



June 22, 2023

The Honorable Matt Dolan  
The Honorable Jerry Cirino  
The Honorable Vernon Sykes  
Ohio Statehouse  
1 Capitol Square  
Columbus, OH 43215

The Honorable Jay Edwards  
The Honorable Jeffrey LaRe  
The Honorable Bride Rose Sweeney  
Ohio House of Representatives  
77 S. High St.  
Columbus, OH 43215

Dear Conferees:

Thank you for the opportunity to provide comments on the most recent version of House Bill 33, Ohio's operating budget. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is a non-profit, 501(c)(6) professional organization representing Northern Ohio's medical community. Our mission is to support physicians in being strong advocates for all patients and to promote the highest quality of medicine. We are the oldest professional organization founded in 1824, and we are proud to be the voice of medicine for Cleveland's past, present, and future.

Please see below our comments on five areas of the budget.

**1. School-based Health Center Funding (Governor DeWine's Version Section 265.160 & House Version Lines 159929-159933)**

Given the current shortage of healthcare workers, particularly in rural areas of Ohio, it is critical to fund school-based health centers in high-need Ohio counties as included in Governor DeWine's version of HB 33 and in the version passed by the Ohio House of Representatives. School-based health centers are created through a partnership between a school or school district and a healthcare provider, and they provide Ohio's children with access to high quality, timely, and comprehensive health care services that they may not otherwise receive. Across Ohio, children are facing increasing health and education challenges. Over the past few years, we have seen rising rates of anxiety and depression, as well as higher rates of absenteeism. This reality cannot continue – we must turn the tide on this crisis to improve our children's health and well-being. By investing in school-based health centers, we can:

- Keep kids healthy and in school so their education is not interrupted.
- Reduce high costs to the healthcare system and Medicaid.
- Allow parents to stay at work so they are better able to support their families.

Data compiled by the Ohio Department of Education (ODE) shows improved health outcomes and academic achievement following the implementation of school-based health care including improved mental health outcomes and nutrition, reduced hospitalizations, improved grades, lower rates of absenteeism, and increased classroom engagement.<sup>1</sup> This funding is essential to ensure that Ohio's kids have access to the healthcare services they need.

We applaud your unwavering commitment to Ohio's children and families and urge you to act on our request to restore school-based health center funding to \$15 million over the biennium.

## 2. **Lead-Safe Home Fund Program (Lines 123583-588 and 123597-602, introduced budget)**

Ohio Department of Health (ODH) data from 2021 shows that 2% of Ohio children tested for lead had an elevated blood lead level over the 5 micrograms of lead per deciliter of blood guideline from ODH. This means that **thousands of Ohio children may be ingesting dangerous amounts of lead** which will almost certainly have detrimental effects on their developmental and behavioral health.<sup>2</sup>

The Centers for Disease Control and Prevention report that “exposure to lead can seriously harm a child’s health, including damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems.”<sup>3</sup> As Ohio practitioners and lawmakers, it is critical that we do everything in our power to limit our children’s exposure to lead and potential for lead poisoning to protect Ohio’s future workforce.

We urge you to invest in Ohio’s children by reinstating funding to the Lead-Safe Home Fund Program as proposed by Governor DeWine. These funds, in lines 123583-588 and 123597-602 of the introduced version of the budget, would be given to local governments for projects including lead hazard control and housing rehabilitation which would greatly decrease the risk of lead poisoning in Ohio’s children.

## 3. **Tobacco Flavor Ban (Senate Version – Section 9.681)**

The AMCNO is supportive of a flavor ban on tobacco products and appreciates the legislature’s attempt to keep tobacco products out of the hands of Ohio’s youth. However, the proposed language addresses only flavored e-cigarette products and allows for the continued sale of menthol cigarettes and other flavored products like snus, dip, and chewing tobacco.

Additionally, this provision preempts legislation at the local level targeting tobacco retail licenses which is an evidence-based way to reduce sales to underage youth tobacco use by tracking businesses who sell tobacco and removing bad actors from the market if necessary.<sup>4</sup>

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<sup>1</sup> Ohio Department of Education. *School-based health care support toolkit*.

<https://education.ohio.gov/getattachment/Topics/Student-Supports/School-Based-Health-Care-Support-Toolkit/Ohio-toolkit-Vision-for-school-based.pdf.aspx?lang=en-US>.

<sup>2</sup> Ohio Department of Health. *Prevalence of Confirmed Elevated Blood Levels Among Tested Ohio Children*.

<https://odh.ohio.gov/know-our-programs/childhood-lead-poisoning/data-and-statistics/prevalence-of-confirmed-elevated-blood-lead-levels>

<sup>3</sup> Centers for Disease Control and Prevention. *Prevent Children’s Exposure to Lead*.

<https://www.cdc.gov/nceh/features/leadpoisoning/index.html#:~:text=windowsills%2C%20and%20wells,-,Exposure%20to%20lead%20can%20seriously%20harm%20a%20child's%20health%2C%20including,and%20hearing%20and%20speech%20problems.>

<sup>4</sup> Counter Tools. *Licensing, Zoning, and Retailer Density*. <https://countertobacco.org/policy/licensing-and-zoning/>

This addition will negate every tobacco retail license passed at the local level and could even negate additional non-smoking policies enacted by school and park districts.

The current language is also difficult for law enforcement to enforce, especially given the current shortage in their workforce. Implementing this language would reverse tobacco legislation in Ohio by 10 years and allow easier sale of tobacco products in Ohio. Ohio has always been a home rule state supporting local decision making, and we urge you to continue this tradition by letting local officials dictate the tobacco regulations in their counties.

#### **4. Diversity, Equity, and Inclusion (DEI) in Institutions of Higher Education (Senate Version Section 33405.0217)**

The AMCNO does not believe that there should be two systems of medical education in Ohio where private schools require diversity, equity, and inclusion trainings while public medical schools cannot. Issues of health equity are of particular importance to medical schools as certain health issues affect different population groups at different rates. For example, it is important for medical students to learn about the maternal mortality crisis and its effect on Black mothers who die at three times the rate of white women during birth.<sup>5</sup>

Additionally, it is important for future physicians to learn in medical school how to speak to individuals of different cultural backgrounds, which is often taught during DEI trainings. The Agency for Healthcare Research and Quality says that “cultural competence is essential for effective shared decision making. Providers striving to deliver high-quality care to all patients understand that cultural factors influence patients’ health beliefs, behaviors, and responses to medical issues.”<sup>6</sup> Not requiring this sort of training from Ohio’s medical students puts them at a disadvantage in the workplace when these tools can help them better care for *all* their patients.

Many of our members attend Northeast Ohio Medical University and Ohio University Heritage College of Osteopathic Medicine which would both be affected by these rules. We urge you to remove this provision from the budget and allow institutions of higher education to dictate their training requirements.

#### **5. Pediatric Behavioral Health Funding (Senate Version Section 337.145)**

We have seen the need for pediatric behavioral health rising over the past several years, and we applaud the Senate for appropriating funds to ARPA Pediatric Behavioral Health to strengthen the behavioral health workforce and improve access to these services. This is increasingly important as we see mental health outcomes worsening for Ohio youth. 13.1% of children ages 3-17 report a diagnosis of anxiety or depression, and there is a suicide rate of 5.1 per 100,000 children ages 10-17 years old in Ohio.<sup>7</sup> For these reasons, we ask you retain this language in the budget.

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<sup>5</sup> Kaiser Family Foundation. *Racial Disparities in Maternal and Infant Health*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.

<sup>6</sup> Agency for Healthcare Research and Quality. *The SHARE Approach – taking Steps Toward Cultural Competence*. <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-7.html>.

<sup>7</sup> The Annie E. Casey Foundation. *2022 Kids Count Data Book*. <https://assets.aecf.org/m/databook/aecf-2022kidscountdatabook-embargoed.pdf>; Health Policy Institute of Ohio. *Data Graphics*. <https://www.healthpolicyohio.org/hpio-data-visualizations/>.

We appreciate your continued willingness to receive feedback during the budget revision process, and we look forward to working with you in conference.

Sincerely,

A handwritten signature in black ink that reads "Jen Johns". The signature is written in a cursive, flowing style with large loops.

Jen Johns, MPH  
Executive Director