



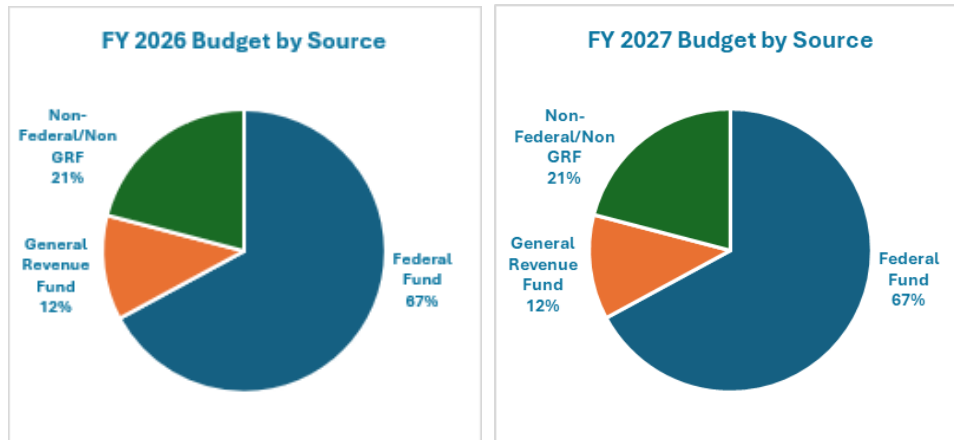
Ohio House Health Committee
Governor DeWine's Executive Budget Proposal
SFY 2026-2027
Director Bruce Vanderhoff, MD, MBA
Ohio Department of Health
February 27, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, I am Bruce Vanderhoff, Director of the Ohio Department of Health (ODH), and I am pleased to be before you today to present our portion of Governor DeWine's SFY 2026-27 Executive Budget.

This request details Governor Mike DeWine's continued commitment to invest in the health and well-being of all Ohioans. The Ohio Department of Health works to fulfill that commitment through a public health system of unique partnerships and funding streams focused on continuously improving health outcomes for all Ohioans.

In 2023, ODH was reaccredited by the national Public Health Accreditation Board. This distinction validated the department's ability to provide quality public health services and improve population health. Our core public health responsibilities include:

- Family Health & Well-Being – We use proven, data-driven practices to improve the health status of children, mothers, and families, including those with special health needs to complement the great work of the Department of Children and Youth and other state agencies.
- Environmental Health – We assess and monitor environmental factors that potentially impact public health, including air, water, soil, food, and physical features of our surroundings.
- Health Improvement and Wellness – We aim to build healthy communities that enable Ohioans of all ages and abilities to live disease- and injury-free lives; creating opportunities for healthier living.
- Infectious Disease – We strive to prevent and control the spread of infectious diseases, including emerging global threats like Ebola or Highly Pathogenic Avian Influenza (bird flu).
- Preparedness – We provide direction, support, and coordination in preventing, preparing for, and responding to events that threaten the public's health including bioterrorism.
- Healthcare Compliance – We work to assure quality in healthcare facilities, healthcare services, and environmental health to protect the health and safety of vulnerable Ohioans.



ODH's budget request includes:

- General Revenue Fund (GRF): \$122.28 million in FY26 and \$117.97 million in FY27.
- Currently anticipated federal funding is \$685.61 million in FY26 and \$694.45 million in FY27.
- Adding GRF, anticipated federal funding, and non-GRF funding, ODH's budget request totals \$1.02 billion in FY 2026 and \$1.03 billion in FY 2027.

FY 2026-2027 Budget Priorities

Investing in our Public Health Laboratory

The Ohio Department of Health's Public Health Laboratory is the state's backbone for disease detection, monitoring, and response. The lab and its dedicated staff have a proven track record of identifying, preventing, and mitigating infectious diseases, foodborne illnesses, and environmental health threats. We are the only lab in the state that offers testing for bioterrorism, newborn screening, rabies, and alcohol and drug testing equipment validation and training, such as the validation of and training for the use of breathalyzers by law enforcement.

ODH Lab: Quick Hits

- The ODH lab is the only bioterrorism designated testing lab in Ohio. While everyone hopes this testing is never needed, it is critical to ensure that the state has enough trained staff to respond to any crisis. Since mid-September, the ODH laboratory has supported the Federal Bureau of Investigation (FBI) and local law enforcement by testing over three dozen white powder samples that were sent to state officials' homes and offices. The lab can test these samples within hours instead of sending samples out of state which could take days to process, a time savings that is very meaningful to the individuals and offices impacted.
- The ODH lab currently screens all newborn babies in Ohio for over 40 serious health conditions. In 2024, 126,528 Ohio newborns were screened. Last year, Ohio became the first state in the nation to screen newborns for Duchenne Muscular Dystrophy (DMD) and testing for the full range of genetic mutations of cystic fibrosis currently



available.

- Last summer, the lab assisted during several incidents where summer campers were exposed to bats. These incidents impacted over 200 children (from 30 Ohio counties). There was an urgent need for rabies testing of the bats to confirm whether any of the children had been exposed to rabies. This urgency is due to the timing of life-saving medical care that is needed should someone be bitten by a rabid animal. Thankfully, the results were negative. The ODH Lab is the only lab in Ohio that tests animals for these potential human exposures.

In the last budget (HB 33), Governor DeWine included an increase for the lab which the legislature modified to use one-time ARPA dollars to fund lab upgrades. With these dollars the department was able to purchase equipment that helped reduce testing time; leading to faster results for physicians and local health departments across Ohio. We appreciate the General Assembly's attention to this need.

However, outside of this one-time allotment, the ODH lab has not received a substantial investment in over a decade. Since 2013, the ODH lab has been flat-funded. Compounding this is the convergence of the expiration of multiple federal grants, which currently support two-thirds of the lab's operations and the rising cost of supplies, equipment, and maintenance. Therefore, ODH is respectfully requesting \$9.9 million in FY 2026 and \$14.8 million in FY 2027. By increasing the lab funding, Ohio will be more in line with neighboring states and will position Ohio for further investment and grants from federal and other sources. Without this increase, vital services like those that I described will be compromised.

| State Funding for Public Health Laboratories | | | | |
|--|-------------|----------------------|------------------------------|----------------------|
| State | Total Staff | State Population | State Revenue Annual Funding | Average per Resident |
| Wisconsin | 180 | 5.9 million | \$19.9 million | \$3.38 |
| Minnesota | 220 | 5.7 million | \$12.7 million | \$2.22 |
| West Virginia | 79 | 1.78 million | \$3.8 million | \$2.14 |
| Michigan | 202 | 10 million | \$11.5 million | \$1.15 |
| Kentucky | 60 | 4.5 million | \$4.4 million | \$0.98 |
| Indiana | 106 | 6.8 million | \$6 million | \$0.88 |
| Ohio | 77 | 11.76 million | \$3.9 million | \$0.33 |

Source: ODH Public Health Laboratory survey of regional labs.

Investing in Children's Vision and Dental Care

OhioSEE Program

Born out of recommendations from Governor DeWine's Children's Vision Strike Force that ODH led in 2024, we are proud to introduce as part of this budget, a new program called



OhioSEE. The Ohio Student Eye Exam (OhioSEE) Program aims to serve Ohio students, Kindergarten through 3rd grade, to provide comprehensive eye exams and glasses (if needed) to an estimated 33,000 children statewide each year who fail vision screenings and do not have access to a follow-up exam. This is an exciting opportunity for public health to partner with parents and educators to help children during a critical period when they are learning to read.

According to an ODH survey, in the 2023-2024 school year, 921,896 students received a school vision screening with 95,927 (10.4%) being referred to an eye doctor. Out of those referred, 20,241 (21.1%) received a follow-up exam. According to a Johns Hopkins study, reading scores of children who received glasses increased significantly compared to those students who received glasses later. Our students' ability to learn to read is critical to their development, success in the classroom, and ultimately, success in life.

ODH's budget contains the Governor's budget request of \$22.550 million in FY26 and \$17.420 million in FY27 for the OhioSEE program. This request will cover the costs of clinical staff, equipment, examinations, and glasses for students who need them. Funding would also be used to develop a robust data management IT system to improve tracking and reporting to ensure timely follow-up, referrals, and glasses distribution.

The OhioSEE Program will offer four delivery models, with the choice of model being made at the local school level based on the needs of that school. Delivery model options include:

- Mobile Van - the vision exam equipment and staff are on-board and visit schools on a pre-arranged schedule. Student exams would take place on the mobile van.
- Roll on, roll off - a team brings vision exam equipment and sets up inside the school on a pre-arranged basis. Student exams would take place inside the school.
- School-based health center- eye care services will be provided directly within schools using dedicated vision center spaces with licensed professionals.
- Care coordination- a case specialist would manage children's basic eye care needs from start to finish, by connecting them with a local eye care provider for examination.

By investing in a program that ensures all children have access to vision services, we are giving kids their best chance to learn, grow, and become successful students.

Children's Access to Dental Care

The second exciting proposal before you utilizes \$3 million per fiscal year for ODH to partner with organizations serving Ohio families in nine counties to deploy mobile dental units or portable dental programs to provide screenings, preventative care, and treatment. Unlike vision screenings, Ohio does not require children to be screened for dental needs. Untreated oral health conditions can impact a child's ability to eat, speak, sleep, socialize, and participate in everyday activities, not to mention they can lead to costly emergency department visits.

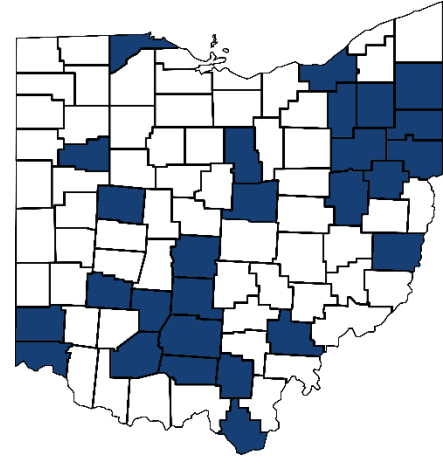
There are considerable geographic gaps in dental care access across Ohio. Rural counties are particularly underserved by dental professionals, especially in the southern and



Appalachian regions of Ohio. The nine counties we will serve with this proposal include Clinton, Crawford, Gallia, Highland, Hocking, Monroe, Noble, Paulding, and Washington. These counties are considered dental health professional shortage areas and also lack a safety net dental clinic. As a result, children in these counties are at particular risk for dental issues.

Investing in School-Based Health Centers

One of the great successes that began during Governor DeWine's administration is the creation of school-based health centers (SBHCs). The budget before you contains \$10 million in each fiscal year to support up to 23 new SBHCs, and to expand services or the service area for up to nine SBHCs. Research has shown that SBHCs can be a strong component in ensuring students are healthy and well-positioned for academic success. SBHCs integrated into school buildings and/or on school grounds allow easy access to meet the basic health needs of students (with of course parental consent and involvement) while minimizing the loss of academic time. SBHCs, in partnership with committed healthcare and educational partners, can offer a range of physical health services, including primary care, dental and vision services as well as behavioral health services. From April 1 to December 31, 2024, more than 17,000 students in 27 counties and 49 school districts received 33,646 services. SBHCs support the entire community while addressing the needs of the whole child.



In one shining example illustrating the impact of SBHCs, an 11-year-old in the Dayton area was struggling in school until the SBHC discovered she had untreated hearing loss. After referring her to audiology and ENT specialists, Dayton Children's Hospital tells us, "She now has hearing aids, her hearing has greatly improved, and she is getting straight A's."

Investing in Nursing Home Quality Improvement

Governor DeWine prioritized nursing home quality when he created the Ohio Governor's Nursing Home Quality and Accountability Task Force nearly two years ago. An outgrowth of this task force is the Provider Resources & Education Program, or PREP, which works to improve the safety, health, and quality of life for residents and clients in nursing homes and long-term care facilities through specialized training. Changes in recruitment efforts have also expanded the nursing home surveyor workforce, in alignment with the Task Force recommendations to ensure facilities are in compliance with essential standards and address identified issues promptly. Together, these initiatives are strengthening the workforce that serves the approximately 140,000 Ohioans who live in these facilities.

ODH was honored in April 2024 when it received the National Quality, Safety and Oversight Achievement Award from Centers for Medicare and Medicaid Services (CMS). CMS



recognized the office for “high-quality work in the area of ensuring quality and safety under difficult circumstances.” The work involved investigating and safely closing four nursing homes in 2023 that were consistently failing to meet essential safety, care, and quality-of-life standards for their residents.

ODH is requesting a law change allowing an exemption from duplicative training for individuals who successfully completed a training course provided in a community living center by the United States Department of Veteran’s Affairs. Federal community living centers offer nursing home level of care, including activities of daily living and skilled nursing and medical services. The United States Department of Veteran’s Affairs requested this language change to allow their candidates, that have completed a similar nurse aide training, to sit for the state nurse aide test to become a Certified Nurse Aide. Allowing their candidates to sit for the test without repeating training they’ve already received from the federal government is a positive outcome both for Ohio nursing homes to quickly add staff as well as individuals migrating from the VA to the private sector.

There is also language to ensure patient safety through stable ownership of hospitals and nursing homes to prohibit the scenario where hospitals and nursing homes sell their buildings to an out of state owner and then lease them back to continue operations. Around the nation and in Ohio we have observed the negative impact of these deals within our communities, especially the rural and lower income communities where services were cut, money was removed from the healthcare ecosystem for profit, and some facilities have been forced into bankruptcy, leaving the community without the services needed. The specific sale of the real estate and leaseback to the entities makes it difficult for these facilities to continue to provide the services required.

Investing in Tobacco/Vape Use Prevention and Cessation

Tobacco use remains the single most preventable cause of death in Ohio, killing nearly 28,000 Ohioans each year and reducing the quality of life for roughly 300,000 more Ohioans due to a tobacco-related illness. In addition to morbidity and mortality, the economic toll is staggering: \$6.56 billion in healthcare costs, \$1.85 billion in Medicaid costs, \$14.4 billion in lost productivity, all of it creating a state and federal tax burden of \$1,240 per Ohio household. This is why investing in the Ohio Department of Health’s Tobacco Use Prevention and Cessation Program is so critical.

At ODH, our goal is to increase cessation and decrease the initiation of tobacco use, exposure to secondhand smoke/vapor, and minimize the impact of tobacco on Ohio’s most vulnerable populations. ODH’s prevention and cessation program aims to reduce the prevalence of tobacco use especially among youth and young adults, increase quitting, and contribute to reductions in tobacco-related diseases and deaths.

Research shows that youth and young adults understand the harm associated with smoking tobacco products but do not perceive the same harm associated with electronic



vaping products. Consider the statistics below:

- Among all youth in Ohio, 15% (more than one in seven) currently use at least one type of tobacco product, compared with 10% nationally. Electronic vapor products are the most-used tobacco product among youth with an overall prevalence of 13.7%, followed by smokeless tobacco (3.2%).
- Of Ohio high school students who are currently using a flavored tobacco product, greater than 90% use a flavored e-cigarette or are using multiple tobacco products, at least one of which is flavored.
- E-cigarettes are the most-used tobacco product in the young adult age group and young adults have the highest prevalence of e-cigarette use.
- According to the 2022 National Youth Tobacco Survey, there were stark disparities in tobacco use among U.S. high school and middle school students. Regardless of the tobacco product, 49.9% of students that use tobacco products receive mostly Ds or Fs in school and 31.4% have moderate to severe psychological distress.

As part of this budget, ODH is requesting an additional \$2.5 million annually to reduce the prevalence of tobacco use, especially among youth and young adults. All funding will be used to continue investments in state and local agency tobacco prevention and cessation efforts, increase compliance checks of the Tobacco 21 (T21) law, and focus cessation efforts in county jurisdictions that have not been funded previously or do not currently have resources. This funding would also support expanding offerings available through the Ohio Tobacco Quit Line (1-800-QUIT-NOW or 1-800-784-8669).

Key tobacco legislative initiatives in the proposed budget include enacting a statewide flavored e-liquid ban and creating a registry of vape and e-cigarette retailers to aid in enforcement and ensure there are no sales to minors.

Protecting Children from Lead

There is no safe level of lead in blood, and lead poisoning can have devastating and lifelong effects on children. Managed by ODH, the Ohio Healthy Homes and Lead Poisoning Prevention Program tested just over 168,000 children for toxic lead in 2024 (preliminary numbers), finding 4,524 with confirmed elevated blood-lead levels and 1,138 with confirmed lead poisoning. A new initiative in FY 2024, Ohio lowered the threshold for elevated blood-lead levels in children that trigger enhanced intervention services from state and local health departments. This led to another 2,100 children being served with various educational and intervention resources. It is crucial to identify children with lead exposures. While the effects of lead poisoning may be permanent, if caught early, there are steps that parents can take to prevent further exposure and reduce harm to their child's health.

Lead Abatement Tax Credit

The Ohio Lead Abatement Tax Credit began under the leadership of Governor DeWine in tax year 2020 at \$10,000 per taxpayer and per eligible dwelling. For FY24, 73% of the tax credit applications approved involved costs exceeding the current \$10,000 limit. To



incentivize more lead abatement in Ohio, we are proposing to increase the lead abatement tax credit to \$50,000 per taxpayer and per eligible dwelling.

Tax credit certificates are issued on a first come, first served basis until \$5M/tax year in tax credits have been awarded. Since 2020, less than \$635,000 in lead abatement tax credits were utilized. Many residential homeowners would benefit from the increased incentive as lead abatement work to eligible pre-1978 homes often exceed the current \$10,000 limit. Moreover, ODH is also working with LeanOhio to identify ways to increase utilization of these credits by eligible Ohioans.

One budget item that falls under the Bureau of Environmental Health and Radiation Protection includes updating fees for radiation generating devices. These fees have not been raised in statute since 2009, and the statute requires the program be funded through fees. In that time, ODH has taken steps to decrease costs and run as efficiently as possible, but without fee adjustments, the ability of our staff to protect workers, patients, customers, and the general public from radiation exposures will be compromised.

Chair Schmidt and members of the House Health Committee, this budget proposal will allow ODH to continue its mission advancing the health and well-being of all Ohioans by transforming the state's public health system, addressing community conditions and needs to improve health outcomes and implement data-driven, evidence-based solutions. Thank you for the opportunity to provide testimony, and I would be glad to answer any questions you may have.