



**House Medicaid Committee  
Testimony on House Bill 96  
March 5, 2025  
Ohio Association of Community Health Centers**

Chairwoman Gross, Ranking Member Baker and Members of the House Medicaid Committee, thank you for the opportunity to provide testimony on House Bill 96, Ohio's FY2026-2027 state operating budget. My name is Julie DiRossi-King, I am the President and CEO of the Ohio Association of Community Health Centers (OACHC). I am here today with two of our Health Center CEOs, and we greatly appreciate your time and attention to our testimony.

As the largest primary care network in the state, Ohio's 60 Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes, more commonly referred to as Community Health Centers (CHCs), provide care to nearly one million Ohioans across 550+ sites throughout 76 of the 88 counties. Community Health Centers are non-profit health care providers with patient-majority boards that meet the specific needs of the community they serve. For nearly 60 years, CHCs have provided integrated whole person care, often providing medical, dental, behavioral health, pharmacy, vision, and other needed supplemental services under one roof, regardless of insurance status.

OACHC commends Governor Mike DeWine and his Administration for the critical investments included in HB 96. We strongly support the funding and resources allocated to:

- **Ohio Primary Care Workforce Initiative (PCWI)**
- **School-Based Health Centers (SBHCs)**
- **Dental and vision initiatives for children in underserved areas**

These investments align with the mission of Ohio's Community Health Centers (CHCs) to provide comprehensive, quality, and affordable healthcare to Ohioans. They also reinforce the Governor's commitment to workforce development, school wellness, and healthcare infrastructure. OACHC appreciates and fully supports these initiatives.

While HB 96 includes commendable provisions, we urge modifications or removal of certain provisions that would significantly restrict healthcare access for Ohio's most vulnerable populations:

- **Medicaid/Group VIII:** If the federal medical assistance percentage for Group VIII drops below 90%, all medical assistance for Group VIII members would be immediately discontinued.
- **340B Drug Pricing Program Restrictions:** HB 96 proposes changes that would disrupt the ability of CHCs to provide affordable medically necessary medications and maintain their current service lines, including prohibiting the use of contract pharmacies in the Ohio Medicaid program.

These provisions threaten the progress Ohio has made in strengthening access to health care at the right time, right location, and in the most cost-effective setting. We appreciate the opportunity to discuss these concerns further in our testimony.

### **Strengthening Ohio's Healthcare Workforce**

Like many industries, healthcare is facing workforce shortages—particularly in under-resourced areas. The nation as a whole is facing a primary care workforce shortage, and then when you think of where providers want to live, work and raise their families, underserved areas of the state suffer a then maldistribution of providers – in effect, a one-two punch. The **Primary Care Workforce Initiative (PCWI)** is Ohio's only primary care workforce strategy dedicated to serving these communities. We appreciate the Governor's commitment to level funding (\$5.4M over the biennium) through Line Item 440465 at the Ohio Department of Health. However, we respectfully request the House to increase this funding to **\$7M over the biennium** to support more teaching and precepting of students and to allow for additional workforce initiatives that target under resourced communities all across the state.

PCWI funding provides a stipend to the CHCs who bring on primary care students for clinical rotations and expose students to the comprehensive, team-based model of practice and provide a standardized, high-quality educational experience. Checks and balances are built into the program to ensure quality rotations are provided: only CHCs recognized as a PCMH and/or participating in the Ohio Department of Medicaid's Comprehensive Primary Care Program (CPC) are eligible to participate, and the stipend to the Health Center is only awarded if the student rates their experience 4 out of 5 or higher in their student evaluation.

PCWI has successfully operated for 10 years despite not receiving an increase in the original funding allocation. If Ohio is serious about addressing healthcare priorities—such as reducing overdoses and improving maternal and infant health—primary care must be strengthened. **Increasing PCWI funding to \$7M will help ensure a robust healthcare workforce and sustainable healthcare delivery.**

### **Expanding Healthcare Access for Children**

OACHC applauds the Administration for investing in children's health. The \$20M funding allocated for school-based health care, establishing the OhioSEE program providing vision care services, screenings, exams and establishing Children's Dental Services to provide oral health care in underserved areas, is both needed and commendable.

In Ohio, over half of all SBHCs are operated by CHCs, focusing on prevention, early intervention, and school-based healthcare investments tailored to community needs. SBHCs play a critical role in improving student health and academic success. Children with untreated health conditions, such as dental or vision issues, struggle to focus in class, fall behind, and miss school. Ensuring access to healthcare in schools helps students stay healthy, engaged, and positioned for success while significantly decreasing time out of the classroom. We urge the General Assembly to support these efforts to help the next generation succeed.

### **Threats to Progress**

Unfortunately, some of the positive impact of investments in workforce and our children will be undercut by other provisions included in HB 96. As proposed, HB 96 makes significant changes to the 340B program for CHCs including:

- Reimbursement for 340B drugs shifts from NADAC or WAC to no less than what is paid to a non 340B provider
- Prohibits all entities, including CHCs, from utilizing contract pharmacy partners for 340B

These changes will result in a critical loss of savings for CHCs, severely limiting access to essential services and medications for the state's most underserved areas. If enacted, these provisions will have devastating effects:

- **Reduced access to medically necessary medication** for low-income families, seniors, and rural communities.
- **Significant revenue losses for CHCs**, weakening their ability to provide comprehensive healthcare services in the most cost-effective setting.
- **Increased strain on independent pharmacies**, further limiting healthcare options and adding new pharmacy desserts to the list of those we already have.

OACHC is working closely with the Ohio Department of Medicaid and Governor DeWine's Office to address these concerns. We strongly urge the General Assembly to partner with us to pursue solutions that protect Ohio's safety net providers and the patients they so well serve. Key recommendations include:

- Ensuring 340B reimbursement is **no less than Ohio Average Acquisition Cost (OAAC)**.
- Establishing a funding mechanism to keep CHCs **financially whole or net positive, similar to other providers**.
- Preventing drug manufacturers from restricting CHCs' **access to 340B medications** – medically necessary medications – provided through contract pharmacy partners.

### **Conclusion**

Ohio is the "Heart of It All," and to keep our state healthy, we must maintain strong investments in primary care and ensure healthcare remains cost-effective and accessible. CHCs are uniquely positioned to provide this care, and we look forward to collaborating with the General Assembly to advance Ohio's healthcare success. On behalf of OACHC, our member health centers, and the patients and communities they so well serve, I appreciate the opportunity to provide this testimony and I welcome your questions.