GOVERNMENT OVERSIGHT AND REFORM COMMITTEE

Witness Form

Today's Date 22 February 2021

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Organization Representing: The Leukemia & Lymphoma Society on behalf of patient advocacy organizations

Testifying on Bill Number: SB-17

Testimony: ____ Verbal ____✓ Written ____ Both

Testifying As: ____ Proponent ____✓ Opponent ____ Interested Party

Are you a Registered Lobbyist? ____✓ Yes ____ No

Special Requests: _____

Written testimony is a public record and may be posted on the Ohio Senate's website

Chairwoman Roegner, Vice Chair McColley, Ranking Member Craig and Members of the Senate Government Oversight and Reform Committee,

Thank you for the opportunity to comment on Senate Bill 17. The undersigned organizations, representing hundreds of thousands of Ohioans living with complex chronic conditions, write in opposition to the bill.

Medicaid is a vital source of access to life-saving care for low-income Ohioans with chronic conditions.

As the nation's largest public health insurance program for low-income children, adults, seniors, and people with disabilities, Medicaid provides coverage to 1 in 5 Americans.[i] Many of those covered have complex and costly health care needs which require specialized and personalized care, making Medicaid critical for managing their health.[ii]

Medicaid provides millions of Americans access to screening and preventive care comparable to private coverage resulting in earlier detection of health problems, earlier intervention for chronic conditions in adults, and earlier diagnoses compared to individuals without insurance.[iii]

WORK REQUIREMENTS

Making coverage contingent on reporting requirements will disrupt access to care

We are deeply troubled by the proposal to make Medicaid coverage contingent on reporting work. We have been, and still remain, opposed to the work reporting requirement as it will limit access to care. It will also require that healthcare dollars be spent on increased bureaucracy and paperwork rather than delivering care and will strain the state's budget. Individuals who are unable to satisfy reporting requirements will go without necessary care for six months.

The application of work requirements has not offered a path to economic self-sufficiency, their often-stated rationale. An Urban Institute analysis[iv] concludes that work requirements fail to achieve their goal for two primary reasons:

- Work requirements don't necessarily help people find jobs, and certainly not jobs that lift people out of poverty and
- The red tape associated with work requirements can cause people to lose access to vital supports even when they are working or should be exempt from the requirements.

LOCK-OUT PERIODS

Cancelling coverage will disrupt essential care

We oppose lockout periods for enrollees who fail to meet requirements. Simply put, this requirement will prevent access to critical health care services. We believe that patients should be afforded the peace of mind that they will not lose coverage if they experience challenges navigating the processes to prove eligibility. Even if it is temporary, coverage loss can be catastrophic for patients with chronic conditions in the midst of their treatment.

Evidence suggests that restricting or terminating coverage or access to services reduces access to necessary care, disrupts continuity of care, and increases the likelihood of emergency department (ED) utilization.[v] For example, when Oregon introduced a six month lock-out in 2003, enrollees who lost coverage were three times as likely to not fill a prescription, and four to five times more likely to use the ED as a source of care than people who remained enrolled.[vi] Further, the overwhelming majority of Medicaid enrollees who are locked out of coverage will become uninsured, especially for individuals below the poverty level who have no affordable option and are prohibited from purchasing marketplace coverage.[vii]

PRESUMPTIVE ELIGIBILITY

We are also concerned that this legislation would prevent hospitals from making presumptive eligibility determinations. Presumptive eligibility allows a hospital to temporarily enroll someone in Medicaid who is likely eligible so as to ensure continuity of care and immediate access to healthcare services. Presumptive eligibility is critical to ensuring that patients get immediate access to the care they need to survive. We believe that this important tool must remain available to hospitals treating Ohio's low income patients, especially given the importance of quick and timely access to treatment following a diagnosis of cancer and other serious illnesses.

Ultimately, the requirements outlined in SB 17 do not further the goals of the Medicaid program. Instead, they compromise access to healthcare for a very vulnerable population at a time when Ohioans need access to care now more than ever. We urge you to focus instead on solutions that can promote adequate, affordable, and accessible Medicaid coverage for all Ohioans.

Thank you for your consideration of our comments on this important matter. If we can address any questions or provide further information, please don't hesitate to contact Holly Pendell, Director of Advocacy and Activist Engagement, National Multiple Sclerosis Society at Holly.Pendell@nmss.org or 614-395-5290 or Dustin Holfinger, Ohio Government Relations Director, American Heart Association at Dustin.Holfinger@heart.org or 614-578-3042.

Sincerely,

Bryan Hannon, The American Cancer Society Cancer Action Network

Gary Dougherty, American Diabetes Association

Dustin Holfinger, American Heart Association

Ken Fletcher, American Lung Association

Steven Schultz, Arthritis Foundation

Crystal Hagans, Epilepsy Foundation Ohio

Miriam Goldstein, Hemophilia Federation of America

Dave Almeida, The Leukemia and Lymphoma Society

Holly Pendell, National Multiple Sclerosis Society

Annissa Reed, National Organization for Rare Disorders

Randi Clites, Ohio Bleeding Disorders Council

Dana Carter, Susan G. Komen

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[i] Garfield R, Rudowitz R, Damico A. Understanding the Intersection of Medicaid and Work. Kaiser Family Foundation, January 2018. Available at: https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work/.

[ii] Paradise J. Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. March 23, 2017, https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/.

[iii] Paradise J. Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. March 23, 2017, https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/.

[iv] https://www.urban.org/sites/default/files/publication/98086/work_requirements_in_safety_net_programs_0.pdf

[v] Beeuwkes Buntin MJ, Graves J, Viverette N. State Medicaid Lessons for Federal Health Reform. *Health Affairs Blog.* June 7, 2017. Available at: https://www.healthaffairs.org/do/10.1377/hblog20170607.060481/full/

[vi] Beeuwkes Buntin MJ, Graves J, Viverette N. State Medicaid Lessons for Federal Health Reform. *Health Affairs Blog.* June 7, 2017. Available at: https://www.healthaffairs.org/do/10.1377/hblog20170607.060481/full/

[vii] Indiana.gov. (2012). Healthy Indiana Plan Demonstration Section 1115 Annual Report. Retrieved from http://www.in.gov/fssa/hip/files/2012_HIP_Annual_Report.pdf