

Georgie Elson
House Medicaid Testimony
Interested Party Testimony, HB 96
March 5, 2025

Thank you for the opportunity to testify today Chairperson Gross, Ranking Member Baker, and Members of the House Medicaid Committee. My name is Georgie Elson, I am an Advocate, a MyCare Ohio Waiver Recipient, and I serve on many advocacy groups. I also am a board member of Disability Rights Ohio. I am only speaking for myself. I have multiple disabilities including Autism, TBI, Ehlers Danlos Syndrome, and many of its related comorbidities. I use a reclining power chair; am limited in how long I can sit upright; experience countless daily subluxations & dislocations; and receive daily IV fluids & medications through a central line.

During the last budget cycle, I came to testify twice on the dire need to have Medicaid's reimbursement rates increased for Direct Care Workers - including Waiver Nursing. To begin, I want to sincerely thank the legislature for listening, learning, and taking a role in making those requests a reality for the disability community and direct care workers. Having that increase has made significant impacts on real people's lives. Despite that, solving Ohio's Care Crisis will require bringing people together to come up with multiple solutions. That is why I believe the creation of a Direct Care Workforce Taskforce is still needed. To increase its effectiveness, it is essential that this task force brings all the relevant players to the table – especially individuals with disabilities who know, utilize, and live within these systems every day. This task force should include individuals who utilize each of the different waiver systems that Ohio has to offer and other important stakeholders not limited to the following – members of the House of Representatives, members of the Senate, a direct care worker, family members, agency home care providers and others.

Another concerning issue facing our community is the lack of a Cost-of-Living Adjustment for direct care wages. I don't want us to end up in the same situation that we have just begun clawing our way out of – where wages remained stagnant and non-competitive for several years. As the cost of living continues to rise at a higher rate than wages, the need for such a solution only becomes more evident. This simple solution will help secure the direct care workforce and make it much more likely that providers will be able to remain as caregivers in this field; Helping to ensure that they will be able to continue providing the care that many need to survive.

Another major concern that I want to address today, is in regards to the trigger language included in the Governor's version of the current budget. For anyone listening who may be unfamiliar, the trigger language specifies that if the federal government reduces the amount of funding to our state Medicaid Expansion population to less than 90%, which is the current federal match, then the Medicaid Expansion in Ohio will abruptly end. This will kick 700,000 of our fellow Ohioans off of their current Medicaid health insurance. With the current language, even if the federal match drops by 1%, the program will end.

I would like to see the restrictive trigger language that is specific to the Medicaid Expansion population be removed in the House version of the budget. This should not be an automatic decision. Legislators should be able to make those decisions in the future, once they know more about what these Medicaid cuts will look like. If the cuts to the Expansion population is small, I think the state should consider opportunities to fund it.

Minimizing harm to Medicaid, both federally and at the state level, is important. Medicaid is not only a popular program with constituents, but most importantly it is a life saving program. 26% of Ohio's population rely on Medicaid as of 2024. That's 3 million Ohioans. (1) Ending the expansion, will reduce Ohio's Medicaid population by 23%. This means that nearly a quarter of Ohio Medicaid recipients will have their Medicaid coverage abruptly stopped.

It's also important to recognize that most individuals in the expansion program do have a job. It just doesn't come with health insurance or pay well enough to secure health care through the marketplace. One of many examples of that situation is seen in Ohio's Direct Care Workforce. Many direct care workers actually rely on Medicaid and fall within the Expansion population. We already have a Care Crisis in this state. Ending the Expansion will force direct care workers into another difficult situation. Do they keep their job without access to healthcare? Do they leave it – no matter how much they love their job and clients – in hopes of finding a role with employer sponsored health insurance coverage? These difficult choices will impact the disability community and further reduce access to care for those that need it most.

Medicaid cuts do not only cause harm to participants in the program, their families, and the people they may care for; Medicaid cuts also cause harm to the economy and to hospitals who rely on reimbursement for services to help them stay afloat. Many rural area hospitals already struggle and are at risk of closing their doors, further compounding the issue of healthcare deserts in the state. "A February 2025 report by the health care advisory firm Chartis found that 46% of rural hospitals are already forced to spend more to support patients than they receive in private and public payments and reimbursements, putting many at dire risk of shuttering. States that did not expand Medicaid coverage in recent years were hit the hardest, which proves that those Medicaid dollars are needed to sustain clinics and hospitals. (3)" For some facilities, budget cuts will lead to massive layoffs, resulting in longer wait times and reduced access to care for everyone across the state. (3) "Healthcare Workers will lose their livelihoods – and patients will lose their lives." (3)

Additionally, "hundreds of studies have found that Medicaid expansion has improved access to care and the health of the people who gained coverage, while reducing mortality and bolstering state economies, among other positive outcomes."

Along those same lines, I would also like to briefly comment on the work requirements for Medicaid that are also on the table. Work requirements are being considered "despite the fact that the majority of Medicaid Enrollees already work, are disabled, are caregivers for a loved one, or are in school. Further, "The extra paperwork requirements will lead to those who are eligible being removed from the program as well and it's very costly to implement. (2) For

example, “When Arkansas implemented Medicaid work requirements in 2018, despite the majority of enrollees already working, about 18,000 people lost coverage. The policy was poorly understood, and enrollees had trouble reporting their work activity. What's more, the employment of low-income adults didn't grow.” (2) It seems clear to me that work requirements don't work, and are not worth the cost or harm that they can cause states.

In conclusion, please consider adding a built in Cost-of-Living adjustment for Direct Care Workers and creating a Direct Care Workforce Crisis Task Force to monitor and improve Ohio's Care Crisis into the house version of the budget. I ask for removal of the Medicaid Expansion trigger language which would abruptly terminate healthcare coverage for hundreds of thousands of your constituents. And finally, I request that the legislature works to protect Ohio's Medicaid program to improve the health of our fellow Ohioans.

Thank you again for the opportunity to testify today on HB 96 Chairperson Gross, Ranking Member Baker, and members of the House Medicaid Committee. I will do my best to answer any questions.

1.

<https://www.healthpolicyohio.org/files/publications/medicaidbasics2025.pdf>

2.

<https://www.upi.com/Voices/2025/03/03/medicaid-cuts-Trump-Republicans/9341741013448/>

3.

<https://www.usnews.com/opinion/articles/2025-02-26/medicare-medicaid-healthcare-budget-cuts-house-republicans>