



Greater Cleveland Funders Collaborative (GCFC)

Senate Finance Committee

House Bill 96 - FY26-27 State Operating Budget

Interested Party Testimony

March 11, 2025

Chairman Stewart, Vice Chairman Dovilla, Ranking Member Sweeney, and Members of the House Finance Committee, the Greater Cleveland Funders Collaborative (GCFC) appreciates the opportunity to provide testimony on H.B. 96.

Launched in 2021, GCFC is a partnership of 50+ foundations, nonprofits, and government entities. It is built on the Greater Cleveland COVID-19 Rapid Response Fund's work, which provided over \$19 million to nonprofit organizations at the pandemic's onset. GCFC aims for long-term policy changes to promote economic well-being and resilience in the human services sector.

Community Health Workers

Our collaborative would like to thank the legislature and Governor DeWine for the establishment of the Center for Community Health Workers Excellence in the 135th General Assembly. Community health workers improve health by breaking down barriers to health care and helping people learn how to manage their chronic conditions. We urge the legislature to maintain its investment in this critical component of the health care system as written in the as-introduced budget.

High-Quality Early Childhood Education and Childcare Workforce

GCFC is also grateful for the administration's and legislature's commitment to the health and wellbeing of Ohio's youngest children, especially in the last biennial budget with the creation of Ohio Department of Children and Youth. We urge the administration to prioritize both access to affordable early childhood education and stabilizing and sustaining the childcare workforce so that their parents can participate fully in the workforce and provide for their families' needs. We advocate for the following priorities in the operating budget including: 1) expanding eligibility for Publicly Funded Child Care to 200% of poverty; 2) increasing reimbursement rates for Publicly Funded Child Care; 3) reimbursing by enrollment, not attendance; 4) requiring reimbursement practices to align funding to the actual cost of quality care and direct dollars to the workforce, and 5) creating incentives for businesses to subsidize childcare.

Integrated School-Based Healthcare

To advance the work in the current biennial budget on physical and behavioral school-based health, we encourage the administration to prioritize a \$30 million investment in the SFY 2026-27 budget that includes the following: 1) renewing State of Ohio's current FY 2024-25 \$15 million investment in school based health centers plus securing an additional \$12.5 million investment for school-based health expansion in the 2026-27 biennial budget 2) promoting robust state expansion of the Medicaid in Schools program, including behavioral health services, to bring more critically needed services to Medicaid-eligible students in greater Cleveland and across Ohio by the start of the 2025-26 school year; and 3) providing \$2.5 million over the biennium to create a statewide privacy-protected data hub for bi-directional data sharing between school districts and school-based healthcare providers to enhance the delivery of healthcare services and related school supports.



211 Amendment

Ohio nonprofits and government agencies offer a wide range of support for our most vulnerable residents, but it can be difficult to navigate this complex system. 2-1-1 offers a solution by providing free and confidential referral services 24 hours a day, 365 days a year. We recommend that the administration appropriate \$2 million in each fiscal year for appropriation item 830420, Community Projects and Assistance, to provide state funding for Ohio 2-1-1 to support counties with existing 2-1-1 programs and to expand the program to counties with limited or no access to 2-1-1 services. For nearly 30 Ohio counties, many in the rural northwest and Appalachian southeast, access to 2-1-1 is a vital missing piece in helping Ohioans access the services they need to thrive. Ohio is one of only three states that does not have full 2-1-1 coverage for its entire population.

Child Tax Credit

We ask the legislature to support the Governor's proposal to include a Child Tax Credit in the budget and explore mechanisms with which to fund it. Research by Scioto Analysis shows that this proposed tax credit would produce huge benefits for Ohio families and Ohio itself, boosting the economy by \$740 million. Additionally, children in families that receive the credit are projected to achieve higher earnings and reduce the likelihood of criminal activity later in life. Supporting Ohio families today is an investment in our shared future.

Medicaid Trigger Budget Language

We urge the administration to consider a change in budget language to give Ohio flexibility in the face of an uncertain future for federal Medicaid funding. Under the as-introduced budget language, if the federal government lowers its matching funds for the expansion eligibility category, it "shall" trigger the immediate end of Group VIII coverage in Ohio. A small change, from "shall" to "may", will give legislators flexibility to react with Ohioans best interests in mind. The loss of Medicaid expansion would cancel health coverage for over 770,000 Ohioans, most of whom reside in urban and Appalachian communities. The majority of these Ohioans are working, providing care to children or elders, or actively enrolled in substance use and/or mental health recovery treatment. An interruption or loss in coverage would have dire consequences on the health of Ohioans, cause an increase in costs to the state in avoidable hospitalizations and emergency usage, while stripping the economy of billions of dollars in health care spending. We respectfully request that the administration prioritize safeguarding Medicaid expansion.

Continuous Medicaid Coverage for Children 0-3

Finally, we ask that the legislature support the Governor and the Ohio Department of Medicaid's inclusion of continuous Medicaid eligibility for children ages 0-3. H.B. 33 of the 135th General Assembly required the Department of Medicaid to seek federal approval to provide continuous Medicaid coverage for infants and children from birth through age 3. This continues to be a policy priority for the Department, and ODM is currently seeking federal approval for a state plan amendment to guarantee this continuous coverage for infants and children ages 0-3. The proposed budget contains funding for this continuous coverage.

Thank you.