

## House Bill 96 - State Operating Budget for FY 2026-27 Senate Health Committee Benjamin Robison, Health Commissioner, Wood County Health Department May 14, 2025

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and Members of the Health Committee, I am Ben Robison, and I serve as the Health Commissioner for Wood County. In addition, I currently serve as the President of the Association of Ohio Health Commissioners (AOHC). AOHC represents the 111 local health districts across Ohio, and part of our mission is to advocate for an effective and efficient local governmental public health system. I am testifying on behalf of the member health districts.

Thank you for the opportunity to speak to several health provisions of House Bill 96. Today, I wanted to offer testimony on the Public Health Laboratory in the Department of Health's budget and home visiting as part of the Help Me Grow line item in the Department of Children and Youth's budget. I also want to acknowledge the health benefits of key proposals included in House Bill 96, as passed by the House of Representatives, including improving access to vision and dental care for children, providing diabetes education in schools, and expanding school-based health centers.

Last week in his testimony, Director Vanderhoff described the Ohio Department of Health's Public Health Laboratory as the state's backbone for disease detection, monitoring, and response. The Lab has a proven track record of identifying, preventing, and mitigating infectious diseases, foodborne illnesses, and environmental health threats.

The Lab works closely with local health departments across the state as a critical partner in disease detection. The Lab's work is provided to local health departments and the general public at no additional cost, due to the investment of state and federal funds. Whether testing for E. coli, rabies, potential bioterrorism agents, and critical newborn screening, removing financial barriers means that no person has to weigh the cost of the testing against the risk to their health or the health of the community. This speeds up access to therapies and courses of action that prevent more significant impacts to the health and wellbeing of Ohioans.

Maintaining this capability is the cornerstone of informed, evidence-based response to the health needs of our residents. The lab is supported by two GRF line items (ALI 440451 \$3.9 million in each fiscal year and ALI 440472 which includes \$1.3 million in each fiscal year). *The Public Health Lab has not seen a substantial increase in state GRF investment since 2013.* Level funding strains the Lab's ability to conduct equipment maintenance, improve technology and expertise to keep pace with new and

emerging infections, and continue to provide the high level of service that keeps our communities safer and healthier. Federal grant resources that helped to sustain the lab's work are expiring.

The Administration's budget proposal used proceeds from an increased marijuana tax to invest in the Public Health Lab. With the removal of the tax provision, the increased investment was removed. We ask that you support Governor DeWine's requested investment in the Public Health Lab by adding \$9.9 million in FY 2026 and \$14.8 million in FY 2027.

Last week, you also heard testimony from Director Wente about critical work to reduce infant and maternal mortality. While we have seen recent movement in the right direction, Ohio's infant and maternal mortality rates are still unacceptably high. Most of these deaths are preventable. Evidence-based interventions and strategies, including home visiting, will work to reduce these rates.

- Leading causes of infant death in Ohio, like prematurity and obstetric conditions, can be mitigated through appropriate interventions that home visiting nurses can provide their clients.
- Families enrolled in evidence-based home visiting programs, like Family Connects, during pregnancy are less likely to have a premature baby.
- Home visiting programs have also been shown to produce healthcare cost savings, acting as a key point of prevention.

For more than 100 years, local public health departments have been providing nurse home visiting services. Today, Ohio's public health nurses utilize their expertise in home visiting and case management through various state and local programs, including Help Me Grow, Early Intervention, the state program for children needing complex medical help (CMH), and county-created newborn home visiting programs. Unfortunately, due to limited funding, these programs are not consistently available across all communities, and the need far outpaces the current capacity. Governor DeWine's budget proposal included an investment to grow home visiting access to 25,000 additional children and make the evidenced-based Family Connects Ohio program available in all 88 counties—ensuring that all new parents in Ohio are offered free home visits from a registered nurse.

The House removed increased funding for home visiting services in FY27, which is needed to extend Family Connects to all counties. We ask that you restore this \$22.5 million investment in the Help Me Grow line item.

Thank you for the opportunity to testify. I would be happy to answer any questions.

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