



Interested Party Testimony Regarding HB 64

Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee, thank you for this opportunity to testify before you today regarding HB 64. My name is Sandy Oxley, and I am the Chief Executive Officer of Voices for Ohio's Children.

Voices for Ohio's Children advocates for policies that maximize a child's life chances by ensuring children are safe, healthy, educated, connected, and employable. Our vision is for children's interests to be at the top of every community's agenda. Voices helps ensure that the needs of Ohio's 3 million children are prioritized at the local, state and federal levels. Recently, our work with Ohio's Congressional Delegation helped to ensure that Congress reauthorized funding for the Children's Health Insurance Program (CHIP). If funding for this vital children's health program would not have been reauthorized, Ohio alone would have faced a \$99 million shortfall in its Medicaid budget for state fiscal year 2016.

On behalf of Voices, I would like to thank Governor Kasich and his Administration for the various Medicaid related provisions included in the Executive version of HB 64 that will positively impact our state's kids. We believe that the maintenance of coverage for Ohio's newly eligible population will have a positive effect on children and families in our state. We also believe that the inclusion of funding to support thousands of new Individual Options and SELF waivers to reduce the waiver waiting list for individuals with developmental disabilities will help children and families in Ohio.

As many of you know, Voices has been a strong supporter of legislative efforts to reduce Ohio's infant mortality rate. Our state is 48th in the nation in overall infant mortality and 49th in the nation amongst African-Americans. Voices applauds the efforts of the Kasich

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Administration and the General Assembly to address this crisis, and believes that more can and should be done to make strides in this area. With that in mind, Voices believes that there are provisions in the Executive and House passed version of HB 64 that should be altered in order to avoid the implementation of policies that may have a negative impact on our states efforts to address infant mortality and children's health.

As a result of current regulations associated with the Affordable Care Act (ACA), provisions in the Executive and House passed version of HB 64 have the potential to negatively impact infant mortality and children's health outcomes in our state. Specifically, we believe that certain problems may be created by provisions in both versions of HB 64 that decrease the Medicaid eligibility levels of pregnant women from 200% of the federal poverty level (FPL) to 138% FPL, while proposing that these individuals obtain health coverage in plans on the federal marketplace.

Pregnancy and the ACA Special Enrollment Periods

Final rules that were released on Feb. 20th from the U.S. Department of Health and Human Services (HHS) indicate that there will not be a Special Enrollment Period established for pregnancy. Consequently, if an uninsured woman with an income above 138% FPL and below 200% FPL becomes pregnant outside of an open enrollment period, she will not be able to enroll in Marketplace coverage. This will leave low-to-middle income pregnant women with few, if any, options for health coverage if Medicaid eligibility is cut back in Ohio. This will result in decreased access to the vital prenatal services that research shows are effective in reducing low-birth weight and premature births. These same individuals with high-risk pregnancies will also miss out on the enhanced care management proposed in both versions of HB 64 for women with high-risk pregnancies.



Potential Increases in Medicaid Costs to Ohio

Uninsured children (up to age 19) in families with income up to 206% FPL are eligible for enrollment in Healthy Start, Ohio's version of the recently re-funded Children's Health Insurance Program (CHIP). This means that Ohio will still be responsible for the costs associated with certain infants (with family incomes between 138% - 200% FPL) whose mothers did not receive prenatal services because the mothers were unable to enroll in an insurance plan in the federal marketplace outside of the open enrollment period. Research indicates that the average cost of caring for a premature or low birth-weight baby for its first year of life is approximately \$49,000. Research also shows that if the baby has to be hospitalized in neonatal intensive care units, the cost is around \$5,000 per day.

Conclusion

Voices appreciates the work of the Kasich Administration and the General Assembly to implement Medicaid policies that will have a positive impact on children and families. We are also committed to working with members of the Administration and General Assembly to find a practical way to address the potential problems that may arise as a result of the proposed budget language in HB 64 for Medicaid coverage for pregnant women. Voices believes that by working together with policymakers, advocates and stakeholders to alter provisions associated with the Medicaid coverage of certain pregnant women, we can ensure that the final version of HB 64 will not further exacerbate our state's infant mortality crisis, and will help guarantee better health outcomes for Ohio's children.

Thank you again for this opportunity to testify before you today. I would be happy to answer any questions that you have at this time.