broadband accessibility, social-recreational opportunities, local shopping, and schools.

Our organizations stand ready to support the state in designing and implementing a plan that fully realizes the promise of the program and these critically needed resources. Once the Rural Health Program application is available, we welcome the opportunity to collaborate on specific policy recommendations and ideas, share data, best practices, and local insights to strengthen the application and maximize its impact.

Thank you for your leadership in advancing innovative solutions to improve rural health. We appreciate the economic value of our rural communities and its importance to Ohio's overall economic prosperity. We look forward to collaborating to ensure Ohio's application reflects the full breadth of resources available to meet the needs of rural residents.

Sincerely,



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