



House Finance Health and Human Services Subcommittee
Testimony on H.B. 49
King Stumpp, President & CEO, Netcare Access

Chairman Romanchuk, Ranking Member Sykes and members of the House Finance Health & Human Services Committee, thank you for allowing me to testify today on H.B. 49 regarding the Medicaid Behavioral Health Redesign.

My name is King Stumpp and I am the President & CEO of Netcare Access located here in Columbus, Ohio. Netcare is a 24/7/365 day a year Psychiatric Crisis & Emergency Services Center for people in crisis from mental health and substance abuse disorders. Our centers here in Columbus saw 17,000 citizens last year, 60% suffering from substance abuse and 60% of that number exhibiting opiate dependence. Netcare employs 270 round the clock staff consisting of doctors, nurses, social workers and techs to provide this crisis care and we are on the front lines of the opiate epidemic in Central Ohio.

I am here today because I have many concerns about the current Medicaid BH Redesign:

First and foremost, Ohio crisis facilities, like Netcare Access, stand to lose 29% of Medicaid reimbursement effective July 1, 2017 under this redesign. Given that Medicaid expansion provided few resources to increase service capacity, despite expanding service to 700,000 Ohioans, this rate reduction is a travesty, particularly in light of the opiate epidemic. Our center cannot withstand such a reduction.

Our workforce is another issue. The pool of licensed staff is very shallow and competition is fierce. Many current vacancies go unfilled, further stressing those who remain working in the field. This work is high risk with extremely acute and, at times, volatile patients. Many are suicidal and homicidal when they arrive at our facility. Stabilization of these individuals takes a very special set of skills.

Timely payment for services is also an issue and we are concerned about the timeframe for testing the IT and electronic health record changes that will be required to accommodate the redesign. Our agency operates on a \$16 million budget but we have only a 30 day operating reserve. IT changes take time and are expensive unfunded mandates. I have been in the BH field for over 30 years and I have yet to see these transitions go off as planned or on time. The current timeframe of beginning testing in early May and operational by July 1 is unrealistic.

Finally, I will tell you that the decreased system capacity that will result from rate reductions and unrealistic timelines will result in a shift to more expensive levels of care, such as hospital ERs, which are already overwhelmed. Jails will also see a dramatic influx of mental health and substance abusing individuals who cannot be stabilized in a crisis center. Law enforcement will be burdened with and replace appropriate, professional crisis care. This is not an outcome that you desire.

Thank you for allowing me to comment on the current state of the Ohio Medicaid BH Redesign and I will be happy to take any questions.