



TESTIMONY
**STRENGTHENING THE FUTURE OF AGING
FISCAL YEARS 2026 AND 2027 EXECUTIVE BUDGET REQUEST
OHIO DEPARTMENT OF AGING**

BY
**URSEL J. McELROY
DIRECTOR**

BEFORE THE
**OHIO SENATE
HEALTH COMMITTEE**

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Fostering sound public policy, research, and initiatives that benefit older Ohioans.

INTRODUCTION: A defining moment for Ohio

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and Members of the Senate Health Committee, it is an honor to be here today. I am Ursel McElroy, Director of the Ohio Department of Aging, and I am pleased to present Governor DeWine's executive budget priorities for Aging for State Fiscal Years (SFY) 2026-2027.

The Ohio Department of Aging is a beacon of support and advocacy for 2.8 million Ohioans age 60 and older, along with their families, caregivers, and communities. We are the federally designated State Unit on Aging – the leader of Ohio's aging network – operating in partnership with 12 regional Area Agencies on Aging. Together, we strategically plan, coordinate, and implement activities the state will undertake to address the needs of older adults and build the capacity of the long-term care system. The Office of the State Long-Term Care Ombudsman, which is the principal advocate for nursing home residents, and the Board of Executives of Long-Term Services and Supports (BELTSS), which licenses nursing home administrators and health services executives, are housed within the department.

Our support touches the state's nursing homes, assisted living communities, adult day centers, senior centers, and home- and community-based services (HCBS) providers. We pride ourselves on fostering collaborative relationships with our many partners. We respect and value the unique perspectives each one brings. And we are energized by our network's collective influence and strength to advance the needs of older Ohioans and their families.

Our budget request draws on extensive and productive dialogue with stakeholders and our provider community to gain a deeper understanding of the challenges they face and their hopes for the future. We have proactively engaged older residents and their caregivers across all regions, activating more than 70 community partners to develop a comprehensive, evidence-based [State Plan on Aging](#) – a multi-year plan that outlines the State's planned efforts to improve the overall health and well-being of older Ohioans.

We have made significant progress to keep our promise to make Ohio the best place to age in the nation. Our recent accomplishments span the continuum of care and reflect our ability to translate investments into results. Some recent examples:

- Deploying \$40 million of one-time [Healthy Aging](#) funding rapidly to drive lasting impact across 97% of Ohio's counties.
- Opening the [Golden Buckeye Center for Dementia Caregiving](#), Ohio's first-ever caregiver center for dementia care to assist families and promote research, education, and policy development around Alzheimer's disease and other dementias.
- Leveraging historic [provider rate increases](#) across the continuum of long-term care to drive workforce stability, accessibility of services, quality, and accountability.



- Implementing a series of holistic initiatives aimed at transforming Ohio’s nursing homes, including the launch of the [national-award-winning Ohio Nursing Home Quality Navigator](#) that has helped more than 100,000 users easily access information needed to make life-changing care decisions.

As we gather to consider the SFY 2026-2027 biennium budget, we stand at a pivotal moment in history – one where demographic shifts, economic realities, and technological advancements demand that we rethink how we support older Ohioans. Our new budget is poised to build on our successes and better prepare our state for the future.

CONTEXT: The aging landscape and its implications in Ohio

Today, about one in six people in the United States are age 65 and over. Between 2010 and 2020, that population saw the largest and fastest growth in any decade since 1880. For the first time in our history, demographers predict that we are on track to have more older Americans than children in our country.

Ohio, like the rest of the country, is aging rapidly. We rank sixth in the nation in the number of older adults, and, according to a study from the Scripps Gerontology Center at Miami University, one in four Ohioans will be over the age of 60 by 2030. The implications of an aging state are considerable, and we must be thoughtful about the financial impact of living longer, health care and long-term care costs continuing to rise, and those costs borne by the state via Medicaid.

The care that most Ohioans will need after turning 65 will not be fully covered by Medicare, and a portion of older Ohioans may become Medicaid-dependent and/or dually-eligible for Medicare and Medicaid. Currently, the number of people with dual-eligibility is increasing by 3% annually. In 2020, dual-eligibles represented the smallest population group on Medicaid at 17% but accounted for 37% of all spending.

Too often, health care and long-term care are overlooked in retirement planning, leading to financial insecurity. An alarming 80% of older adults lack the resources for long-term care or financial emergencies. This, in addition to lower labor-force participation as the population ages, could place significant financial strain on our state.

It is, in part, for these reasons, that I am so passionate about our department’s budget request. If we invest wisely, we can create an infrastructure that improves the quality of life of Ohio’s aging residents and bolsters our economy. Investing in proven, preventive, and proactive whole-health aging alternatives can disrupt the growth of Medicaid dependence and the escalating costs associated with sick care, including long-term care. Empowering older adults to remain independent, engaged, and healthy in our communities has exponential benefits.

Research shows that increasing workforce and community participation among adults over 65 could boost the country’s gross domestic product (GDP) by 5.3%, unlocking a \$1.2 trillion impact nationwide. By 2050, [consumers age 50 and older will drive 43%](#) of Ohio’s GDP, becoming a key economic driver for the state. These examples are representative of the many opportunities we have to strategically invest in older adults. Failure to do so could lead us to a path of increasing costs, economic challenges, fragmented care, and diminished quality of life for older adults and their loved ones.

OUR SUCCESS STORY: Ohio’s progress in becoming a leader in aging

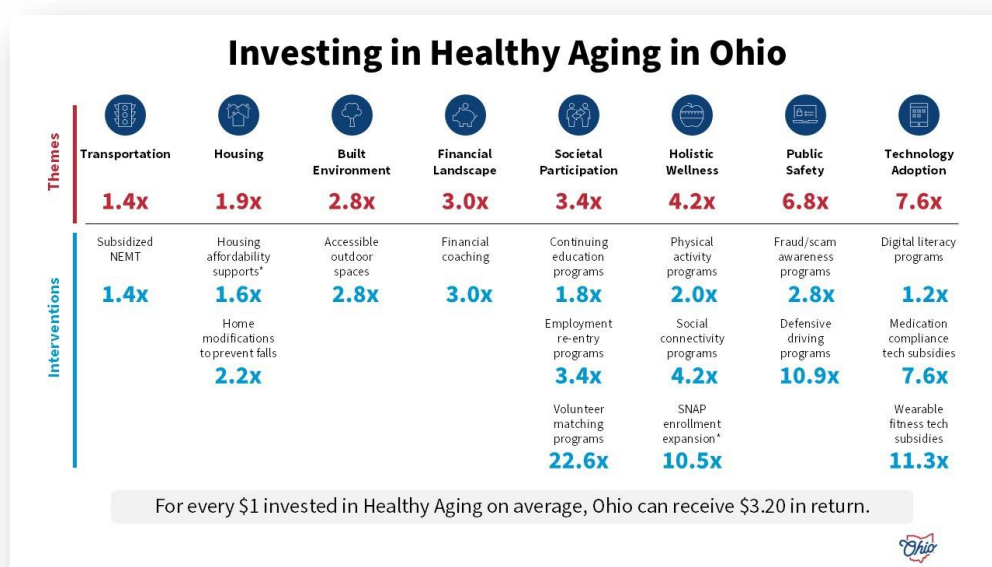
It is my privilege today to report to you the significant progress of key investments entrusted to our department to date.

1. Healthy Aging

With your support in the 2024-2025 Operating Budget, we invested \$40 million in one-time grant funding for healthy aging initiatives across the state.

- **Healthy Aging grants:** By working with county commissioners, Area Agencies on Aging, and community partners over the past two years, we empowered local communities to serve their residents. We developed grants to increase access to services and supports that have been demonstrated to help aging adults stay healthy, live longer, and increase their independence in the community. This included nutrition services, transportation, home modifications and repairs, chronic disease management, health promotion, personal care, respite, and more. Our approach was flexible, simple, and accessible to a broad network of providers. We successfully distributed funds to 85 counties, empowering them to reach 270,000 Ohioans with 500,000 services using evidence-based healthy aging interventions. Along with my testimony is the Healthy Aging Report, which is presented for the first time today.
- **Healthy Aging return-on-investment analysis:** To augment this work, we commissioned a first-of-its-kind analysis to quantify the value of investing in healthy aging. The analysis focused on interventions prioritized in the State Plan on Aging and supported through the Healthy Aging Grants, Older Americans Act Programs, and Senior Community Services (discussed below). While the clinical rationale for investing in interventions that support healthy aging was known, what was lacking was a clear economic imperative for investing in healthy aging.

That thorough analysis was completed with input from Andrew Scott – a global macroeconomist and author of “The Longevity Imperative.” Using Ohio data, we showed that for every dollar invested in healthy aging interventions, the state receives \$3 back. Depending on the specific intervention, the return on investment varies from 1.4 times every dollar we invest to over 22 times every dollar we invest. When taken to scale, these investments can also lead to a 5.4% reduction in Medicaid costs and a 2.1% increase in GDP. Based on this analysis, we can make evidence-backed, fiscally responsible investments in healthy aging with more confidence.



2. Alzheimer's Disease and Other Dementias

With your support, we invested \$4.3 million in FY24 and \$4.3 million in FY25 in care for Alzheimer's disease and other dementias. This included an increase of \$1.8 million in FY24 and FY25 to address critical gaps in care and resources.

In local communities, we increased access to education, respite services, and support for individuals living with dementia and their caregivers at no cost to participants. We also created the Ohio Alzheimer's Disease and Other Dementias Statewide Resource Program, which provides an array of resources and services to family caregivers and industry professionals. Most notably, we opened the Golden Buckeye Center for Dementia Caregiving at The Ohio State University to provide up-to-date assistance and information to families and caregivers, and promote education, research, and policy development around Alzheimer's disease and other dementias.

3. Home- and Community-Based Services

Based on Ohio Department of Medicaid Director Maureen Corcoran's testimony before the House committee on February 5, \$5.2 billion were invested in the last biennium in Medicaid provider rate increases. That includes approximately \$2.3 billion in additional annual funding for nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF-IIDs), and across waivers managed by the departments of Aging, Developmental Disabilities, and Medicaid. Those waivers helped Ohioans with significant physical and cognitive limitations, allowing them to remain in their homes or a home-like setting to receive care through home- and community-based services (HCBS) options.

We worked diligently with our colleagues at the Ohio Department of Medicaid to fortify the PASSPORT and Assisted Living waivers through targeted rate increases and policy changes. After provider rate increases went into effect on January 1, 2024, we saw significant growth in the number of certified providers. For most of 2023, provider numbers were flat, hovering around 2,700. By the start of 2025, that number had ballooned to 3,800 providers. This increase of more than 35% means that more Ohioans can earn a living within our system while also improving the quality of care that older Ohioans receive. The impact of the fee increase for PASSPORT and Assisted Living providers was approximately \$130 million the first year.

Further, the expansion of the Program of All-Inclusive Care for the Elderly (PACE) from one county to 10 counties is underway. We are extremely proud that with an initial \$50 million investment, we are able to introduce this innovative interdisciplinary model of care to more Ohio counties to help support aging Ohioans with complex care needs who want to continue living in the community.

These investments have undoubtedly expanded HCBS options that improve the quality of life for many while positively impacting Ohio's economy through reduced Medicaid spending.

4. Nursing Home Care

Your investment has been catalytic in kick-starting Ohio's nursing home transformation and putting us on a path to be a pioneer in re-imagining nursing home care in America. It has been a privilege as Chair of the Governor's Nursing Home Quality & Accountability Task Force to shepherd this work that places residents and their families at the center of this transformation. With support from nursing home franchise fees in FY24 for \$5 million and FY25 for \$9.3 million, we have helped re-shape nursing home care in line with the [Task Force recommendations](#). Some examples are:

- **Developing and deploying an Ohio Standard for Quality:** With cross-agency and stakeholder engagement, we created a new holistic "Ohio Standard for Quality" with more than 50 metrics across the core pillars of nursing home care: quality of care, quality of life, residents' rights, and system performance. This places Ohio as a national frontrunner, thinking beyond federal compliance and inspiring our nursing homes as they aspire to a new holistic standard. This work, in tandem with other initiatives such as EXCEL Academy and the Navigator dashboard, ensure that we are supporting sustainable and data-driven improvements in Ohio's nursing home quality.
- **Launching EXCEL Academy:** The [Excellence in Clinical Educational Learning \(EXCEL\) Academy](#) is a novel, boots-on-the-ground, intensive, multimodal educational offering with built-in community support to elevate the quality of care and quality of life for residents of Ohio's nursing homes. This free technical assistance program was designed and deployed with your support. Content areas and topics were identified by a data-backed view of the needs and performance gaps of Ohio's nursing homes. We began with an initial cohort of 10 nursing homes that trained 61 nursing facility staff ranging from clinical managers to frontline workers and provided 80 hours of on-site, in person consultation to participants. The next milestone is to scale to approximately 80-100 nursing homes by 2026.
- **Building the next-generation Long-Term Care Ombudsman Program:** The role of the Ombudsman is critical in nursing home care. These men and women are the principal advocates for nursing home residents, ensuring their rights are protected and complaints resolved. We created a next-generation long-term care ombudsman strategy that includes enhanced presence at long-term care facilities, improved skills training, and strengthened performance. This was done by hiring new ombudsmen at the state and local levels who were rigorously trained in a standard protocol to identify high-need and isolated individuals. We also streamlined and reinforced quality standards that were developed and consistently applied by the regional ombudsmen. Our new program engages key groups within the long-term care network with the Ombudsman program to ensure seamless coordination. With the enhancement of the Ombudsman workforce from the last budget, we achieved a 15% increase in facility visits and a 24% increase in critical educational sessions statewide, all in one year.
- **Creating the award-winning Nursing Home Quality Navigator:** Your funding enabled public transparency, informed choice, and empowered all Ohioans when making critical long-term-care



choices. [The easy-to-use Navigator](#) allows residents and their families to choose a site of care that aligns with their needs and values, and it has already been used by more than 100,000 people in Ohio to support their transitions in care.

- Developing a cross-agency Internal Command Center: Ohio is leading the way with data-informed decision-making through the launch of a first-of-its-kind long-term care Internal Command Center. This tool harnesses cutting-edge analytics and utilizes 22 million data points to provide customized views of our long-term care system performance, from quality and staffing to satisfaction metrics, at the provider level, regional level, or state-wide perspective, within seconds. These resources allow us to be adaptive to cutting-edge, fast-evolving technology and innovations, benefiting older Ohioans today and tomorrow.

I would like to draw your attention to the Navigator and Internal Command Center tools [SLIDESHOW].

Finally, thanks to your thoughtful and forward-thinking one-time \$6 million investment in the last budget, the department will boast even greater modernized IT capacity, allowing us to deliver services quickly and efficiently. This enhancement enables us to streamline processes, simplify interactions for all stakeholders, and leverage data and analytics to ensure transparency, accountability, and data-driven program management.

OUR PATH FORWARD: Governor DeWine's FY26-27 Aging Budget Priorities

As we look to the future, this budget reflects our core values: enhancing quality of life, improving quality of care, enabling informed choice and empowerment, and driving system performance excellence. Our requests build upon the achievements of our past. Your investments will augment the entire continuum of care to support older adults wherever they receive care and support – in their communities or a facility.

In State Fiscal Year 2026, we respectfully request \$127.2 million in all funds and \$25.6 million in GRF. In State Fiscal Year 2027, we respectfully request \$131.3 million in all funds and \$25.8 million in GRF. Our budget holds GRF near FY25 levels while proposing some modest increases to support cost of living adjustments and continued support for critical programs in FY26 and FY27.

Key planned investments include:

1. Continuing Progress in Healthy Aging

Supporting OAA

First, I'd like to highlight the Older Americans Act (OAA).

The OAA is a vital lifeline for older adults across Ohio, and in 2025, Ohio's aging network served 549,634 consumers through Older Americans Act services. These programs help to keep older adults independent, nourished, and supported by providing home-delivered meals, assisting with daily activities (such as bathing, dressing), and supporting caregivers. OAA programs show results by keeping older adults independent and in the community while reducing pressure on Ohio's health care and long-term care infrastructures. Studies have shown that OAA programs reduce food insecurity, malnutrition, and hospitalizations, thereby reducing health care costs for the state.

We respectfully request to maintain our OAA funding at estimated federal grant levels. Our appropriation for FY26 is \$66.5 million and \$69.8 million in FY27. Of note, we are monitoring the federal budget process closely as well as any related impact to our programs that may result from the recent change in the federal administration.

Supporting SCS

Next, we urge your unwavering support of Senior Community Services (SCS), which provides flexible, targeted, locally driven healthy aging solutions to meet diverse community needs. Examples of SCS are mobility assistance in rural and urban areas, chronic disease prevention, home repair and modification. In addition to supporting locally focused services, SCS also provides for state and local match of OAA federal programs. As referenced earlier, our economic analysis demonstrates that many of the SCS interventions (e.g., transportation, home repairs) have a positive return on investment for every dollar spent.

We respectfully request \$10.6 million in GRF each year for FY26 and FY27 to continue support for local flexible SCS funding.

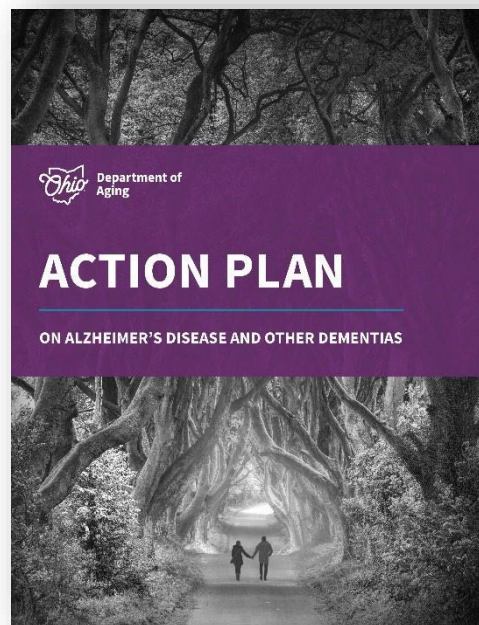
The House-passed version includes an additional \$500,000 FY26 and FY27 with a prohibition on administrative use within the SCS line. Restoring the temporary law provision in the Executive-proposed version will enable continuity and accountability of service coordination at the state and regional levels.

2. Continuing Progress in ADOD

Alzheimer's disease and other dementias (ADOD) are among the most pressing public health challenges of our time. More than 220,000 Ohioans are affected by ADOD, with over 660,000 family members and friends providing unpaid care – often at great emotional, physical, and financial cost. As the Director of the Ohio Department of Aging, I have traveled across our state, listening to families, caregivers, and individuals living with dementia. Their stories underscore a common reality: access to high-quality, dementia-capable care is essential – not just for those diagnosed, but also for the loved ones who support them. While we have made significant strides, the need for sustained investment remains critical to realize the systemic changes outlined in [Ohio's Action Plan on Alzheimer's Disease and Other Dementias](#).

Leveraging our aging network and partnering closely with the Ohio Alzheimer's Association, we have supported a range of interventions including case management, counseling, respite care, support groups, and training to assist individuals and families living with dementia. This all comes at no cost to any participant. Together, in 2024, we funded services impacting 19,786 older adults, their loved ones, and caregivers through these efforts.

In addition to supporting these locally driven interventions, we established the Golden Buckeye Center for Dementia Caregiving in partnership with The Ohio State University College of Nursing. The center is a statewide hub for dementia care resources. Since its opening in November 2023, the Golden Buckeye Center has trained more than 400 caregivers and 340 first responders and health care professionals on multiple topics including the financial impact of caregiving and money management, hoarding, self-neglect, and safety interventions. In addition, nearly 800 individuals have participated in evidence-based



programs to support caregiver well-being, such as tai chi for dementia caregivers and Care Consultation Services.

We respectfully request \$4.3 million each year for FY26 and FY27 to maintain the current GRF level for Alzheimer's Disease and Other Dementias Line. In addition, we propose to continue supporting the Golden Buckeye Center for Dementia Caregiving in FY26 and FY27 through existing DPF (Health Care Grants) while we continue to stabilize the center and grow its funding support among private and public partners.

The House-passed version aligns with the Executive-proposed funding levels.

3. Continuing Progress in Home- and Community-Based Services

Supporting Waiver Programs

We seek sustained support for PASSPORT (which served 17,916 older adults in 2024), Assisted Living (which served an additional 3,295 older adults), Area Agencies on Aging, and Provider Rates.

Medicaid waivers allow qualifying individuals to receive care in their homes and communities rather than in long-term care facilities, hospitals or intermediate-care facilities. These waivers empower older adults to have more control over their care, remain in their homes with dignity, and stay active in their community. Home-based care keeps older adults connected to families and communities, reducing isolation, and lowering overall health care costs. The PASSPORT Waiver provides a range of services including personal care assistance, home-delivered meals, and adult day care services. The Assisted Living Waiver covers the expense of services such as memory care, personal care, nursing and care coordination in a residential setting.

Requisite to a strong HCBS infrastructure is a well-supported workforce. A consistent, skilled workforce leads to enhanced service quality, fewer emergency room visits, and overall cost savings in Medicaid and long-term care expenditures. After the historic rate adjustment in the last budget, we have seen significant interest, and since January of 2024, have realized a nearly 33% increase in the number of providers joining this vital workforce. To continue this growth and reach stability, we request support for the Ohio Department of Medicaid's operating budget request for Aging waiver services, totaling \$711.6 million in FY26 and \$814.6 million in FY27, which includes the PACE increases I will discuss.

In addition, we respectfully request \$60.9 million all funds for FY26 and \$67.6 million all funds for FY27 to continue case management of programs administered through the Area Agencies on Aging; and \$67.5 million in FY26 and \$68.5 million in FY27 in all funds for administrative activities, which includes costs for operation of the aging network's Front Door and support for screenings, assessments, and provisioning of services.

Expanding PACE

We also request support for the Program of All-Inclusive Care for the Elderly (PACE), a proven, person-centered managed care model for Ohio's most vulnerable older adults.

PACE bridges gaps in care for older adults with complex medical needs, allowing them to remain in their homes rather than move to a nursing facility. PACE integrates medical, social, and personal care services under one coordinated model that is a less costly alternative in comparison to other long-term care services.

With PACE soon available in 10 Ohio counties, sustained funding is necessary to maintain and expand this high-quality, cost-saving program. We have done the analysis. Ohio can accommodate and benefit from continued investment in PACE, ensuring more people receive the care they need in the setting they prefer. Support for PACE services is reflected in the Ohio Department of Medicaid's operating budget request with \$61.7 million in FY26 as the program continues to scale up, and \$119.2 million in FY27.

We continue to support Executive-proposed funding levels for the Assisted Living Waiver, PASSPORT Waiver, PACE, and the resources to administer these services.

4. Continuing Progress in Nursing Home Care

Expanding EXCEL Academy

We also seek your continued investment in nursing home quality of care through support for our Excellence in Clinical Education and Learning (EXCEL) Academy.

Ohio's long-term care system is at a pivotal moment. As the needs of today's older Ohioans evolve, expectations for high-quality, person-centered care continue to rise. The Governor's Nursing Home Quality & Accountability Task Force has made it clear: improving the quality of care in Ohio's nursing homes requires an investment in the very people who provide that care – our direct care workforce.

EXCEL Academy is Ohio's answer to this challenge. Launched with the vision of long-term care excellence, the program offers structured, clinician-guided, evidence-based training and on-site consultation to support nursing home teams in delivering the highest standard of care. We are tracking key performance indicators associated with each course to measure EXCEL's impact and return on investment, and to scale the program thoughtfully to 80-100 nursing homes by 2026.

Sustained funding will allow the Ohio Department of Aging to expand this critical training, reaching more nursing homes and enhancing care for thousands of Ohioans. We respectfully request \$935,000 each year in FY26 and FY27, an increase of \$585,000 each year, to continue expanding access to this important resource via DPF supported by nursing home franchise fee revenue.

Strengthening State Long-Term Care Ombudsman Workforce

Next, we seek to sustain the State Long-Term Care Ombudsman workforce and ensure strong advocacy for residents and their families.

The role of ombudsmen is essential in protecting the rights and well-being of residents in nursing homes and long-term care facilities, as well as their families. Ombudsmen are dedicated to preventing fraud, abuse, and neglect, resolving concerns and issues, and ensuring the well-being of our most vulnerable Ohioans. By resolving issues and providing support early, ombudsmen help residents receive the care they need, reducing the need for costly and avoidable hospitalization or emergency room visits.

We respectfully request \$2.2 million in both FY26 and FY27, a \$1 million increase each year from the current budget amount, to continue strengthening the Ombudsman program through increased support for our regional ombudsmen, the use of technology to drive outreach and support, and professional development for these important professionals.

The proposed increases are supported by nursing home franchise fee revenue, which covers the expansion of ombudsmen services (including MyCare Ohio advocacy) and EXCEL Academy.

The House-passed version maintains the appropriation and adds a provision that caps the transfer authority of these funds at \$9.3 million per fiscal year. Restoring the Executive-proposed version will avoid a \$2.585 million reduction in both FY26 and FY27.

Increasing the PNA

I want to emphasize the importance of restoring the Ohio Department of Medicaid's operating budget request to increase the Personal Needs Allowance (PNA) for long-term care residents from \$50 to \$100 per month.

Medicaid is the primary payer for most nursing facility residents. In exchange, their Social Security, pension and other income they receive is utilized to share the cost of their expenses. The PNA is meant to pay for anything not provided by the nursing homes. For nursing home residents, the PNA is more than just a budget – it's a lifeline for maintaining dignity, independence, and social connections. However, the federal minimum – set at \$30 per month in 1988 – has remained unchanged for nearly 40 years, failing to keep pace with inflation and rising costs of living.

Ohio's current \$50 per month for residents in nursing homes and assisted living facilities ranks near the bottom nationally at 33rd for nursing homes based on available data.

While Social Security benefits increase annually through cost-of-living adjustments, those gains go to providers and not the residents themselves. People in long-term care are left to meet all personal needs – clothing, hygiene, haircuts, phone service – on just \$50 per month, with no inflation adjustment. That's neither sustainable nor dignified.

The House-passed version includes a PNA increase to \$75 per month. As Chair of the Governor's Nursing Home Quality and Accountability Task Force, I respectfully ask for full restoration of the Ohio Department of Medicaid's operating budget request to increase the PNA to \$100 per month across long-term care facility settings. The anticipated cost is \$22 million all funds for FY26 and \$44 million all funds for FY27. The state share is a fraction of this cost.

Aligning BELTSS Through Fee Increase

Lastly, we request support to protect the operational integrity of Ohio's Board of Executives of Long-Term Services and Supports (BELTSS) through a new fee increase.

The Ohio Department of Aging houses BELTSS, which is responsible for ensuring quality in nursing home administration by developing and enforcing standards for nursing home administrators. The Board oversees licensure examinations and manages the state's Nursing Home Administrator license. This request is not an expansion, but will fully fund the current structure that is currently operating in the red. The role of BELTSS is inextricably tied to the quality we seek in nursing home care. The success of nursing home care is largely dependent upon the leader at the helm – the nursing home administrator. Ohio must have a well-functioning licensing board to support and uphold the standards of this industry.

We respectfully request fee increases to continue support for BELTSS services. We anticipate increasing licensure fees will result in \$289,000 in additional annual revenue.

The House-passed version aligns with the Executive-proposed funding levels.

CONCLUSION

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the committee: Ohio stands at a defining moment.

This is our opportunity to lead with **vision, urgency, and accountability** – to ensure that every Ohioan can age well with dignity, independence, and opportunity.

The choices we make today will help determine whether we meet this moment with vision and action, or if we fall short in our duty to the older Ohioans who built our state before us.

I appreciate your leadership, your commitment to this critical work, and your thoughtful consideration of these priorities.

At this time, I welcome any questions you may have. **Thank you.**