



Ohio House Finance Committee, Health and Human Services Subcommittee
Testimony on H.B. 64, 131st G.A., Medicaid Proposals

Tara Britton
Public Policy Associate
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Chairman Sprague, Ranking Member Sykes, and members of the Health and Human Services Subcommittee, thank you for taking the time to hear our testimony on key Medicaid proposals. My name is Tara Britton and I am a Policy Associate at The Center for Community Solutions. CCS is a nonpartisan think tank focused on research and analysis of health and human service issues with offices in Cleveland and Columbus. I would like to share our perspective on proposed changes to the Medicaid program, including the implementation of premiums for some enrollees and changes to eligibility categories.

While we support the administration's overall goals of continuing to improve the Medicaid program, in terms of quality and access to services, we are concerned that charging premiums to the nondisabled adult Medicaid population between 100 and 138 percent of the federal poverty level may result in *less* access to needed services. Ohio's Medicaid program has a churn rate--when individuals enter and exit the Medicaid program--of about 15 percent, based on data most recently updated in January 2013.¹ Given the added component of paying a premium, this churn rate will likely increase, especially given the experiences of other states that have implemented premiums. Continuity of coverage is vital for those with chronic illnesses, including behavioral health disorders, to remain healthy enough to work and even what seems like a minimal premium can create a barrier to this.

The number of persons required to pay premiums is estimated at 100,000. This is a substantially larger number than the Medicaid beneficiaries (with substantially higher

¹ Leighton Ku, PhD, MPH, and Erika Steinmetz, MBA, George Washington University. *The Continuity of Medicaid Coverage: An Update*, April 19, 2013.
http://www.communityplans.net/Portals/0/coverageyoucancounton/Continuity_of_Medicaid_Coverage_Update_4-2013.pdf

incomes) who currently pay premiums as part of the Medicaid Buy-In for Workers with Disabilities. So it is not clear to us that there is a system in place to collect the premiums, whether this collection system would have to be entirely financed by the state, whether any premiums collected would have to be repaid to the federal government, and whether there would be any provisions for exempting anyone because of hardship. We believe these questions should be answered before allowing this proposal to move forward.

Medicaid Eligibility for Pregnant Women

Community Solutions recommends continued Medicaid coverage for pregnant women up to 200 percent of the federal poverty level. Comprehensive, timely prenatal care is vital for the health of the mother and baby and is a key factor in healthy birth outcomes which can contribute to lowering the infant mortality rate. Reduction of the infant mortality rate is tied to prenatal care through early detection of: maternal health issues, complications of pregnancy, and the mother receiving appropriate treatment and interventions for smoking or other substance abuse. Detection and treatment must happen early on in pregnancy in order to carry to term and increase the chances of delivering a healthy baby.

As you have likely heard, pregnancy does not trigger a special enrollment period on the health insurance Marketplace, so if an uninsured woman becomes pregnant outside of the regular enrollment period, she has no way to access insurance. I think there is an additional important point to be made in terms of consistency in Medicaid coverage. Children in Ohio are covered through Medicaid up to 206 percent of the federal poverty level, so once a baby is born into a family with income between 139 and 200 percent of poverty, the baby is eligible for Medicaid. At the point of birth, Medicaid may also pick up covering the mother if the addition of the baby as a family member pushes overall family income under 139 percent of poverty (since the poverty level is determined by income and family size). Why not be consistent in coverage to ensure the health of the family from pregnancy through birth and beyond?

Thank you again for your time. I'm happy to take questions.