



Ohio Senate Public Testimony
Senate Finance Committee

May 28, 2025

Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and other members of the Senate Finance Committee:

My name is Dr. Rhea Debussy (she/her), and I'm the Director of External Affairs for Equitas Health. As you're likely aware, Equitas Health is a non-profit community health center and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance "care for all."¹ I'm thankful for the opportunity to address you all today, and I'm here to provide testimony related to the state's FY 26-27 operating budget – Substitute for House Bill 96 (Sub. HB 96).

As you know, the proposed state operating budget would appropriate over \$3.6 million for HIV prevention efforts² and nearly \$53 million for HIV care and related expenses³ in each fiscal year. Our agency is pleased that the Ohio General Assembly is continuing to invest in the state's public health infrastructure. But given proposed cuts to the HIV-related budget at the federal level, we strongly recommend an increase of 10 to 15% for both of these budget lines. The US House of Representatives – in the FY 25 House Committee budget – has proposed a nearly \$1.2 billion cut to HIV and STI prevention programs at the Centers for Disease Control and Prevention (CDC) and a nearly \$2.4 billion cut to the Ryan White HIV/AIDS Program at the Health Resources and Services Administration (HRSA).⁴ With the US Congress still debating deep cuts to the nation's public health infrastructure, we urge members of the Ohio General Assembly to act accordingly, so we can continue to end the HIV epidemic in our state.

Once again considering the actions in the US Congress, there is ongoing debate around Medicaid, CHIP, and the Federal Medical Assistance Percentage (FMAP), and our agency is deeply concerned about the FMAP-related trigger language included in this bill.⁵ We urge strong caution to members of the Ohio General Assembly, given the potential impact of this language. In Ohio, 3.2 million people – including 1.3 million children – rely on Medicaid coverage, and should an FMAP reduction take place, this trigger language would shrink the state's coverage for Group VIII enrollees, resulting in coverage losses for approximately 700,000 Ohioans.⁶ In other words, nearly one-fourth of Ohioans who access healthcare services via Medicaid would lose coverage. With that in mind, our agency strongly recommends removing the FMAP-related trigger language from the operating budget.

¹ <https://equitashealth.com/about-us/>

² Sub. HB 96, page 4659.

³ Sub. HB 96, page 4661.

⁴ <https://nastad.org/sites/default/files/2025-03/fapp-website-fy26-abac-chart-031825.pdf>

⁵ Sub. HB 96, pages 4740-4741.

⁶ <https://policymattersohio.org/research/medicaid-cuts-take-many-forms/>

Further, there are multiple anti-LGBTQ+ riders that our agency and community are deeply concerned about, and we strongly recommend the removal of such provisions – which solely seek to address social *rather than* fiscal issues – from the operating budget. First, the bill’s attempt to define sex⁷ ignores the biological reality that intersex people exist,⁸ while simultaneously running counter to federal case precedent.⁹ Second, the bill attempts to reduce access to period products in government buildings,¹⁰ despite both 1) the continued impact of period poverty across our state¹¹ and 2) the state’s \$5 million appropriation for period products in schools via the last operating budget.¹² Third, the bill would require libraries to restrict access to reading material related to LGBTQ+ identities, even when such reading material is developmentally appropriate for a general audience.¹³ Fourth, the bill would deny funding for homeless shelters that support LGBTQ+ youth,¹⁴ despite the troubling fact that LGBTQ+ youth comprise about 40% of the youth homeless population.¹⁵ And finally, the bill would prohibit Medicaid dollars from supporting mental healthcare services for transgender people, even if such care is medically recommended.¹⁶ We strongly encourage the Ohio Senate to remove all such provisions before advancing the bill.

While we certainly recommend these changes to the bill, we would also like to express our appreciation for the removal of language that would have negatively impacted service lines for grantees of the 340B Drug Pricing Program. We encourage the Ohio Senate to avoid placing any additional restrictions on 340B grantees, given the importance of these savings to lower-income and rural patients.¹⁷ Similarly and as a member of the Ohio Domestic Violence Network (ODVN), our agency appreciates the inclusion of language aimed at banning artificial intelligence (AI) generated, non-consensual sexual imagery of people.¹⁸ We strongly encourage the continued inclusion of such language in the final text of the bill.

With all of this in mind, Equitas Health is thankful for the opportunity to provide these insights to the committee. And to reiterate, we hope that the Ohio Senate will increase funding for HIV treatment and prevention services; reconsider the trigger language regarding FMAP; remove controversial language regarding social issues; avoid including any provisions that may negatively impact grantees of the 340B Drug Pricing Program; and retain language that prohibits AI-generated, non-consensual sexual imagery. Again, thank you for your consideration.

Respectfully submitted,

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⁷ Sub. HB 96, page 25.

⁸ <https://interactadvocates.org/faq/>

⁹ See *Macy v. Holder*, 2012 WL 1435995 (EEOC); *Bostock v. Clayton County*, 590 US 644 (2020).

¹⁰ Sub. HB 96, page 60.

¹¹ <https://allianceforperiodsupplies.org/wp-content/uploads/2024/04/Ohio-Period-Poverty-2024.pdf>

¹² <https://ohiocapitaljournal.com/2023/07/27/period-products-will-be-available-for-free-in-ohio-schools/>

¹³ Sub. HB 96, page 2274.

¹⁴ Sub. HB 96, page 4670.

¹⁵ <https://nn4youth.org/learn/lgbtq-homeless-youth/>

¹⁶ Sub. HB 96, page 4722.

¹⁷ <https://www.nachc.org/wp-content/uploads/2023/04/340B-Survey-Data-Infographic-2.pdf>

¹⁸ Sub. HB 96, pages 1285-1286 and 1367-1370.