



September 19, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

Centers for Medicare & Medicaid Services
Office of Program Operations and Local Engagement
7500 Security Boulevard, Mail Stop DO-01-40
Baltimore, Maryland 21244-1850

Regional Offices of Centers for Medicare & Medicaid Services (CMS):
Region 1, ROBOSORA@cms.hhs.gov
Region 4, ROATLORA@cms.hhs.gov

Subject: Opportunity to Advance Cooperative Federalism and Cross Agency Partnerships by Leveraging Rural Health Funding and Brownfields Redevelopment through the One Big Beautiful Bill Act (OBBBA) Rural Health Transformation Program (RHTP)

Dear Administrator Oz:

As a primary health care provider from a rural area and serving as a Chief Public Health Officer of a non-profit organization, it is my pleasure to inform you of an opportunity to apply Cooperative Federalism and Cross Agency Partnerships to improve disease prevention, chronic disease management, behavioral health, and prenatal care. This transformative opportunity will strengthen sustainable health care across rural America and achieve an important multiplier effect to safeguard our environment, advance rural health, and incentivize investment into our economy. We urge you to incorporate this opportunity, described below, as an additional use of rural health funding designed to promote sustainable access to high quality rural health care services, as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21).

Rural health enhancement is at a fulcrum and now poised to reach new heights through a Cooperative Federalism Innovation Model that leverages Brownfields to Healthfields (B2H) with the new CMS Rural Health Transformation Program (RHTP). RHTP is a beneficial program pillar of the newly authorized and funded *Social Security Act Amendments (SSAA)* via the *Working Families Tax Cuts Act/ One Big Beautiful Bill Act of 2025*. -The synergy for leveraging brownfields redevelopment, including B2H, with new rural health funding, is described below with examples found in Attachment 1.0.

Brownfields Redevelopment: Brownfields are any “real property, the expansion, redevelopment, or reuse of which may be complicated by the presence of a hazardous substance, pollutant or contaminant.” B2H was codeveloped by the Legal Environmental Assistance Foundation (LEAF) and community groups in the 1990s. Since its inception, B2H has become a highly successful, balanced approach co-developed by brownfields stakeholders including community residents, government at all levels, academic institutions, nonprofit organizations, and the private sector. B2H advances sustainable communities through a three-step process: remediation of contamination, meaningful engagement of people living near brownfields, and redevelopment that fosters community health, resiliency and well-being.

Rural Health: Ultimately, the purpose of the new authority and funding is to enhance health care access and sustainability in rural areas by addressing systemic challenges faced by rural health care providers. Overall, it seeks to improve health outcomes and ensure long-term viability of rural healthcare facilities. The savings and enhancements to rural health arising from incorporating B2H within State Rural Health Transformation programs may include new access points and innovative models of care and community wellness. EPA brownfields resources that are potentially relevant to the rural health funding are described in the chart below:

Brownfields Functions	Alignment for Rural Health Care Needs
Site Assessment	Data and understanding of environmental stressors
Community Engagement	A proactive and ongoing approach that addresses potential and realized access, environment, safety and wellbeing.
Plans for cleanup, reuse, area wide	Right size health care delivery systems
Remediation of properties and buildings	New access points for high quality rural health care and prevention services

LEAF Request to CMS Regional Offices:

An effective opportunity to advance the alignment between B2H and new rural health funding is provided through amendments to the Social Security Act (42 U.S.C.1397ee) found in PUBLIC LAW 119–21—JULY 4, 2025, CHAPTER 4—PROTECTING RURAL HOSPITALS AND PROVIDERS, Sec. 71401. The Rural Health Transformation Program includes \$50 billion to the 50 states over a five-year period for fiscal years 2026-2030. Program Pillars of the RHTP require states to choose at least three Pillars in their proposed programs. Importantly, Program Pillar 11 states: Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator, be eligible for an allotment under this subsection We hereby request the CMS Regional Offices, consider thorough Pillar 11: 1) Adding B2H as an element as a program element that can promote sustainable access to high quality rural health care services, 2) Provide notice of B2H, in CMS ‘s Rural Health Transformation Program (e.g.,

policies, guidance, Notice of Funding, and 3) Engage with US EPA Regions 1-10 through a memorandum and working group.

We look forward to your thoughts and work in improving rural health through the development of cross-agency projects and programing that supports innovative models of care and prevention.

Sincerely,

Dr. Michael R. Duenas
Chief Public Health Officer
Legal Environmental Assistance Foundation, Inc. <https://leaf-envirolaw.org/>