



**Ohio Senate Public Testimony
Senate Finance Committee**

June 6, 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, which 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 additional opportunity to offer testimony related to the state's FY 26-27 operating budget – Amended Substitute House Bill 96 (Am. Sub. HB 96).

As you know, the current proposal 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 both chambers of the Ohio General Assembly agree that we *must* invest in the state's public health infrastructure. As you recall from my previous testimony,⁴ there are proposed cuts to the HIV-related budget at the federal level, and as such, 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).⁵ With the US Senate actively debating the proposed 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.

In the US Senate, there is ongoing debate around Medicaid, CHIP, and the Federal Medical Assistance Percentage (FMAP), and our agency remains deeply concerned about this bill's FMAP-related trigger language, as proposed by some members of the Ohio General Assembly.⁶ Again, we

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

² Am. Sub. HB 96, page 5121.

³ Am. Sub. HB 96, page 5123.

⁴ https://search-prod.lis.state.oh.us/api/v2/general_assembly_136/committees/cmte_s_finance_1/meetings/cmte_s_finance_1_2025-05-28-0900_487/testimony/8322/uploaded-doc/

⁵ <https://nastad.org/sites/default/files/2025-03/fapp-website-fy26-abac-chart-031825.pdf>

⁶ See Sub. HB 96, pages 4740-4741; see also "Main Operating Appropriations Bill – HB 96," Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 104.

urge strong caution to members of the Ohio Senate, given the potential impact of this proposed language.⁷ 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.⁸ Since nearly one-fourth of Ohio’s Medicaid enrollees stand to lose coverage under such a proposal, our agency strongly recommends removing any FMAP-related trigger language from the state’s operating budget.

As noted in our previous testimony,⁹ the Ohio House has proposed multiple anti-LGBTQ+ riders that our agency and community are deeply concerned about. As the Ohio Senate continues to debate amendments to the proposed omnibus package, we strongly recommend the removal of such provisions – which solely seek to address social *rather than* fiscal issues – before it is presented for a floor vote in the Ohio Senate. Proposals that attempt to inaccurately define sex,¹⁰ reduce access to period products in government buildings,¹¹ restrict access to developmentally appropriate reading material in public libraries,¹² deny funding for homeless shelters that support LGBTQ+ youth,¹³ and prohibit Medicaid dollars from supporting medically recommended mental healthcare services for transgender people¹⁴ have *no place* in the state’s operating budget. Additionally, we are *especially* alarmed at the recent inclusion of a provision that would require the Ohio Bureau of Motor Vehicles (BMV) to list the sex assigned at birth – presumably in addition to legal sex – on all Ohio licenses and state identification cards.¹⁵ Given its unexpected addition, the Ohio Legislative Service Commission has not yet determined a cost for such a large-scale overhaul, but the administrative burden, labor, materials cost, systems upgrades, and more will certainly carry a hefty price tag for Ohio taxpayers both at the BMV and beyond.¹⁶ We strongly encourage members of the Ohio Senate to remove this and other such proposals in the final omnibus package or in a conference committee.

While we certainly recommend these changes, we would also like to express our continued appreciation to the Ohio General Assembly for the removal of language that would have negatively impacted service lines for non-hospital grantees of the 340B Drug Pricing Program.¹⁷ We continue

⁷ Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 544-555.

⁸ <https://policymattersohio.org/research/medicaid-cuts-take-many-forms/>

⁹ *Ibid*, *supra* note 4.

¹⁰ See Sub. HB 96, page 25; see also “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 377.

¹¹ See Sub. HB 96, page 60; see also “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 4.

¹² See Sub. HB 96, page 2274; see also “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 536.

¹³ See Sub. HB 96, page 4670; see also “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 395.

¹⁴ See Sub. HB 96, page 4722; see also “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 572.

¹⁵ “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 670.

¹⁶ *Ibid*.

¹⁷ “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 551.

to encourage both the Ohio House and Senate to avoid placing any additional restrictions on such 340B grantees, given the importance of these savings to lower-income and rural patients.¹⁸ Similarly and as a member of the Ohio Domestic Violence Network (ODVN), our agency would like to reiterate the importance of language aimed at banning artificial intelligence (AI) generated, non-consensual sexual imagery of people, which was included in the bill from the Ohio House¹⁹ but removed from the amended bill in the Ohio Senate.²⁰ We strongly encourage the continued inclusion of such language in the final text of the omnibus package.

With all of this in mind, Equitas Health is thankful for the additional opportunity to provide these insights to the committee, and once more, thank you for your consideration of these proposals to the forthcoming omnibus package.

Respectfully submitted,

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¹⁸ <https://www.nachc.org/wp-content/uploads/2023/04/340B-Survey-Data-Infographic-2.pdf>

¹⁹ See Sub. HB 96, pages 1285-1286 and 1367-1370.

²⁰ “Main Operating Appropriations Bill – HB 96,” Office of Research and Drafting, Legislative Budget Office, Ohio Legislative Service Commission, page 62-63.