



**Senate Finance Committee
Testimony on Substitute House Bill 96
May 27, 2025
Ohio Association of Community Health Centers**

Chairman Cirino, Vice Chair Chavez, Ranking Member Hudson, and Members of the Senate Finance 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, and I have the honor of serving as the President and CEO of the Ohio Association of Community Health Centers (OACHC).

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 (although data shows we serve Ohioans from all 88). Community Health Centers are non-profit health care providers with patient-majority boards that meet the specific needs of the communities they serve. For nearly 60 years, Community Health Centers have provided integrated whole-person care, often offering medical, dental, behavioral health, pharmacy, vision, and other needed supplemental services under one roof, regardless of insurance status.

Commendable Investments in Sub. HB 96

OACHC commends Governor Mike DeWine and his Administration, and the Ohio House of Representatives (House) 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 to provide high quality comprehensive and affordable healthcare to Ohioans. They also reinforce the legislature's commitment to workforce development, school wellness, and healthcare infrastructure. OACHC appreciates and fully supports these initiatives.

Strengthening Ohio's Healthcare Workforce

Like many industries, healthcare is facing workforce shortages—particularly in under-resourced areas. The nation as a whole is experiencing a primary care workforce shortage, and communities with limited access to care suffer compounded barriers considering the maldistribution of providers across our state. The Primary Care Workforce Initiative (PCWI) is Ohio's only primary care workforce strategy dedicated to serving these communities. We appreciate Governor DeWine and House of Representatives' commitment to level funding (\$5.4M over the biennium) through Line Item 440465 at the Ohio Department of Health. However, we respectfully request the Senate

increase this funding to \$7M over the biennium to support more teaching and precepting of students, and to allow for additional workforce initiatives.

PCWI funding provides stipends to Community Health Centers that bring primary care students in for clinical rotations, exposing them to the comprehensive, team-based model of practice and ensuring a high-quality educational and clinical experience. PCWI has successfully operated for 10 years despite not receiving an increase in its 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 provide for a robust healthcare workforce and sustainable healthcare delivery. No better spokesperson than a student who participated in OPCWI:

“This experience has supported my decision to work in primary care. I am encouraged to see all of the supports provided to patients. I also enjoyed witnessing the empowerment they are given with proper patient education to take their health into their own hands. I have thoroughly enjoyed this rotation and am going to look into FQHCs when applying for work.”

Expanding Healthcare Access for Children

OACHC applauds the Administration and the House for investing in children’s health. The \$20M funding allocated for school-based health care, establishing the OhioSEE program providing vision care services, and launching Children’s Dental Services for underserved areas is commendable. Over half of Ohio’s SBHCs are operated by a Community Health Center, focusing on prevention, early intervention, and school-based healthcare tailored to community needs. Ensuring healthcare access in schools helps students stay healthy (and in school), engaged, and better positioned for success. We urge the Senate to support these efforts.

Progress in Sub. HB 96

340B Drug Pricing Program for Medicaid Patients

OACHC commends the Ohio House of Representatives for removing a deeply concerning provision from the *As Introduced* House Bill 96—a move that preserves access to life-saving medications and services for Ohio’s most vulnerable populations. The original bill included language that would have prohibited the use of contract pharmacies in the federal 340B Drug Pricing Program for Medicaid patients. This program has been critical in allowing Community Health Centers to stretch limited federal and state dollars, delivering vital services such as medical and dental care, behavioral health, school-based health care, and substance use disorder treatments, to name a few.

If enacted, the proposed 340B provisions in HB 96 ***As Introduced*** would have devastating effects:

- Reduced access to medically necessary and affordable medications for low-income families, seniors, and rural communities.
- Significant financial losses for Community Health Centers, weakening their ability to provide comprehensive healthcare services.
- Increased strain on independent pharmacies, further limiting healthcare options and increasing the number of pharmacy deserts in Ohio.

OACHC stands ready to partner with the legislature and the DeWine Administration on solutions that protect Ohio's Community Health Centers and fellow safety net providers and the patients and communities they so well serve. This not only includes keeping the House changes of removing the 340B provisions for grantees as proposed in HB 96 but also including language to prevent drug manufacturers from restricting Community Health Centers' access to 340B medications – again medically necessary medications – provided through contract pharmacy partners. To say, a Community Health Center who has a presence in 10 rural counties, has to choose 1 contract pharmacy partner goes against the true intent of 340B and meeting the needs of the patients served. We strongly encourage the Senate to include additional protection for pharmacy partners and safety net providers.

Group VIII Trigger Language

Another critical area we urge the Senate to improve is the Group VIII trigger language. As outlined in the "As Introduced" version of HB 96 and maintained by the House, the current language mandates that if the federal medical assistance percentage (FMAP) for Group VIII falls below 90%, all medical assistance for Group VIII members would be immediately discontinued.

Ohio's Community Health Centers (CHCs) serve 1 in 7 Medicaid beneficiaries, with Medicaid accounting for an average of 52% of our patients' coverage. Health Centers rely heavily on Medicaid to fund the comprehensive, high-quality care they deliver. While OACHC appreciates the House's inclusion of Community Health Centers as eligible for uncompensated care payments when the trigger is enacted, we strongly request that the Senate either remove or modify the trigger language—specifically by changing "shall" to "may." This change would preserve the state's fiduciary responsibility while allowing for flexibility, enabling the state to manage FMAP fluctuations without abruptly cutting off critical care for Ohio's most vulnerable residents. It would also provide time for an essential glide path to ensure continuity of services in under-resourced communities.

Medicaid plays a vital role not only in supporting individual health but also in sustaining local economies by funding Community Health Centers and preventing higher downstream health care costs. Strengthening access to timely, appropriate, and cost-effective health care through Community Health Centers makes Medicaid stronger and more fiscally responsible. On average, Health Centers save Medicaid approximately \$1,400 per adult patient each year compared to other primary care providers. Additionally, a 2024 Congressional Budget Office (CBO) report found that every \$1 invested in Community Health Centers yields \$2 in Medicaid and Medicare savings—a 200% return on investment.

Community Health Centers witness every day the critical importance of Medicaid coverage for patients in high-need communities. To protect the health of Ohio's most vulnerable populations, we must ensure continued access to the care and services they depend on.

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. Community Health Centers are uniquely positioned to provide this care, and we look forward to collaborating with the

General Assembly to champion Ohio's healthcare successes. Medicaid coverage and the 340B program are critical pieces of our puzzle, and if the restrictions are left in place, they will severely cripple Ohio's largest primary care network—our Community Health Centers. 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 welcome your questions.