



February 27, 2025

**Ohio House Children and Human Services Committee  
Interested Party Testimony on HB 96**

Chairwoman White, Vice Chair Salvo, Ranking Member Lett and members of the House Children and Human Services committee, thank you for your time today to share our perspective on the as-introduced state budget, HB 96. My name is Tara Britton and I'm the Director of Public Policy at The Center for Community Solutions, a nonprofit, nonpartisan think tank focused on improving health, social and economic conditions for Ohioans. Our priorities in the budget are tied directly to our mission.

The Governor's budget overall continues to strengthen Ohio families and while there is more to be done, our view is that this is a solid starting point to move through the budget process. While the budget is positive in many ways, there is [one particularly worrisome provision included in the state budget related to Medicaid expansion](#). Under the as-introduced budget language, if the federal government lowers its matching funds for the expansion eligibility category, it would "[trigger](#)" the [immediate end of Group VIII coverage](#) in Ohio. This would effectively cancel health coverage for over 770,000 Ohioans who have insurance through Medicaid expansion. While we recognize that this policy is outside the jurisdiction of this committee, so much of what is addressed here will be undermined by pulling the rug out from under 770,000 people covered by Medicaid.

**Improve coordination, efficiency, and access across public benefits, including Medicaid, SNAP, TANF and WIC.**

While there is continued support for operations of these programs at the state and county levels in the as-introduced budget, funding has not kept pace with growth in enrollment and costs. We are in the process of working with the Department of Job and Family Services to understand the administrative support to the counties for operations of health and human services programs since these funds are spread across programs. Overall, we are supportive of increasing administrative dollars so that they can keep pace with the growing complexity and enrollment in programs that are administered through the counties.

Included in our work to improve coordination, efficiency and access, we have closely examined the TANF budget over the last several budget cycles. We have worked closely with JFS over the years to ensure we are comparing apples to apples across budget cycles, and that is something we're still exploring with the information currently available to us in the Blue Book for fiscal years 2026 and 2027. We are also working to better understand what is contributing to the TANF sustainability fund, or underspend, and how to ensure this figure is budgeted more accurately, rather than the moving target it has been over the last several budget cycles. Ultimately, what all of these questions tell us is that the nature of a block grant, like TANF, means we have a limited amount of dollars for an expanding and increasing set of needs. Block grants' value erodes over time and the design limits the ability of states to respond to needs. TANF is aimed at reducing poverty, but shouldn't be the only resource committed to this effort.

**Advocate for solutions to health and human services issues that address the needs of Ohioans of every age.**

Governor DeWine's budget continues his focus on kids and families with kids, with policies that look to build on work done to date. Older adults have been less of a focus of the DeWine administration, but there have been investments for this population and policy advancements. The [PACE program](#) was expanded over the last few years into more counties around the state and this is maintained in the current budget proposal. While the absence of federal COVID relief dollars has been felt across the budget, it has meant the elimination of Healthy Aging grants in the Department of Aging's budget. Overall, the Department's budget is flat-funded, despite a growing older adult population. We were glad to hear the interest of this committee in addressing the needs of older Ohioans and stand ready to support those efforts.

**Improve data collection and sharing and implement strategies to improve maternal health, with a focus on those most impacted by severe outcomes and death.**

The as-introduced budget includes an expansion of Family Connects and supports home visiting programs for new moms and their families. As it relates to maternal health, the state should be further leveraging Medicaid to make improvements to maternal health and improving outcomes, especially given that about half of all births are covered by Medicaid. We are supportive of the recent focus on improving enrollment in the WIC program in Ohio and would be interested in having further conversations about ensuring that every mom who is enrolled in Medicaid during pregnancy/birth is actively connected to WIC, to determine eligibility, and then enrolled in the program if eligible.

Efforts led by the Department of Children and Youth aim to address maternal health and specifically address the leading causes of maternal mortality. We are grateful to be involved with a committed group of stakeholders through the Ohio Council to Advance Maternal Health. We continue to implore the state to share thorough, timely data on maternal mortality and morbidity. The legislature changed the statute two budget cycles ago to require the release of this information, and reporting has improved, but is still not released at the required cadence.

Ohio joined the national Alliance for Innovation on Maternal Health or AIM in 2020 which engages states in a process to implement clinical patient safety bundles that are designed around leading causes of maternal mortality and morbidity. We are making progress, but we have not adopted all of the available patient safety bundles that exist. This includes the patient safety bundles designed around care for pregnant and postpartum people with substance use disorders nor have we adopted the bundle around perinatal mental health, both of which are linked to the leading cause of maternal deaths in Ohio, according to 2017-2018 data included in the most recent report released in 2022. We would encourage Ohio to move toward further adopting patient safety bundles that have been shown to improve maternal health outcomes.

**Support the continuum of care for children and youth with behavioral health needs.**

Governor DeWine's proposed budget includes continued support for the [OhioRISE program](#) and school-based health centers that can reach students in school who have behavioral health needs. The budget also includes funding to expand the Youth Mobile Response and Stabilization Services (MRSS) to all 88 counties in Ohio. MRSS provides structured support to youth under 21 years of age with a behavioral health crisis, including in-home care in the period immediately following a crisis. We are supportive of these efforts that will continue to improve services and availability for youth in need across the state.

**Ensure Summer EBT (SunBucks) has adequate funding and infrastructure.**

The budget includes funding for the state's portion of administering the Summer EBT program, now known as SunBucks. Community Solutions recently issued a report documenting the experiences of families and school districts with the [first year of Summer EBT \(2024\)](#). Summer EBT provided critical nutrition assistance to 1.2 million Ohio children in 2024, exceeding expectations. Families appreciated the timing of the benefits, ease of enrollment, and the dignity the program provides. The school administrators interviewed found Summer EBT to operate more smoothly than the program's predecessor (Pandemic EBT) and was not overly burdensome for schools to participate. We are pleased to see continued support for this program in the budget proposal and stand ready to help in any way we can to expand awareness of the program.

**Advocate for additional funding for harm reduction.**

While we did not see a restoration of the dedicated harm reduction line item in the Ohio Department of Health's budget, the Department of Mental Health and Addiction Services does include an array of harm reduction related programming and a new level of flexibility in the state's funding for local alcohol, drug addiction and mental health services (ADAMHS) boards, which can be used for local [harm reduction](#) needs.

Community Solutions' mission is to improve health, social and economic conditions, which span several issues and thus, several state agencies, so we appreciate the committee's attention today to an array of health and human services priorities. I would be happy to answer any questions, today or in follow-up conversations, via [tbritton@communitysolutions.com](mailto:tbritton@communitysolutions.com). Thank you!