Ohio Association of Health Plans

June 6, 2025

Chairman Jerry Cirino
Senate Finance Committee
1 Capitol Square
Columbus, Ohio 43215

Chairman Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee: on behalf of OAHP, thank you for the opportunity to offer Our thoughts on Sub House Bill 96.

First, we would like to highlight one amendment OAHP would like to see **included** in the Senate Budget omnibus bill:

- **Default Notifications (SC2521):** Allows an insurer to conduct business electronically via an automated transaction without first obtaining affirmative consent from the insured. Requires the insurer to communicate a procedure by which the insured may opt out of electronic communications and, instead, conduct business on paper. Specifies that automated transaction of business related to individual health insurance policies constitutes delivery to the insured unless the insured communicates to the insurer in writing or electronically that the insured does not agree to delivery by automated transaction. **This would allow insureds the convenience of electronic notifications, saving both time and money.**

Additionally, OAHP has concerns with Insurance and Medicaid language that was included in the Senate sub bill. We would encourage the Senate to **remove or amend** these harmful provisions:

- **Ambulance reimbursement by health plan issuers (SC2905; INSCD7):** This language would modify one of the factors in the surprise billing law used to determine the minimum reimbursement rate that a health plan issuer must pay by default to an out-of-network ambulance for unanticipated and emergency care, specifically by increasing the Medicare based factor to 250% (from 100%) of the Medicare payment amount. This amendment would disincentivize ambulance providers from being in health plan networks by mandating significant increased

reimbursement for ambulance services under the surprise billing statute and thus disrupting the delicate balance that was achieved through the "give and take" of all stakeholders involved in the surprise billing issue. Additionally, this amendment would set a dangerous precedent in that other specific provider groups would likely seek similar increased reimbursement under the law for their specific type of service, even further disrupting the balance that the law has achieved. **Lastly, it must be noted that this cost increase will be passed onto businesses who continue to deal with increasing premiums that are reflective of the increased cost of care.**

- **Federal medical assistance percentage for expansion eligibility group (SC2958; OBMCD32 & MCDCD58):** Ohio Association of Health Plans is part of Ohio Medicaid Matters, a coalition of more than 80 organizations, including the state's leading human services agencies, health advocacy associations and hospital systems. We believe Medicaid is foundational to Ohio's economic success, and we want as many Ohioans as possible to have the health care they need to work and thrive. OMM is asking the Ohio Senate for a formalized process to set expectations and timelines that give Ohioans time and resources to find alternative ways to access care, including life-saving medications. The coalition, and OAHP, respectfully requests that the Senate:
    - **Remove the word "immediately"** from the trigger clause to prevent abrupt discontinuation of medical assistance, which could leave individuals without necessary care.
    - **Revise the language** to stipulate that Group VIII eligibility will be terminated if the Federal Medical Assistance Percentage (FMAP) changes after the Ohio Department of Medicaid Director submitted the necessary state plan amendment and received federal approval to end coverage **OR** after 120 days, whichever is shorter. This approach allows for a measured response to funding changes.
    - **Require the Ohio Department of Medicaid Director** to submit a comprehensive transition plan within 30 days. This plan should include:
        - Notification procedures for impacted recipients and providers.
        - Information on alternative insurance coverage options and assistance programs.
        - Defined roles for Managed Care Organizations (MCOs), county departments of Job and Family Services, ombuds programs and other stakeholders in supporting individuals through the transition,

including assistance with continuing care and applications for disability or other Medicaid coverage options.

- **Continuous Medicaid enrollment for children (MCDCD41):** The health care system is often the first to engage with at-risk infants from low-income families, playing a crucial role in shaping both immediate and long-term outcomes. By enabling consistent access to well-child visits, immunizations, and early detection of health or developmental challenges, multi-year continuous Medicaid coverage for Ohio's children ages 0-3 is an important policy to ensure children do not lose health coverage due to administrative red tape. This policy is current law that was championed during the last state budget and the Department of Medicaid has already completed the process of submitting a waiver to fully implement the policy. The House version of Amended Sub. HB 96 eliminates this policy. We ask that you keep existing law and allow the waiver process to be completed so that Ohio can begin fully implementing thing policy upon approval.

We encourage members of the committee to discuss these provisions in regard to access and help control costs for businesses and enrollees. Thank you for your time and consideration!