



**Senate Finance Committee
Testimony on Substitute House Bill 96
June 6, 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 written 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 for 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 comprehensive care to nearly one million Ohioans at more than 550 locations across 76 counties. While our sites are located in 76 of Ohio's 88 counties, data confirms that CHCs serve patients from every county in the state.

Community Health Centers are non-profit, mission-driven providers governed by patient-majority boards. For nearly 60 years, CHCs have offered integrated, whole-person care that often includes medical, dental, behavioral health, pharmacy, vision, and other essential services—regardless of a patient's insurance status.

OACHC testified in person last week and respectfully refers Committee members to that testimony for detailed support and recommendations related to funding provisions in both the *As Introduced* and *House-passed* versions of House Bill 96. These provisions address school-based health care, children's dental and vision services, and Group VIII trigger language. In this written testimony, we focus our request for amendments requested for the omnibus.

340B Drug Pricing Program

OACHC applauds the Senate for preserving the integrity of the 340B federal drug pricing program and the continued use of pharmacy partners by grantees, including Community Health Centers. The 340B program is critical to CHCs' ability to stretch scarce resources, allowing them to provide vital services such as primary care, dental care, behavioral health, school-based services, and substance use treatment. We respectfully propose the following technical amendments to strengthen Ohio's support for the program:

- Lines 119975 to 119977: Please delete the phrase “provided by a 340B grantee to an individual as a result of health care services provided by the grantee directly to the individual.” This revision clarifies that prescriptions written by external specialists for CHC patients remain eligible under the 340B program, as is the current practice.
- Section 5167.01: Update the definition of “340B covered entity grantee” to include:

“...designated as an active (A)-(K) entity under the Health Resources and Services Administration covered entity daily report, or **any successor thereto**...”. The addition of “any successor thereto” language ensures continuity of the law should the regulatory authority over 340B be transferred to another federal agency in the future, which is currently pending before Congress today.

Additionally, we urge the inclusion of language that prohibits drug manufacturers from limiting grantees access to 340B medications through contract pharmacies. This added protection complements the work the Senate has done in Sub. HB 96 to preserve 340B as intended for grantees. A Community Health Center operating in 10 rural counties should not be forced to select just one pharmacy partner—this undermines the intent of the 340B program and compromises access to care for medically underserved populations. We strongly encourage the Senate to strengthen protections for pharmacy partners and safety net providers.

Strengthening Ohio’s Healthcare Workforce

We recognize the difficult fiscal decisions before the Senate and are grateful for the Governor’s, House’s and Senate’s continued support of the Primary Care Workforce Initiative (PCWI), which maintains level funding at \$5.4 million over the biennium. Recognizing critical workforce shortages, we respectfully request an increase to \$7 million for the biennium to expand teaching, preceptorship opportunities, and other critical workforce development initiatives. PCWI remains Ohio’s only dedicated primary care workforce strategy focused on medically underserved communities. Despite its success and demand, the program has not seen a funding increase since its original allocation over a decade ago. Boosting PCWI funding will ensure a more robust pipeline of healthcare professionals and support the long-term sustainability of primary care services across the state.

Conclusion

Ohio is truly the “Heart of It All”—and to keep our state strong and healthy, we must continue to invest in accessible, community-based primary care. Community Health Centers are uniquely equipped to provide this cost-effective, comprehensive care to all Ohioans, particularly the most vulnerable among us. On behalf of OACHC, our member health centers, and the patients and communities we proudly serve, thank you for your consideration.