

Senate Health Committee

Testimony of Luke Russell, Executive Director
National Alliance on Mental Illness of Ohio
Nov. 12, 2025

Chairman Huffman, Vice Chair Johnson, Ranking Member Liston and members of the Senate Health Committee, my name is Luke Russell, and I am the Executive Director of the National Alliance on Mental Illness of Ohio often referred to as NAMI Ohio. I am submitting opponent testimony on SB 198.

We are proud to be part of the largest mental health advocacy organization in the country. We represent over 500,000 Ohio citizens and their families in Ohio whose lives have been invaded by mental illness. NAMI Ohio has thirty-nine affiliates throughout Ohio, serving all 88 counties. These Affiliates offer over 4000 education, support, and advocacy programs every year in Ohio (for free) to over 44,0000 individuals. Every day, somewhere in Ohio, NAMI is offering a support group, education program, or advocating for an individual and family in need. Each of you have constituents with mental illness and their families are desperately seeking your support.

Those living with mental illness and their families rely on Ohio's mental health system to provide the care they so desperately need. NAMI Ohio applauds recent efforts to improve our behavioral care health system. This includes the recent work with children and families, work across our communities on prevention and crisis services, expanding access to mental health telehealth care, and the statewide work on improving substance use disorder access and care. More Ohioans are now getting the mental health services and help they need. Key to true wellness and recovery is access to affordable medications.

NAMI Ohio has significant concerns regarding the potential negative impact of SB 198 on the 340B program in Ohio and with issues around misuse and insufficient oversight. More important is the potential cost shifting to consumers. We believe more data and greater transparency is needed before any new legislation is pursued. For people living with mental illness, the consequences of these shortcomings are severe. Access to medication is not optional, it is essential.

The original purpose of the 340B program was essential and straightforward: to ensure that low-income and uninsured patients had access to medication. We know many of the individuals that benefit from the intent of the 304B program live with severe mental health illness. Again, access to essential medications at affordable prices are vital to individuals with serious mental illness and their families. Unfortunately, the program has strayed far from its original mission. Instead of prioritizing patients, large hospital systems and contract pharmacies have increasingly used 340B to generate revenue without accountability or transparency.

Across the Country, we see the consequences firsthand:

- Higher costs for families and taxpayers. Patients at 340B hospitals often pay more for prescriptions while hospital systems pocket the savings. These inflated costs ultimately will fall on Ohio families, small businesses, and our state's Medicaid program.
- Threats to rural and community-based care. As contract pharmacies and hospital networks consolidate in wealthier urban areas, rural providers are being left behind. This puts Ohio's rural hospitals and independent providers—often the only point of care in underserved communities—at real risk.
- Lack of transparency. There is no explicit requirement for hospitals or contract pharmacies to demonstrate how 340B savings are used, or whether those funds are reinvested in patient care. Too often, those dollars are pocketed without measurable benefit for Ohioans in need.

For people living with mental illness, access to affordable medication can mean the difference between crisis, stability, and recovery. When the system fails, the burden falls on families, local communities, and already stretched safety-net providers. Any expansion of the program must include safeguards for transparency, accountability, and reinvestment in patient care, especially in underserved areas. We believe Ohio can lead by making sure that healthcare dollars are used responsibly and that vulnerable patients truly benefit.

NAMI Ohio is for the 340B program. Ohio needs more accountability and transparency in the program before moving forward, and any legislation should address some of the concerns shared earlier. Likewise, at the federal level there is interest in making substantive changes via federal legislation to save federal and state programs money in their drug programs.

In closing and on behalf of NAMI Ohio, I commend the General Assembly and Governor DeWine for their continued commitment to addressing the mental health needs in the great State of Ohio. Thank you for the opportunity to share with the Committee, and I can address any comments or questions you may have regarding our opposition to SB 198 via email or phone. Feel free to contact me at Luke@namiohio.org or 614-224-2700.