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Chairman Romanchuk, Ranking Member West and members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to provide testimony on House Bill 166, which creates the State Fiscal Year 2020-2021 Operating Budget. I am Brandi Slaughter and I serve as the Chief Executive Officer at Voices for Ohio's Children, a statewide, nonpartisan advocacy organization, focused on improving the well-being of children in our state.

Ohio is the home to nearly 3 million children, at Voices, we strive to give all of them a voice in the public policy process. While priorities and issues change from one General Assembly to another, children's needs remain the same. They need a loving family and support system, nourishing meals, access to high-quality healthcare, safe neighborhoods, quality schools, engaging community activities, and a variety of college and career options. We know when children and families have access to quality health care; they do better in school and are more likely to excel in life. Today, I will focus on the approximate 40% of Ohio children who are covered by Medicaid.

In focusing on these children, we do so with our partners of the Ohio Children's Budget Coalition. We support the items identified in the Children's Budget which was carefully crafted by a diverse group of children's advocates. We will highlight important pieces of the budget asks that pertain to Medicaid captured in the Children's Budget as well as support specific Medicaid items introduced in the Governor's budget.

Supporting CHIP

In Ohio, 1.55 million children relied on Medicaid and CHIP at some point in FY 2017 to access the health care they needed to be healthy. 44% of infants, toddlers and preschoolers, 46% of children with disabilities, 82% of children that live at or near the federal poverty line and 100% of foster youth are covered by Medicaid and the Children's Health Insurance Program (CHIP) in Ohio. Children need access to continuous, affordable health care coverage and services to grow strong and learn at the greatest capacity.



The Children's Health Insurance Program covers children whose family income exceeds Medicaid eligibility ceilings, but falls under 206% of the federal poverty level. These approximately 225,000 Ohio children receive benefits through the Medicaid program. Over nearly a decade Ohio's match rate for CHIP, like all other states, was lowered and the federal match rate was increased. Now, as anticipated under federal law, the federal CHIP match rate will gradually return to a still enhanced, but lower matching rate. The cost to Ohio will be \$200 million over the biennium. We support the Governor's inclusion of those funds in this budget.

Improving the Health of Moms and Babies

Voices commends Governor DeWine and his Medicaid Director Maureen Corcoran for laying out a plan to *Improve the Health of Moms and Babies*. Voices supports these investments, including \$47.1 million (14.1 million state GRF) in Medicaid home visiting services, approximately \$26 million (\$8 million GRF) for infant vitality efforts in targeted communities, as well as the investment in an 1115 Substance Use Disorder application which will seek 12 month Medicaid continuous eligibility for post-partum women, and dyad care for mothers with opioid use disorder and their infants with neonatal abstinence syndrome. We have heard from advocates and health service providers around the state on the negative impact of the opioid crisis on families and children. We know that it is essential that pregnant women receive treatment.

Protecting the Medicaid Expansion

We also commend the Governor for preserving the Medicaid expansion in this budget. Approximately one-third of expansion enrollees are parents—parents whose income exceeds the 90 percent ceiling for parents' Medicaid, yet falls below the 138% ceiling for the Medicaid expansion. For moms who have had Medicaid while pregnant because of higher eligibility levels, the Medicaid expansion allows them to keep getting health care, if their income does not exceed 138% of the federal poverty level. This is important so that they can continue treatment of chronic conditions that may have been addressed during their pregnancy, treat post-partum depression if that is an issue, and allow for safe spacing of their

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pregnancies. For women of child-bearing age the expansion helps them to be healthy at the point of conception, making it more likely that they will give birth to a healthy baby.

For children to be healthy they need healthy parents. The Medicaid expansion enables their parents to be healthy enough to work. Additionally, healthy parents are more likely to engage in positive ways with their children. A study published in Health Affairs indicates that the Medicaid expansion reduced distress for low-income parents (McMorrow, Stacey et al., *Medicaid Expansion Increased Coverage, Improved Affordability, and Reduced Distress for Low-Income Parents*, Health Affairs (May 2017)). Another study finds that “insured children of uninsured parents have worse health status and are at a higher risk of asthma, attention-deficit/hyperactivity disorder, developmental delays learning disabilities and mental disabilities compared with insured children of insured parents (Akobirshoev, I. *Does Parental Health Mediate the Relationship between Parental Uninsurance and Insured Children’s Health Outcomes? Evidence from a U.S. National Survey*, Health and Social Work, (May 2017)). If we can protect the health of parents, we are more likely to protect the health of their children.

Stemming the Drop in Child Medicaid Enrollment

Even though Medicaid covers over 40 percent of Ohio’s children, there still are eligible children not getting the benefit of Medicaid. During calendar year 2017, the most recent year for which there are complete numbers, there were 38,000 fewer children on Medicaid at the end of 2017 than at the peak enrollment in March of that year. This drop would not be a concern if we could see that more children were being

covered by private employer coverage. However, according to the U.S. Census Bureau’s American Community Survey, the rate of uninsured children jumped in Ohio from 3.8% in 2016 to 4.5% in 2017. (Alker, Joan and Pham, Olivia, *Nation’s Progress on Children’s Health Coverage Reverses Course*, Georgetown university Center on Children and Families (November 2018).

From recent data from the Ohio Department of Medicaid we can see that in a four year period about 250,000 children churned in and out of the Medicaid system,

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with average time between enrollment being 190 days. Some of these children may have had other coverage during the gap, but many most likely did not. Some of the drop in Medicaid enrollment is explained by increased income resulting from greater availability of work. In 2018, 11.6% of children who lost coverage are known to have lost it due to income ineligibility. Half of those who lose Medicaid lose it for unknown reasons. Even assuming a portion of the unknown reason group have experienced an increase in income, there are many children losing coverage for reasons we just do not know.

We propose that the General Assembly allocate \$4 million GRF to perform outreach to families with children losing coverage in order to rapidly re-enroll those who remain eligible, and to better understand what barriers exist in the redetermination process. Conservatively, this \$4 million would result in \$8 million with a 50/50 federal match, and possibly even qualify for a higher match. This could place an outreach worker in every county, and multiple workers in larger counties. This would be a way to rapidly re-enroll children who remain eligible or have regained eligibility, and will help move Ohio toward 100 percent coverage of children.

Maximizing the benefits available through Ohio Medicaid

Voices believes that there are children who are not realizing the promise of Medicaid's Early and Periodic Screening, Diagnostic and Treatment component. Known as Healthchek in Ohio, this program exists to assure that children receive necessary preventive care, and that they receive the medically necessary treatment that screenings reveal the child needs. However, at the regional forums we held across the state this past October, we learned that many families are waiting too long to get care for their children. (Voices for Ohio's Children, The First 1000 Days- A Report of Voices for Ohio's Children's Fall 2018 Regional Forums, (December 2018). <https://bit.ly/2TEm5Zu>) Due to low reimbursement rates, an insufficient number of speech/hearing therapists accept Medicaid. If we are to maximize that critical first years of a child's life, children must be able to timely access such therapy. We also heard of insufficient availability of children's mental health providers and pediatric dentists. In the instance of providers whose services are critical to children's physical and mental health and where shortages and waiting lists can be identified, we recommend the Ohio General Assembly consider a targeted investment.

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Chairman Romanchuk and members of the committee, thank you for this opportunity to testify and I am happy to answer any questions.

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