ACOG
The American College of Obstetricians and Gynecologists

Chair Gross, Vice Chair Barhorst, Ranking Member Baker, and members of the Ohio House Medicaid Committee, my name is Danielle Martter and I am Chair of the Ohio Section of American College of Obstetricians and Gynecologists (ACOG), representing more than 1,400 practicing obstetricians-gynecologists. I write to provide opponent testimony to Senate Concurrent Resolution 5 because of the burden it will place on Ohioans seeking to access healthcare.

The proposed waiver that SCR 5 urges the President to approve introduces new eligibility limitations for the adult Medicaid expansion population (Group VIII), requiring individuals to meet specific criteria such as being at least 55 years old, employed, enrolled in school or training, participating in addiction treatment, or having intensive physical or mental health needs. These limitations could significantly reduce access to care for Ohioans that need it. The waiver could result in an estimated 61,826 enrollees losing Medicaid coverage, disproportionately affecting the most vulnerable populations, including those with part-time employment.

Evidence from other states, such as Arkansas, shows that such requirements lead to significant coverage losses without increasing employment. The imposition of work requirements is not aligned with the objectives of the Medicaid program, which aims to improve health outcomes and reduce instances of uncompensated care.

For reference, I have included with my testimony the comments ACOG Ohio submitted to the Department of Medicaid regarding the work requirement waiver request.

It is for these reasons that I urge you to oppose the adoption of SCR 5.

Thank you for your consideration .

Danielle Martter
MD, ACOG Ohio Chair

January 2025

Ohio Department of Medicaid
Bureau of Health Plan Policy, Group VIII 1115 Waiver
50 W. Town Street
5th Floor
Columbus, OH 43215

RE: Ohio Group VIII Section 1115 Demonstration Waiver

Dear Director Corcoran,

The Ohio Section of American College of Obstetricians and Gynecologists (ACOG), representing more than 1,469 practicing obstetricians-gynecologists, welcomes the opportunity to provide comments on the Ohio Department of Medicaid's (ODM) Group VIII Demonstration Waiver. As physicians dedicated to providing quality care to all people seeking obstetric and gynecological services, we have serious concerns that the proposal in this waiver will decrease access to care in the Medicaid program. With those concerns in mind, we submit the following comments.

In this waiver, Ohio seeks approval to implement new eligibility limitations for the adult Medicaid expansion population (Group VIII). The proposed limitations require that in order to qualify for enrollment in Group VIIII an individual must meet one of the following criteria: be at least 55 years of age; be employed; be enrolled in school or an occupational training program; be participating in an alcohol and drug addiction treatment program; have intensive physical health care needs of serious mental illness. ODM plans to use data available from the states eligibility and enrollment system to verify whether these requirements are met. Those that meet the criteria will proceed with a standard ex parte review. Those that the state cannot verify eligibility, a third-party vendor will be employed and eligibility determined using external sources. No regular reporting by enrollees or additional application forms are required.

ACOG strongly opposes requiring work or community engagement as a condition to receive benefits under the Medicaid program.[i,ii,iii] In June 2018, Arkansas became the first state to implement work and community engagement requirements in Medicaid, requiring adults ages 30-49 to work twenty hours a week, participate in community engagement activities, or qualify for an exemption to maintain coverage.[iv] By April 2019, when a federal judge put the policy on hold, 18,000 adults had already lost coverage.[v] Additionally, a study published in the *New England Journal of Medicine* found no evidence that Arkansas' work requirement policy increased employment.[vi] As demonstrated by this experience, imposing work requirements on

Medicaid beneficiaries leads to the loss of health care coverage for substantial numbers of people who are unable to work and face major barriers to finding and/or retaining employment.

ODM is proposing that individuals with household earned income at or above 30 percent of the federal poverty level will be presumed to be employed. Individuals who have applied for or are enrolled in another program that has disability as a basis for enrollment will be presumed to have intensive physical or mental health status. Incarcerated individuals will be exempt from the status requirements and will remain enrolled until their release from the carceral setting. Individuals who qualify under another eligibility category will be exempt. ACOG has concerns that these parameters are not comprehensive and will result in the denial of appropriate care. For example, how will ODM account for individuals working part time and under the 30 percent threshold? Will individuals with justice involved statuses be exempt or only incarcerated individuals? While the state is allowing for an appeals process, this may lead to delays in crucial care for patients. ACOG is incredibly concerned that the estimated 61,826 enrollees losing Medicaid coverage will lead to poorer health outcomes for the states most vulnerable populations and negatively impact providers who will now be treating a larger number of uninsured patients. **ACOG strongly discourages any policy intervention that would decrease provider reimbursement and access to care.**

ACOG continues to hear from our members that payment rates in Medicaid are not sufficient and many providers find it challenging to provide care for patients enrolled in Medicaid. These challenges are particularly pronounced in Ohio, where providers are only reimbursed an average of 72 percent of the geographically adjusted Medicare payment rate for the obstetric CPT codes.[vii] Medicare payment rates are calculated to cover the cost of providing each service, meaning that providers in Ohio are reimbursed only about three quarters of the cost of providing care to patients.[viii]

Inadequate payment may also cause access challenges for Medicaid beneficiaries. Evidence suggests that low payment rates can result in physicians choosing not to participate in the Medicaid program as well as the closure of obstetric units and hospitals.[ix] The impact of low Medicaid payment rates and uncompensated care is particularly salient in rural communities where the loss of hospital-based obstetric care is associated with increases in pre-term births, distance traveled for obstetric care, and births in hospitals without obstetric units.[x] All these factors have been found to contribute to poor maternal and infant health outcomes, which are more prevalent in rural areas for Black, American Indian/Alaska natives and other non-white ethnic groups.[xi] The Government Accountability Office (GAO) recommends increasing Medicaid reimbursement to help keep obstetric services available, as Medicaid covers higher proportions of births in rural areas than urban areas.[xii]

Adequate Medicaid reimbursement is critical to address the nation's growing maternal morality crisis.[xiii, xiv] The U.S. has the highest maternal mortality and morbidity rate of all developed nations, with a rate of 32.9 deaths per 100,000 live births in 2021.[xv] These concerning data do not impact all communities equally. For instance, the Ohio Pregnancy-Associated Mortality Review Committee report showed that from 2008-2016 Black women were two and half times as likely to die from pregnancy associated reasons and that those with Medicaid coverage represented 70 percent of all deaths.[xvi]

This proposal would lead to a massive loss of coverage for Medicaid enrollees, prolonged gaps in care, churn between insurance types, and uncompensated care. Additionally, and most importantly, work requirements are not commensurate with the objectives of the Medicaid program to ensure health care coverage and reduce health care disparities. For these reasons, **ACOG urges Ohio to remove any work and community engagement requirement from this, and all future 1115 waiver demonstrations.**

To discuss these recommendations further, please contact Dr. Jamie Byler Legislative Chair of the Ohio section at jamie.byler@uhhospitals.org or Taylor Platt, ACOG Senior Manager, Health Policy at tplatt@acog.org.

Sincerely,

Jamie Byler, MD
ACOG Ohio Section Legislative Chair

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[i] Protecting and expanding medicaid to improve women's health. ACOG Committee Opinion No. 826. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2021;137:e163–8.
[ii] ACOG Statement on Recent Waiver Approvals that Limit Medicaid Coverage. October 21, 2020. Available at: https://www.acog.org/news/news-releases/2020/10/acog-statement-on-recent-waiver-approvals-that-limit-medicaid-coverage
[iii] America's Frontline Physicians: Statement on Medicaid Work Requirements. January 12, 2018. Available at: https://www.acog.org/news/news-releases/2018/01/statement-on-medicaid-work-requirements
[iv] Sommers BD. Chen L, Blendon RJ, Orav EJ, Epstein AM. Medicaid Work Requirements In Arkansas: Two-Year Impacts On Coverage, Employment, And Affordability Of Care. Health Affairs 2020;39(9):1522-1530.
[v] Ibid.
[vi] Sommers BD, et al. Medicaid Work Requirements – Results from the First Year in Arkansas. N Engl J Med 2019; 381:1073-1082. Retrieved from https://www.nejm.org/doi/full/10.1056/nejmsr1901772#:~:text=Activities%20meeting%20the%20Arkansas%20work,job%20training%2C%20or%20community%20service..
[vii] "Payment Parity for Obstetric Services" The American College of Obstetricians and Gynecologists. Accessed: https://www.acog.org/advocacy/policy-priorities/payment-parity-for-obstetric-services
[viii] Ibid
[ix] Maternal Health: Availability of Hospital-Based Obstetric Care in Rural Areas. United States Government Accountability Office. Oct 19, 2022. Accessed: https://www.gao.gov/products/gao-23-105515
[x] Ibid.
[xi] Ibid.
[xii] Ibid.
[xiii] Biden-Harris Administration Call to Action on Maternal Health. April 2022. Available at: Fact Sheet: Biden-Harris Administration Announces Additional Actions in Response to Vice President Harris's Call to Action on Maternal Health | The White House
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[xv] Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023.DOI: https://dx.doi.org/10.15620/cdc:124678.

[xvi] A Report on Pregnancy-Associated Deaths in Ohio 2008-2016. The Ohio Department of Health 2019. https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/Reports