

Good afternoon. My name is Aaron Clark and I am the Director of Pharmacy for Equitas Health. I want to thank Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the Senate Finance Committee for the opportunity to share our comments regarding Substitute House Bill 49.

Equitas Health – formerly AIDS Resource Center Ohio – is a nonprofit, community-based health care organization serving more than 60,000 individuals across Ohio through a diverse set of services, including primary and specialized medical care, behavioral health care, dental care, HIV/STI prevention, advocacy, and case management. We also operate two pharmacies in Columbus and one in Dayton. We are one of the nation’s largest HIV and LGBTQ health care service organizations, and the largest recipient of Ryan White grant funding in Ohio. We are concerned about several provisions in Substitute House Bill 49 that will adversely impact the lives of Ohioans, including people living with HIV and LGBTQ individuals. In the interest of time, I will focus my verbal comments on proposed cuts to several Ohio Department of Health line items, but please know that Equitas Health is opposed to proposed changes to the Medicaid program that will result in loss of coverage to Ohio’s most vulnerable citizens, including those living with HIV.

The House of Representatives included in its version of Substitute House Bill 49 significant cuts to three Ohio Department of Health (“ODH”) line items that will negatively impact Ohioans living with HIV. On behalf of Equitas Health, we appreciate that the Senate recognized the importance of maintaining an investment in public health. However, we are particularly concerned that the cut to the HIV Prevention and Treatment line item (440-444) is much greater than the across-the board cut that ODH line items experienced (19% compared to 3%). This line item helps to provide funding to prevent HIV and AIDS, and acts as a match to receive federal funding from the federal Ryan White grant program. Funds are used to provide education, training, and HIV screening.

Removing a commonsense, successful pathway to care for people at risk of contracting HIV and AIDS in order to save \$600,000 each year of the biennium is short-

sighted and will actually result in more costs to the state in the long-run. The state's relatively low-cost investment in testing, counseling, and education helps to avoid transmission of HIV and AIDS. These dollars are used to help screen high risk populations, including victims of sex trafficking and individuals with addiction, in community settings (as opposed to traditional health care settings), and link them to care. This line also funds the state hotline, which has already had more than 100,000 website hits and calls this year, exemplifying its ability to reach Ohioans in crisis.

The reductions to two additional ODH line items result from House changes that stripped the administration's appropriation authority. Under the House proposal, ODH would need Controlling Board approval to spend over the House appropriated amount to fully fund its programs supported by line items 440-609 (4L30) – HIV and Miscellaneous, and 440-618 (3920) – Federal Public Health Programs. The House has proposed a 17% reduction to line item 440-609 (4L30) and a \$5 million reduction to line item 440-617 (3920). Restoring appropriation authority is important because it eliminates the uncertainty inherent in giving Controlling Board the ability to potentially not fund the important services supported by these line items. Moreover, restoring appropriation authority does not add money to the system, as the “reductions” are an accounting maneuver.

Line item 440-609, HIV Care and Miscellaneous, is used for multiple programs within ODH, but the vast majority of funds is used for HIV/AIDS prevention and care activities. Drug rebate revenue that the state receives from pharmaceutical companies that manufacture medications purchased and dispensed by the Ryan White/Ohio HIV Drug Assistance Program (“OHDAP”), and grants and awards from private sources that fund various activities and projects within ODH, are deposited into the Nongovernmental Revenue Fund (Fund 4L30). OHDAP provides medications to clients through a specialty pharmacy, which ensures equal access to medications and protection of confidentiality across the state. The program also includes a health insurance premium payment program and a Medicaid spend-down payment program to help ensure that Ohio Medicaid consumers living with HIV are able to access necessary medications and treatments. As

the state's largest Ryan White provider, Equitas Health receives \$1.1 million in GRF and \$3 million from 4L30 through line item 440-609 for Part B services. This does not include federal dollars that pass through this line item.

Line item 440-618 provides funding for many programs within ODH, including those related to emergency health preparedness and response, family planning, safety, chronic diseases, primary care and rural health programs, AIDS/HIV, Black Lung, immunization, STDs, tuberculosis surveillance, and early intervention. This line item houses federal grant money. The House reduced appropriation authority from this line by \$5 million, but the impact to Equitas Health cannot be fully calculated, as the language is unclear as to the programs to which the reduction applies. The Senate substitute bill added some of the appropriation authority, but not to the full administration recommendation. This line item includes funding passed to Equitas Health through local health departments.

Please consider restoring all or some of the HIV Prevention and Treatment line item. Thank you for your time and attention and I am happy to answer any questions you may have.