Brant Russell, CEO
OhioGuidestone
House Finance Committee Testimony on Sub.HB 96 (SFY 2026-27 Operating Budget)
April 3, 2025

Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney 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 Brant Russell, President and CEO of OhioGuidestone, a community behavioral health provider serving Ohioans in over 40 counties and through telehealth across the state. With compassion and respect, OhioGuidestone helps people across the lifespan navigate the most difficult times of their lives. As the state's leader in community behavioral health care, we focus on the needs of the whole person, empowering them to take steps towards a healthier future. OhioGuidestone provides a complete continuum of prevention and support services and mental health and substance use treatment to approximately 45,000 individuals across the state, including nearly 20,000 children, parents, and teachers through consultation and prevention programming, and 25,000 unique clients in all other programs. We know that high-quality behavioral health services help people live healthier, more productive lives because we see it every day.

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 (MCDCD54). This troubling provision would disproportionately harm community mental health and substance use treatment providers such as OhioGuidestone and decimate our ability to continue providing services to individuals and communities across the state.

It is important to understand that behavioral health is unique with respect to insurance coverage and payments. As a former Chief Operating Officer and Chief Executive Officer of hospital systems and ambulatory care, I was surprised to learn upon joining OhioGuidestone that the pay structure in behavioral health care is inverted. Private insurance plans simply do not cover the range of services necessary to provide effective and lifesaving mental health and substance use services, nor do they pay rates that cover the cost of treatment. This is not the case in physical health / ambulatory care and creates a significant financial burden on behavioral health organizations. This proposed change also comes at a time when an increasing number of private practitioners are refusing to accept private insurance, driving more commercial clients to seek services in the community behavioral health system.

The table below shows our average commercial insurance rate for the most common services compared to that of Medicaid and the significant loss we incur for every privately insured client we serve today. As a mission-driven organization focused on increasing access to behavioral health care we have continued to serve commercial clients, but we will lose approximately $1,439,000 million dollars on our commercial insurance line of business in FY25. Medicaid rates (as they currently stand well above commercial rates) also do not cover the cost of care. We make up the difference/loss (approximately $2,000,000 or 2% of our revenue) through private funding and the generosity of donors and charitable foundations.

Licensure	Commercial Insurance			Medicaid		
	Revenue	Expense	Margin	Revenue	Expense	Margin
Independent Therapist	$ 83.16	$ 138.91	$ (55.74)	$ 108.75	$ 138.91	$ (30.16)
Dependant Therapist	$ 77.00	$ 120.65	$ (43.66)	$ 108.75	$ 120.65	$ (11.90)
DO/MD	$ 90.09	$ 212.66	$ (122.57)	$ 167.08	$ 212.66	$ (45.58)
CNP	$ 80.42	$ 153.86	$ (73.44)	$ 167.08	$ 153.86	$ 13.22

Additionally, private insurance does NOT recognize the full range of licensed practitioners and paraprofessionals that Medicaid covers and substantially limits direct payments for only those with master's degrees and independent licensure. Furthermore, commercial plans fail to provide coverage for many services including higher-intensity treatments.

Medicaid services with inadequate or no commercial coverage include:

Not Covered At All:

- Therapeutic Behavioral Health Support
- Community Psychiatric Supportive Treatment/Case Management
- Assertive Community Treatment
- Intensive Home-Based Treatment
- Behavioral Health Nursing
- Crisis Services/Mobile Response
- Peer Recovery

Not Adequately Covered

- Intensive Outpatient Program (IOP)/Partial Hospitalization (PH) – Clinical best practice is that 12 weeks of IOP stepdown are provided for an individual leaving an inpatient recovery program. Commercial Insurance typically does not cover more

than 3 weeks of IOP and 1 week of PH. Commercial rates for IOP are around $69 (for a 2 ½ hour service) vs. Medicaid rate of $169.

- Substance Use Disorder Residential – It is difficult to obtain prior authorization from commercial/private plans to cover this level of care. Further, the lack of funding for full the Substance Use Disorder service continuum fails individuals in recovery which creates a higher need for more expensive inpatient and residential care
- School-based behavioral health services are only covered by a few commercial plans, which means children under private plans cannot receive services in schools. Home-based services have a similar issue and are not always covered by commercial plans. These limitations create unnecessary barriers in access to care.

If this new provision were to become law and Medicaid rates were to drop to the median rate for private insurance (section R.C. 5164.302 comp doc (MCDCD54), OhioGuidestone and the entire community behavioral health infrastructure would be decimated. Please know that I am not a person that uses words like "decimated" lightly. This concern is very real. **We respectfully ask that this provision be removed, or at a minimum create an exception for Medicaid community mental health and substance use providers – so we can maintain our current rates.**

Similarly, Sub HB 96 proposes to eliminate long standing permissive language allowing Medicaid to exceed Medicare rates for community behavioral health services (MCDCD26). The provision will also reduce access to critical services, particularly psychiatric care. **We respectfully ask you to restore Section 333.170 to the as introduced version.**

In closing, please continue the General Assembly's support for the community behavioral health system in Ohio by returning these provisions to the As Introduced version. The behavioral health safety net is critical to ensuring Ohio has the healthy, productive and thriving workers, parents and citizens necessary to build Ohio's vibrant future.

Sincerely,

Brant Russell

President & CEO