

Safeguarding Missouri's Safety Net: What Federal Cuts Mean at the Local Level

In Washington D.C., a \$15.8 billion budget cut may read as a line item on a spreadsheet. Here in Missouri, it shows up as longer wait times, strained hospitals, and families making impossible choices about their health and stability.

At the Community Health Commission of Missouri, we work at the intersection of community and systems. We are focused not only on top-line savings, but on how decisions made at the federal level will play out in real communities—across rural counties, small towns, and urban neighborhoods alike.

When we examine analysis of the Fiscal Year 2027 federal budget, we see a pattern that raises concern: reductions that may appear efficient on paper but risk weakening the very infrastructure that keeps Missourians healthy and our systems functioning.

Take the \$5 billion proposed cut to the National Institutes of Health (NIH). There is value in expanding research into environmental and nutritional drivers of chronic disease. But eliminating the National Institute on Minority Health and Health Disparities (NIMHD) at the expense of other research investments removes a critical lens for understanding how these conditions actually show up in our communities. In Missouri, we already see significant gaps in outcomes, including maternal health and chronic disease burden. Without targeted research, we lose the ability to measure, understand, and respond to those realities with precision.

Emergency readiness presents a similar challenge. The proposed elimination of the Hospital Preparedness Program (HPP) may be framed as a move toward efficiency. In reality, these resources are foundational to many of Missouri's rural and safety-net hospitals. They help ensure that when a public health emergency or severe weather event occurs, local systems can respond without becoming overwhelmed. Without that baseline of preparedness [facilitated in part by the Strategic National Stockpile], the margin for error narrows significantly.

We also know that health does not begin or end in an exam room. It is shaped by whether people can keep the power on in extreme heat or cold, whether they have stable housing, and whether their basic needs are met. The proposed elimination of the Low-Income Home Energy Assistance Program (LIHEAP) risks creating a predictable ripple effect. When families lose power, the impact is far reaching. It shows up in emergency rooms, in higher healthcare costs, and in preventable crises.

The same dynamic is present in proposed changes to housing support. Replacing long-term housing infrastructure with short-term solutions may create flexibility, but it also introduces instability. For individuals navigating mental health challenges or recovery from substance use, stability is a prerequisite for progress. Without it, outcomes become harder to sustain.

Budgets are ultimately about choices. And the question before us is not simply how to reduce spending, but how to do so in a way that strengthens—not strains—the systems people rely on every day.

Missouri has a long history of innovation, collaboration, and resilience. We know how to build solutions that work. But those solutions require a stable foundation—one that aligns federal investment with the realities communities face on the ground.

As conversations around the FY 2027 budget continue, there is an opportunity to ensure that fiscal responsibility and community stability are not in tension, but in alignment. Protecting access to care, strengthening local infrastructure, and maintaining the tools needed to respond to emerging challenges are not just policy decisions—they are practical investments in the health and wellbeing of our state.

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