Ohio Senate
Finance Subcommittee on Health and Medicaid
FY2018-2019 Operating Budget Testimony
The MetroHealth System
Dr. James Misak, Vice Chair, Community and Population Health
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Good afternoon, Chairman Hackett, Vice Chair Tavares, and members of the committee. Thank you for the opportunity to provide testimony. I am Dr. James Misak and I am a family physician and vice chair for community and population health in the MetroHealth's System's department of family medicine.

The MetroHealth System, located in Cuyahoga County, is one of Ohio's largest Medicaid providers, with almost 2 million Medicaid outpatient visits annually. Almost half of the patients we see at our hospital are insured by Medicaid. As such, we have extensive experience with Medicaid care delivery and payment reform that we believe can be helpful as you contemplate House Bill 49 and its changes to Ohio's Medicaid program.

Throughout our history in serving as the safety net for the communities we care for, we have seen firsthand that continuous coverage works. Continuous coverage of Medicaid expansion enrollees can achieve the "triple aim" of improved care and improved population health, all while lowering the total cost of care. And it's not just any care, but the *right* care, in the right place at the right time, that matters.

However, disrupted coverage leads to barriers to the right care, worse control of chronic conditions, more avoidable complications, and higher costs.

This is why we are concerned with steps taken by the House to limit who is eligible for Medicaid coverage through various proposed waivers and imposing work requirements on some of the most vulnerable citizens in our state. Citizens who are in search of work, serve as a family caregiver, are awaiting treatment for a substance abuse disorder, or are victims of traumatic experiences such as domestic violence, should not be denied access to coverage through the Medicaid program.

In addition, provider quality improvement initiatives, such as the state's Comprehensive Primary Care program, combined with continuous access to coverage and care, can deliver substantial health benefits to the Medicaid expansion population. Eliminating or reducing our investments in these programs as they are just launching, while at the same time restricting access to coverage and care, will only further exacerbate the poor health outcomes our state experiences, as outlined by the Health Policy Institute of Ohio. Instead, we should look at designing a waiver that incentivizes making the right choices and the best behaviors.

Furthermore, as the President and Congress deliberate on changes to the Medicaid program and the future of Medicaid expansion as a whole, it makes more sense to let those changes unfold and then pivot to adjust accordingly to position our state and its Medicaid program to best meet our needs.

Unnecessarily tying our hands in whom we will cover, how we choose to provide coverage, and how that coverage is paid for in a time of great uncertainty would seem imprudent. Moreover, such decisions could lead to long-term negative impacts to our state's fiscal health. For example, tying the base year for future Medicaid spending, as proposed in a per capita cap system under the American Healthcare Act, to a year in which Ohio needlessly reduces its Medicaid reimbursement from the federal government, could markedly worsen the current deficit we experience in our federal tax dollars returning to Ohio.

In closing, I would encourage you to remain committed to what we know works during this time of uncertainty. Coverage works, and Medicaid works in improving the health outcomes and workforce readiness of our state.

Thank you again for the opportunity to provide testimony today and I would be happy to answer any questions you might have.