



Advocates for Ohio's Future

Testimony to the Ohio Senate

Finance Subcommittee on Health and Medicaid

Amended Substitute HB 166, Main Operating Budget FY2020-FY2021

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Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Kelsey Bergfeld. I am the Coalition Manager of Advocates for Ohio's Future (AOF). AOF is a nonpartisan coalition of nearly 500 endorsing organizations that promote health and human service budget and policy solutions that support healthy children and families, quality communities and pathways to prosperity for all so that all Ohioans live better lives. A list of AOF Steering Committee members is attached to our testimony and also available at www.advocatesforohio.org.

Ohio should be a great place for all Ohioans to live and work. Even with the recent progress that we have made, this is not a reality for many Ohioans. We are here today to talk about Ohio's budget and public policy priorities that can strengthen Ohio's families and communities, and increase opportunity for Ohioans across our state.

The budget passed by the House includes important investments in Ohioans and Ohio communities which will promote and support family stability and self-sufficiency. We applaud the Ohio House's recognition that investing in Ohio builds a better future. We are particularly pleased with the investments made in education, children's services, adult protective services, and the inclusion of the Pregnancy-Associated Mortality Review Committee (PAMR) and reporting requirements.

While Amended Sub HB 166 boosts investment in some social determinants of health, deeper investment is needed in early care and education, food assistance, protective services for seniors, direct aid and job training for the poorest families, public transportation funding and refundability for the earned income tax credit. The basic needs of Ohio's children and families have been ignored for too long, and our most vulnerable have fallen further away from the quality of life we would expect in a state as prosperous as Ohio. More can be done to truly improve the lives of children and families now, and for generations to come. We must follow through on the Governor's commitment to help those who have been left behind.

SNAP E&T 50/50 Reimbursement "SNAP to Skills"

One way to promote self-sufficiency is to ensure quality education and job training programs are available for low-income individuals across the state. Most adults receiving SNAP benefits are subject to an Employment and Training (E&T) requirement. They may fulfill their E&T requirement by participating in either: (1) a work experience program (WEP), (2) employment and training activities, which may include either basic education or vocational training, or (3) job search/readiness programming.

Any provider of E&T programming, and related supportive services, can receive a 50 percent reimbursement from the federal government if their services were not initially provided using federal dollars. This is called the SNAP E&T 50/50 program. In Ohio, existing non-profits, workforce development agencies, community colleges and other entities provide these services and could benefit from the 50 percent reimbursement.

Unfortunately, very few of these programs are receiving federal reimbursement because Ohio has not fully incorporated SNAP E&T 50/50 into the state or county plans and does not have the infrastructure established to administer these federal funds. As a result, many SNAP recipients across the state have faced a shortage of meaningful, quality training programs and other essential supports needed to secure and retain a living-wage job.

We are pleased by the inclusion of \$10 million over the biennium for the Jobs Challenge in the Department of Higher Education to be used by community colleges, state community colleges, technical colleges and

Ohio Technical Centers, to establish noncredit job training partnerships with businesses and industries to train employees in in-demand fields. From our research of past versions of this program and the current description in the budget, it appears as though the Jobs Challenge program would be an ideal program to leverage federal reimbursement for the proposed GRF spending. Federal reimbursement means that the Jobs Challenge program could become seed money for a self-sustaining evergreen fund for workforce programs for SNAP recipients.

However, we are unaware of any plan to identify SNAP recipients participating in these job training partnerships, and leverage their participation into a 50 percent reimbursement from the federal government. We encourage the Department of Higher Education and the Department of Jobs and Family Services to work together to take advantage of this considerable opportunity to multiply investments in education and job training to be reinvested in quality training programs and other essential supports needed to secure and retain a living-wage job. Additionally, because the opportunity for leveraging federal funds is so great, we would encourage the Senate Finance Committee to include language that would allow all non-profit providers of noncredit job training to participate in the Jobs Challenge.

Steve Wagner, Universal Health Care Action Network Ohio, Co-Chair of AOF

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Steve Wagner, Executive Director of the Universal Health Care Action Network (UHCAN) Ohio and Co-Chair of AOF. We are glad that the Governor and the House have fully funded the Children’s Health Insurance Program and the Medicaid Expansion, which provide health care to hundreds of thousands of low wage workers and their children. Health comes first. Health allows people to effectively care for their families, acquire and maintain a job, and participate in the community. Whether because a person is older, has a disability, struggles with addiction, is challenged to work because of physical or mental impairment, or has lost their job through no fault of their own, Medicaid is critical to health. The tens of thousands of jobs supported by the federal dollars those programs bring into Ohio strengthen the health care system and the economy in every community of Ohio.

We are encouraged by Amended Sub HB 166’s instructions for the Medicaid Director to establish a Medicaid waiver component that addresses social determinants of health, including housing, transportation, food, interpersonal safety, and toxic stress. We know the conditions in which we live and access to social and economic opportunities play a major role in a person’s overall physical and mental health. Ohio ranks [46th among the states in health value](#), which means that Ohioans are less healthy and spend more on health care than people in most other states. This is largely because of many missed upstream opportunities to prevent or better manage injury, illness and disability for thousands of Ohioans. We look forward to working with the Department of Medicaid and other stakeholder to develop a waiver that provides services to combat and improve external conditions that heavily impact a person’s health.

Kelly Smith, Mental Health & Addiction Advocacy Coalition, Executive Member of AOF

Mental Health and Addiction Continuum of Care

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Kelly Smith, State Program and Policy Director of the Mental Health & Addiction Advocacy Coalition.

Several members of AOF had the opportunity to participate in Governor DeWine’s RecoveryOhio Initiative. Sub HB 166 reflects priorities from the RecoveryOhio report, which includes recommendations to address

gaps in the mental health and addiction system and solutions to address these needs through a full continuum of care. This continuum includes prevention, treatment, and recovery supports. AOF applauds the efforts to include some of the most pressing needs such as additional crisis services, K-12 prevention education initiatives, and efforts to address parity by working with the Ohio Department of Insurance (ODI).

In 2017, Ohio lost 4,854 individuals to unintentional drug overdose and another 1,751 to suicide. The capacity of the system must be strengthened to meet the needs of Ohioans before a crisis but also when a crisis occurs. Ohio needs a robust crisis service delivery system to connect Ohioans to needed care at these critical points in time. AOF supports funding for more crisis services in local communities to expand access to crisis care in a collaborative way with law enforcement, jails, and hospitals. There is also funding set aside in the OhioMHAS budget that maintains funding for naloxone which saved nearly 7,000 lives in 2018.

AOF supports investments to teach students social and emotional skills needed to make healthy decisions throughout their lives. Prevention programming is not a reimbursable service through insurance and therefore not widely accessible. Without consistent funding streams, communities lack resources to provide suicide prevention and substance use education. The proposed funding would allow communities to work together through a collaborative approach to address local needs.

October 3, 2018 marked the 10-year anniversary of the Mental Health Parity and Addiction Equity Act (MHPAEA), a law requiring health insurance plans to cover behavioral and physical health equally. However, parity is still not a reality for individuals living with mental illness and addiction disorders. In a recent report by the Kennedy-Satcher Center for Mental Health Equity, Ohio scored an F in parity. Educational efforts for patients, families, employers, and professionals who serve the public – such as hospital staff, social workers, and public health workers – are needed to ensure understanding of insurance coverage rights and how to seek support on parity issues. AOF strongly supports ODI’s request of \$1 million per fiscal year to ensure parity compliance, assist consumers, and significantly improve outreach to consumers by launching an educational campaign to help them understand their coverage and direct them to ODI as a resource.

The resources included in Sub HB 166 respond to the addiction and mental illness public health crisis facing our state. AOF looks forward to working collaboratively with policy makers and other stakeholders to help advance the important recommendations outlined in the RecoveryOhio Advisory Council Report to further this work in a comprehensive approach.

Tara Britton, The Center for Community Solutions, AOF Co-Chair

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Tara Britton and I am the Director of Public Policy and Advocacy at The Center for Community Solutions, and Co-Chair of AOF. I am here today to offer testimony on proposals in the budget regarding adult protective services (APS), maternal mortality, and home visiting.

Adult Protective Services

Unfortunately, elder Ohioans face the prospect of elder abuse in the form of financial exploitation from scam artists, friends or family and the grim prospect of suffering physical, sexual or emotional abuse. Older adults may find themselves in situations of neglect, or self-neglect, which can result in deterioration of physical and mental health. Victims of elder abuse are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital.

The House-passed budget includes an increase to the APS line item (line item 600534), a strong move in the right direction to protecting Ohio's older adults. This increase brings the line item from \$2.74 million each year of the biennium to \$4.23 million each year of the biennium. At current budget levels, each county receives around \$31,000 for APS. The bill, as it stands, would provide about \$48,000 per county in Ohio. AOF continues to support an increase to at least \$5.72 million each year, which would allow an allocation of \$65,000 per Ohio county, to support one full-time, designated APS caseworker. With a system long overdue for increased support, we want to continue to discuss an overall increase in the line item to \$10 million per year, which would provide support for a full-time worker and wraparound supports to help older adults remain safe in their communities.

Maternal Mortality

In the United States, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. Approximately 700 women die each year in the U.S., and thousands more experience complications, often viewed as "near misses" of a maternal death. The most recent data available for Ohio shows that between 2008 and 2014 there were 408 pregnancy-associated deaths. Of those 408 deaths, 154 were pregnancy-related with significant disparities in the rate of morbidity between white and non-white women in Ohio. The most recent data available on maternal deaths in Ohio is the information that I cited, from 2014.

We would like to thank the Governor and his administration, as well as the House of Representatives, for including language in the budget that supports Ohio's Pregnancy-Associated Mortality Review Committee (PAMR), situated at the Ohio Department of Health. The PAMR reviews all maternal deaths in Ohio and the House budget formally puts this committee into state statute. Codifying this committee and offering legal protections to those entities reporting the data are important first steps to encouraging complete data to be submitted to the PAMR. Additional changes will further strengthen the committee and give it the tools it needs to compel the submission of data on maternal deaths in a timely manner.

The budget language requires reporting of this data only every 3 years. We already know that there is a significant lag in reporting of this information and think it is imperative that we are informed at least annually about the reviews of maternal deaths in Ohio in order to learn from deaths that have occurred and prevent future deaths.

While we understand it is a big undertaking, we would like to see language incorporated that acknowledges severe maternal morbidity ("near misses") and makes an effort to incorporate a review of these instances, at least in part, into the PAMR review process. There are examples from other states that have worked to incorporate severe maternal morbidity into their state PAMRs.

Over the last several years, Ohio has committed to broad-based efforts and has dedicated resources to address the state's high rate of infant mortality, which is still too high. Having timely and complete data on this issue is an important first step toward implementing measures to improve maternal health and wellbeing.

Evidence-Based Home Visiting

AOF supports increasing funding and access to evidence-based home visiting. We appreciate the attention given to this issue by the Governor and his Administration and the examination of home visiting in Ohio through the Governor's Advisory Committee on Home Visitation. We would like to highlight the first recommendation from this committee that "race and ethnicity be foundational elements of the state's infant mortality efforts." We know that while overall, fewer Ohio babies are dying before their first birthdays, black babies continue to die at nearly three times the rate of their white peers. Evidence-based home-visiting is a key strategy to reduce infant mortality and any expansion of the program should be focused on the most at-risk populations. We expect an approach to the proposed expansion of home visiting to be based on the recommendations put forth from the Governor's Advisory Committee and look forward to a thorough evaluation of the expanded program to ensure it's reaching the most at-risk families and producing improved outcomes.

Wendy Patton, Policy Matters Ohio, Executive Member of AOF

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Wendy Patton and I am the Senior State Fiscal Project Director at Policy Matters Ohio, and the Public Policy Chair of AOF. We agree with Governor DeWine and the House that now is the time to invest in our future - our children. We have a moral and economic imperative to reach out and support at-risk children and their families to ensure all Ohioans, no matter their neighborhood, are given the chance to succeed and climb the ladder up and out of poverty.

Amended Sub House Bill 166 contains important investments and policies that support young children, including in evidence-based home visiting, early intervention, responding to lead poisoning of children, child welfare and early literacy. We applaud new funding in the child care system through the Child Care Development Block grant, which will increase base rates for child care providers. This investment is long overdue and essential to building a quality system of public childcare. We also see additional investment of federal TANF funds from the surplus to support quality improvements in the system.

Eligibility for Publicly Funded Child Care

Ohio offers quality care and education to at risk 0-4 year olds through publicly funded child care (PFCC) and public preschool. The vast majority of Ohio kids who receive publicly funded early childhood experiences do so through child care programs. These early childhood programs for 0-4 year olds support the essential development of social, emotional, and cognitive skills for kids as they prepare to enter kindergarten and are a necessary support for working families.

We are disappointed that the House budget does not include new GRF funding to expand access to child care by increasing the level of initial eligibility to the Governor's promise of 150 percent of poverty; the goal of AOF is to see initial eligibility for public child care assistance restored to 200 percent of poverty and fully aligned with the public preschool program, allowing thousands of children and families to take advantage of enrichment programs for early learners while supporting low-income working parents. The important investments we see in this budget - and the investments necessary to improve the system - should be supported by predictable and sustainable state-based funding now, and in the future.

Lisa Hamler-Fugitt, Ohio Association of Foodbanks, Executive Member of AOF

Chairman Hackett, Ranking Member Thomas, members of the Health and Medicaid Subcommittee of the Senate Finance Committee, good morning. I am Lisa Hamler-Fugitt, Executive Director of the Ohio Association of Foodbanks, Ohio's Largest Charitable Response to Hunger.

Food Assistance

Amended Sub HB 166 has missed the mark as it relates to nutritional needs of very poor children and their families who have been left out and left behind. We released the [2019 Map the Meal Gap](#) report last week (attached.) In fact, study found that Ohio's food insecurity rate of 14.5 percent is much higher than the national rate (12.5 percent) and the Midwestern average (11.4 percent). The study found that about half of all food insecure Ohioans live in households that earn too much to qualify for help from SNAP. For those 829,000 people, food pantries and soup kitchens are the only safety net they have.

Hunger affects the lives of more than 1 in 7 Ohioans - including 1 in 5 children who don't always have access to the food they need to meet their basic needs. Hunger does irreparable harm to people, communities and our state's economy. For more than 2 million hungry children, seniors, veterans and low-income working families, our 12 foodbanks and 3,541 food providing charities are their hunger lifelines.

AOF requests support for an amendment to provide an additional \$10 million per year in Amended Sub H.B. 166. This funding will allow us to purchase over 50 million pounds of healthy wholesome food we need to feed our hungry friends and neighbors. This request represents just \$1.25 per person, per month, who is served by the statewide network. Amended Sub H.B. 166, contains flat funding for these critical hunger lifelines at \$19.55 million per year. *We simply can't make do at a time when we face rising demand for emergency food, declining private donations, and increasing costs of food.*

When children are hungry, there are many cascading detrimental consequences and negative outcomes. Being hungry compromises children's physical health, mental health, sense of security, and ability to learn.

Ohio can do more, and support for an amendment is the necessary approach to helping protect the lives of Ohio's hungry children, seniors and families, strengthening our communities, and preserving the state's health and economic future.

Susan Jagers, Ohio Poverty Law Center, Executive Member of AOF

Chairman Hackett, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee, my name is Susan Jagers and I am the Executive Director of the Ohio Poverty Law Center.

Ohio Works First

Ohio Works First is the financial assistance portion of the state's Temporary Assistance to Needy Families program, which provides cash benefits to needy families for up to 36 months.

The Temporary Assistance for Needy Families (TANF) block grant is designed to provide temporary financial assistance to poor families, primarily those with no other means to meet basic needs. But since TANF's creation in 1996, its reach has declined dramatically.

To be eligible for OWF cash assistance, applicants must have a minor child or pregnant woman (at least six months pregnant) in the assistance group. Families must also have incomes of no more than 50% of the FPL (about \$10,000 annually for a family of three in 2019).

Assistance Group Size	OWF Payment
1	\$ 289.00
2	\$ 395.00
3	\$ 483.00
4	\$ 596.00
5	\$ 698.00

One reason for the overall TANF surplus/underspending is declining caseloads in Ohio Works First. In December 2005, ahead of the Great Recession, there were more than 180,000 cash assistance recipients. During the Great Recession (July 2008), there were more than 173,000 individuals receiving cash assistance.

Nearly 10 years after the Great Recession, in January 2019, the number of Ohioans receiving OWF declined to 93,736 persons statewide. Most of the current caseload 84,103 recipients are children (89.7 percent). The declining caseload is a result of people leaving the program because they have met the time limit (36 months in Ohio) or have not met all the requirements of the program, such as the work requirement.

According to data from the Administration for Children and Families within the U.S. Department of Health and Human Services, in 2016, only about nine out of 100 families receiving Ohio Works First (OWF) had income beyond cash assistance. Declining caseloads in Ohio, and nationally, mean that fewer and fewer families can purchase essentials, toothpaste, shampoo, laundry soap, diapers or feminine hygiene products, because they no longer have access to cash support offered by OWF. Declining caseloads also mean that Ohio's TANF block grant and maintenance of effort moneys are not being fully utilized to support poor families. OWF payments only increase by a small cost of living adjustment each year that provides little more than a few additional dollars each month.

For these reasons, we request this committee's consideration and support for using at least 50 percent of TANF block grant and TANF State Maintenance of Effort moneys that remain at the end of each fiscal year to increase the cash assistance provided to recipients of benefits under the OWF program in the following fiscal year. If current spending trends in TANF funds holds true, the increase would be less than \$100 per assistance group each month. This will not increase the TANF appropriation, but simply allows the money to be used for the primary purpose of the TANF program—to support poor families.

Though not under the purview of this subcommittee, we would like to stress the importance of dedicated state funding for infrastructure, education and outreach efforts for the 2020 census, the preservation of the current GRF appropriation levels for public transit, and encourage you to make Ohio's EITC refundable, which is the only approach you can take to income tax policy that will help the poorest Ohio families.

Thank you again for the opportunity to provide testimony on Amended Sub HB 166. We are happy to answer any questions you may have.