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Teresa Lampl, LISW-S
House Finance Committee
Testimony on Sub.HB 96 (SFY 2026-27 Operating Budget)
April 3, 2025

Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeny and members of the House Finance Committee thank you for the opportunity to offer testimony on Substitute House Bill 96, the operating budget proposal for state fiscal years 2026-2027.

I am Teresa Lampl, CEO of the Ohio Council of Behavioral Health and Family Services Providers (the Ohio Council). The Ohio Council is a statewide trade and advocacy association representing over 170 private businesses that provide community-based prevention, substance use, mental health, recovery, and family services throughout Ohio. Our member organizations employ nearly 40,000 people and provide services to approximately 2.5 million Ohioans from all walks of life. Our members are nationally accredited and state certified organizations that strive to offer high-quality services in every community.

The Ohio General Assembly has diligently supported efforts in recent years to strengthen and expand access to behavioral health services for Ohioans in need. The demand for mental health and substance use services has been unrelenting. And while we have made some progress – with stabilizing the workforce and beginning to reduce overdose deaths and suicide - the availability of treatment is still not adequate, leaving many without access to the care they need to be healthy and productive.

I am here to address the changes proposed in Sub. HB 96 to set Medicaid rates at the median rate for private insurance and impose penalties for violation of the provision – (section R.C. 5164.302 comp doc (MCD54)). This troubling provision would disproportionately harm community mental health and substance use treatment providers and would abruptly and swiftly end any progress made over the past few years. Indeed, community behavioral health services would be decimated, and communities would experience widespread and immediate loss of mental health and substance use services statewide.

Medicaid is the primary payer of community mental health and substance use services in Ohio as well as nationally. Ohio has been making critical investments in mental health and substance use over the last 6 years and in this past budget the General Assembly provided an historic rate increase of 12.5% that was critical to simply stabilizing the community behavioral health workforce and sustaining access to essential and lifesaving care. These rate increases were directly invested in wages and benefits for frontline community behavioral health workers – and yet, the prevailing market wages for these frontline workers outside community behavioral health is still more than 20% higher today in other settings.

Private insurance does not cover the same range of services necessary to provide effective and lifesaving mental health and substance use services and when they do cover the service, the rates are only 50%-70% of the Medicaid rate. It is important to understand that behavioral health is unique with respect to insurance coverage and payments. Medicaid is actually the preferred payor for behavioral health services and not private insurance. This is in direct contrast to the rest of health care where private insurance is preferred. Further, private insurance does NOT recognize the full range of licensed practitioners and paraprofessionals that Medicaid covers and substantially limits payments to only those with Master's degrees and independent licensure. This would leave only about 25% of the current community mental health and addiction services workforce available to deliver reimbursable care. Reducing reimbursement to the median private insurance rate for behavioral health services would result in automatic and drastic rate reductions and the closure of many organizations in Ohio communities.

If this new provision were to become law, it would result in community mental health and addiction treatment programs closing and will have wide reaching impacts that hurt Ohio's economy. We know that healthy people work, and untreated mental health and substance use is a key contributor to employer health care costs, absenteeism, lost productivity, and turnover. It would also shift treatment to more costly emergency rooms, jails, and prisons when community-based care is not available. Schools will be left without access to services that support students and educators. And, finally, it would eliminate any progress in expanding the mental health and substance use workforce and result in significant job losses further driving people from these key healthcare professions.

We respectfully ask that the provision found at comp doc (MCD54) be removed, or at a minimum an exception created for Medicaid community mental health and substance use providers – so they can maintain the current rates

Similarly, Sub HB 96 proposes to eliminate long standing permissive language allowing Medicaid to exceed Medicare rates for community behavioral health services. The provision found at (MCD26) will also reduce access to critical services, particularly psychiatric care. There are well documented and long-standing psychiatric shortages, and this authority has been a significant strategy to retain psychiatric service providers in our communities. **We respectfully ask you to remove comp-doc provision (MCD26) and restore Section 333.170 to the as introduced version.**

Finally, with respect to the Ohio Department of Behavioral Health budget, we strongly encourage the general assembly to restore the appropriation of funds for 988 to the as introduced level. 988 is demonstrating it is saving lives, helping people solve problems without needing further intervention, connecting them to care and providing a healthcare response rather than a criminal justice response. **We respectfully request you restore the 988 appropriations to \$34,191,840 in SFY 26 and \$41,298,200 in SFY 27.**

In closing, investing in mental health and substance use care is sound public policy and wise economic strategy. Every \$1 spent on improved access to behavioral health treatment leads to a \$4 return on investment. If we want a healthy, productive workforce ready to make Ohio great, we simply cannot afford to reduce funding in community mental health and substance use. I urge you to keep your promise to build the behavioral health system so that all Ohioans can achieve their dreams for health, wellness, and recovery.

Thank you for your time and consideration today.