



TESTIMONY

UNIVERSAL HEALTH CARE ACTION NETWORK OF OHIO (UHCAN OHIO)

House Bill 49: Main Operating Budget

Finance Subcommittee on Health and Human Services

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Chairman Romanchuk, Ranking Member Sykes, and members of the Committee, thank you for the opportunity to testify today. I am Steve Wagner, executive director for Universal Health Care Action Network of Ohio (UHCAN Ohio). UHCAN Ohio is a statewide nonprofit organization working to inform and unite consumers and their allies to assure everyone has access to quality, affordable health care. We are a member of Advocates for Ohio's Future, the umbrella health and human services coalition for the state of Ohio.

UHCAN Ohio supports the continued coverage of the Medicaid populations, including the expansion population. Emergency department use, which is often a very costly form of care, decreased for Group VIII enrollees¹, also known as the expansion population. Nearly half of Group VIII enrollees (47.7%) reported improvement in their overall health status since enrolling in Medicaid. Group VIII enrollees experienced improved chronic disease and health risk factor management for conditions such as heart disease and depression. It is critical that the Ohio budget continues to cover all populations and critical that our US Congress continues Medicaid as a state-federal partnership that covers all eligible persons with quality care. Please assure that the working poor and others covered by the Medicaid expansion continue to have access to health care and the opportunity to be healthy.

The expansion of Medicaid was the most dramatic act in decades to create health equity; however, Ohio still has significant health challenges based in race and ethnicity. Because we think that it is critical that everyone have an equal opportunity to be healthy, UHCAN Ohio is opposed to the imposition of premiums for any part of the Medicaid population. A premium program would increase health disparities by increasing the number of persons of color that do not have health insurance. Whites make up the majority of Medicaid recipients in Ohio, but because of race-based income inequality, a much larger percentage of the non-white population must rely on Medicaid to access health care. In 2014, 20% of Ohioans described as white were on Medicaid, while 42% of people described as black and 33% of Hispanics were on Medicaid.² Any policy that negatively impacts the population on Medicaid will inescapably harm a larger percentage of Ohio's communities of color.

In 2016 Ohio's Department of Medicaid requested a federal waiver (the Healthy Ohio waiver) to allow Ohio to charge a premium to most Medicaid recipients. When the Ohio Department of Medicaid analyzed the impact of Healthy Ohio last year it estimated that the policy would result in 126,000 Ohioans losing Medicaid coverage.³ Similarly, this

¹ Ohio Medicaid Group VIII Assessment: A Report to the Ohio General Assembly; 2016.

<http://medicaid.ohio.gov/portals/0/resources/reports/annual/group-viii-assessment.pdf>

²Kaiser Family Foundation State Health Facts; Medicaid Coverage Rates for the Non-Elderly by Race and Ethnicity; 2014. <http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/>

³ Healthy Ohio Section 1115 Demonstration Waiver Summary. Public Notice and Request for Comment. April 5, 2016. Accessed April 6, 2016.

<http://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/HealthyOhio-Summary.pdf>

budget requires the imposition of premiums; it will lead to a disproportionate loss of Medicaid coverage in communities of color and will exacerbate the health disparities that exist across race and ethnicity in Ohio.

The Health Policy Institute of Ohio's recently released health value dashboard provides a good overview of how dramatic a problem Ohio has with health disparities. For data available by population groups, Ohio had 66 out of 73 measures where medium to large disparities were identified. People of color often delay or forego getting health care because of cost,⁴ not because they do not value health, but because Ohio's working poor population also value paying for shelter and food.

Policies resulting in Medicaid premiums are counter to the vision of Medicaid expansion to improve care and reduce costs. We can do better for all people of Ohio. Please do not impose additional barriers on people who deserve health.

⁴ 14.2% of blacks reported that they went without care because of cost in comparison to 9.4% of whites and 22.5% of Hispanics. This number greatly improved due in part to the expansion. [2017 Health Value Dashboard](http://www.healthpolicyohio.org/2017-health-value-dashboard/). Health Policy Institute of Ohio. <http://www.healthpolicyohio.org/2017-health-value-dashboard/>