Ohio Senate Bill 1:

Implications for the Health of Our Community

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At the height of the 2020 pandemic, Governor DeWine described how Coronavirus “brought into stark contrast disparities that have long existed in Ohio and the nation.” In his August 2020 letter to Ohioans, Governor DeWine proclaimed:

> *“These disadvantages in health and health care are closely linked with social and economic conditions and tied to race, ethnicity, age, and even geography… Race is indisputably a factor in health, education, and economic disparities, and these divisions of race have plagued us since our country’s inception. These inequities can only be changed through intentional acts to break down barriers.” (1)*

Reversing course on his 2020 statement, the Governor signed Ohio Senate Bill 1 (SB1) into law earlier this year, despite receiving more than 1,700 opponent testimonies and fewer than 50 in support. the Governor Signed Ohio Senate Bill 1 (SB1) (2) into law earlier this year, despite receiving more than 1,700 opponent testimonies and fewer than 50 in support. (3)

While the bill makes sweeping changes to higher education across Ohio, its implications for medical education—and consequently, the health of our community—are particularly alarming.

Background: The Role of Social Determinants in Health Outcomes

Social determinants of health (SDOH) are “life-enhancing resources such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life.” (4) In Greater Cincinnati, life expectancy varies by up to 26 years between neighborhoods (5). These disparities are tied to race, socioeconomic status, and access to healthcare.

How Does SB1 Impact Health Outcomes?

While SB1 includes numerous provisions impacting Ohio's higher education system, this article focuses on a small section of the 42-page bill that could significantly hinder efforts to improve health outcomes in underserved communities. Per Sec. 3345.0216. (B)(vi), SB1 prohibits:

> *"The establishment of any new institutional scholarships that use diversity, equity, and inclusion in any manner. For any institutional scholarships existing on the effective date of this section, a state institution shall, to the extent possible, eliminate diversity, equity, and inclusion requirements. If the state institution is unable to do so because of donor requirements, the institution may continue to offer those institutional scholarships. However, the state institution shall not accept any additional funds for the operation of institutional scholarships that have diversity, equity, and inclusion requirements." (6)*

In effect, this change further steepens the already challenging financial path for qualified, underrepresented candidates pursuing medical education.

The Myth of 'Unfair Advantage' in DEI Scholarships

A common argument against DEI-related scholarships is that they create "unfair advantages" for underrepresented candidates. However, despite these scholarships having been in place for years, the physician workforce in Cincinnati remains overwhelmingly unrepresentative of the community:

Underrepresented in Medicine (URM) physicians account for less than 9% of the total physician workforce in Hamilton County, while underrepresented patients represent nearly a third of the county's population. (15)

Hamilton County, Ohio				
Race or Ethnicity	**Physicians**	**% of Total Physicians**	**Population**	**% of Total Population**
Black or African American	249	7.09%	209,173	25.18%
American Indian or Alaska native	10	0.28%	2,244	0.27%
Native Hawaiian or Other Pacific Islander	6	0.17%	673	0.08%
Hispanic or Latino	46	1.31%	36,250	4.36%
Total	**311**	**8.85%**	**248,340**	**29.90%**

This data, coupled with well-documented systemic barriers, limited mentorship opportunities, and lack of representation in medical education (16), dismantles the narrative that DEI scholarships create an uneven playing field rather than work to address long-standing disparities.

The Consequences: Data Speaks Volumes

Removing DEI considerations from scholarship eligibility has tangible consequences, and the data underscores these concerns:

Underrepresented in Medicine (URM) Physicians Serve Where They Are Needed Most:

URM physicians are nearly 3X more likely to practice in underserved communities, helping to address disparities in healthcare access. (7)

Better Outcomes Through Racial & Ethnic Concordance:

Studies show that patients of color experience better health outcomes when treated by doctors of the same race or ethnicity. (8)

Severe Health Disparities Persist in Cincinnati:

Life expectancy can vary by as much as 26 years across neighborhoods, and the mortality rate for non-white residents is 153% higher than for white residents. (9)

In a region where racial health disparities are both stark and persistent, ignoring evidence-based strategies to improve outcomes—such as increasing physician diversity—undermines efforts to create equitable healthcare systems.

The Economic Case for Physician Diversity

Reducing health disparities isn't just a moral imperative—it's an economic one. Studies show that addressing disparities in access to care can significantly reduce overall healthcare costs by decreasing avoidable hospitalizations and improving population health outcomes.

$451 billion

annual cost of health disparities

A study funded by the National Institutes of Health revealed that in 2018, racial and ethnic health disparities cost the U.S. economy $451 billion. (17)

$229 billion

in potential savings

Research from the Urban Institute estimates that eliminating racial health disparities could reduce direct healthcare expenditures by $229 billion over a 10-year period. (18)

Silencing Voices: Perceived Institutional and Professional Risks

So, why isn't the public—or even the broader medical community—hearing more about these implications?

SB1's provisions are written in broad and ambiguous terms, leaving institutions and individuals unsure of how much they can advocate for diversity and inclusion without jeopardizing their funding or professional standing. This ambiguity creates a chilling effect, deterring open discussion and stifling efforts to address systemic health disparities.

In fact, this very article—authored by the Academy of Medicine of Cincinnati, a non-partisan association of physicians—had to undergo careful legal review to affirm our right to advocate for equitable healthcare and to ensure our voice could be heard without compromise.

Why Scholarships Matter in Addressing the Physician Shortage

The Growing Physician Shortage: The United States faces a projected shortage of up to 86,000 physicians by 2036 (10), with the most acute deficits in primary care and underserved areas.

Delays in Access to Care: In 2024, a study of metropolitan areas ranked Cincinnati among the worst in the nation for physician wait times—averaging 47 days to secure an appointment. (11)

Barriers to Medical School:
The cost of a four-year medical education in Ohio ranges from $120,000 to $410,000. (12)

The average medical school debt for the MD class of 2023 was approximately $234,597. (13)

86K
Physician Shortage

47 Days
Average Wait for Accessing Primary Care

$120k-$410k
Average Cost of Medical School

$235k
Average Medical School Debt

The Role of DEI Scholarships:
While SB1 does not eliminate scholarships entirely, it prohibits consideration of DEI factors in any form of scholarship, including privately endowed scholarships intended to increase diversity in medical education.
Without these supports, fewer underrepresented students will be able to overcome financial and systemic barriers to enter medical school—exacerbating disparities and widening the health gap.

A Call to Action:

Continue Advocating for Equitable Medical Education

Although this article focuses on the elimination of Scholarships supporting financial pathways for Underrepresented medical students, this provision is a mere 4 sentences within SB1's 42 pages. The bill in its entirety reaches far beyond this provision in reversing efforts to improve disparities in medical education, and ultimately within the health of our community.

With the referendum effort unsuccessful and SB1 rolling into effect, our focus must now shift to mitigation, advocacy, and long-term strategy.

Intentional action is needed now more than ever. We encourage our members, healthcare professionals, and community advocates to:



Be a Voice

Participate in community forums, legislative advocacy, and public education efforts



Support Alternative Funding

Support private organizations that can continue offering DEI-focused scholarships.



Lend Your Time, Talent, or Treasure

Volunteer or lend your expertise to organizations working to reduce health disparities



Keep the Dialogue Going

In the midst of constant change, help keep this issue visible — protecting progress in physician workforce diversity and health equity.

Next Steps

Over coming weeks and months, the Academy will be engaging with local leaders from The Doctors Foundation (led by HealthPath Foundation of Ohio), Cincinnati Medical Association, Center for Closing the Health Gap, and more to explore avenues to provide greater resources for our healthcare community elevate our voices and our support. If you would like to join in the conversation, please reach out to our Executive Director, Jessica Sellar.

SB1 risks dismantling decades of progress in building equity in medical education—and ultimately, in addressing the health disparities that persist in our communities. The work is far from over.

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Note:

This article reflects the perspectives of the author and collaborating contributors and should not be interpreted as representing the views of individual members of the Academy of Medicine of Cincinnati.