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Written Testimony on House Bill 96 – State Operating Budget (FYs 2026-2027)
Senate Finance Committee
May 29, 2025

Chair Cirino, Vice-Chair Chavez, Ranking Member Hicks-Hudson, and committee members, thank you for the opportunity to provide testimony on House Bill 96, the state operating budget bill for state fiscal years 2026-2027.

I am submitting this testimony on behalf of the Mental Health & Addiction Advocacy Coalition (MHAC). The MHAC has over 130 members statewide, comprising mental health and substance use disorder providers, ADAMH boards, schools, hospitals, courts, food and housing programs, managed care organizations, clubhouse programs, faith-based organizations, and other entities. With a membership base that reflects a wide range of perspectives on the behavioral health needs of Ohioans, we are uniquely positioned to shape policy at both the state and local levels.

The MHAC is a member of the Coalition for Healthy Communities (CHC), an advocacy collaborative of behavioral health-related statewide organizations unified to tackle critical issues and enhance outcomes for individuals affected by mental illness and substance use disorders. The MHAC also participates in Ohio Medicaid Matters, a statewide coalition of more than 80 of Ohio's leading health and human services agencies, hospital systems, and consumer advocates promoting Medicaid as a foundation of health and economic stability for Ohioans.

Over the past several years, the General Assembly and the Governor have emphasized the need for Ohioans to have access to high-quality, coordinated mental health and substance use disorder services and supports. Thank you for your role in funding services and programs to support the continuum of care for individuals with mental health and substance use disorders across our state. Investments in behavioral health priorities are investments in healthy Ohioans, communities, and the state's economy.

House Bill 96 furthers that investment in many ways; however, the MHAC would also like to highlight a few areas of concern.

Behavioral Health Workforce

Ohio ranks 25th in the nation for mental health workforce availability, with a ratio of 330 individuals needing care to 1 mental health care provider.¹ Of Ohio's 88 counties, 75 (85%) are designated Mental Health Professional Shortage areas, with a provider ratio of less than 30,000 to 1.² Bolstering the behavioral health workforce is essential to healthy, working Ohioans and a thriving state economy.

The MHAC supports bold investments to build the behavioral health workforce Ohioans need, including resources for strategies to grow and sustain Ohio's behavioral health workforce. We support investments in pipeline strategies, such as programs in our high schools and vocational

¹ 2024 State of Mental Health in America, <https://mhanational.org/the-state-of-mental-health-in-america/>

² "For mental health, the population to provider ratio must be at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community)." <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

programs, to provide our youth with behavioral health career pathway exploration and experiential learning. We also encourage investments that provide traditional students and adult learners with opportunities for scholarships, paid internships, and non-traditional paths into the field. In addition, ensuring manageable workloads, professional wages, professional development, and career advancement will help retain current employees. Finally, the MHAC advocates for addressing unmet paraprofessional workforce needs through creating additional entry-level credentials with clear pathways for career advancement. Specifically, we support an amendment to create entry-level credential pathways for qualified mental health specialists, which complement existing professional licensure.

Medicaid

The MHAC is grateful that the budget bill sustains Medicaid provider rate increases from House Bill 33 in the previous General Assembly. This funding level has helped Ohio gain some ground in wage increases for behavioral health workers and operational sustainability in services needed by so many Ohioans. We encourage additional consideration to have regular reviews of behavioral health reimbursement rates to help ensure Ohio maintains a responsive and sustainable system—one that supports Ohioans in living healthy, productive lives, and contributing fully to their communities and the workforce.

The bill also contains “trigger” language, which would immediately terminate Medicaid expansion in Ohio if federal assistance for the program drops below 90%. The MHAC has deep concerns with retaining this mandatory language due to the harmful impact of over 770,000 Ohioans losing healthcare coverage on the health and well-being of Ohio’s residents and families, local healthcare systems, communities, and the economy. The House added a transition plan for the expansion group; however, changing the trigger language from mandatory to permissive (“shall” to “may”) would allow the Department of Medicaid time and flexibility to implement a transition plan should the federal funding levels fall below current levels.

The bill would also repeal ORC Section 5166.45, which requires the Department of Medicaid to pursue continuous Medicaid enrollment for eligible children from birth through age three. The MHAC supports multi-year, continuous Medicaid eligibility and encourages the reinstatement of this code section. Continuous eligibility would improve health outcomes for children, lower costs to payers and families by streamlining access to preventive care, and reduce the administrative burden on the parents of young children and the Department of Medicaid.

Crisis Services

The MHAC applauds investments in crisis services and requests that the state continue to invest in crisis and behavioral health urgent care centers statewide to sustain the services they provide. We also respectfully request restoration of funding to sustain the 988 Suicide and Crisis Lifeline, which has been a life-saving service to thousands of Ohioans.

Ohio’s Aging Population

Ohio is a rapidly aging state, with one in six of our residents aged 65 and over and the 6th highest aging population in the nation. People over the age of 65 are at high risk of depression, anxiety, and suicide. As part of the services needed for Ohio’s aging population, the MHAC was grateful to see the inclusion of a \$2 million increase to Adult Protective Services funding to address increasing rates of abuse, neglect, and exploitation of Ohio’s older adults.

Chronic Disease, Injury Prevention, and Drug Overdose Response

The bill currently includes reductions to the Chronic Disease, Injury Prevention, and Drug Overdose Response line item in the Department of Health’s budget. Programs such as Project DAWN are

funded through this line to give local providers life-saving tools to address opioid overdoses. Restoring roughly \$150,000 each year of the biennium would maintain the valuable service Project DAWN provides to families and communities across Ohio. Overdose rates have declined statewide for the first time in years, and reducing funding to overdose prevention risks undoing that progress.

Child Wellness Campuses

Finally, I'd like to offer our coalition's support for the Child Wellness Campus model included in the Department of Children & Youth's budget. These campuses would fill a gap in care by providing a range of services and resources for children and families in need, including children with behavioral health needs. We appreciate the Department and the legislature's investment in families through this important provision.

Mr. Chairman and members of the committee, thank you for your time today and your service to Ohio's citizens through your work here. The MHAC looks forward to engaging with you and the General Assembly throughout the remainder of the budget process to advance funding and policies that will best serve the individuals in need of services and supports. Bolstering the behavioral health of Ohio's citizens is an investment in healthy communities, a strong economy, and a solid foundation for Ohio's future.

The Mental Health & Addiction Advocacy Coalition (MHAC) fosters education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities.

For more information, please visit <https://mhaadvocacy.org>.