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Ohio Senate Medicaid Committee

Senate Concurrent Resolution 5 – Interested Party Testimony

Tuesday, March 11, 2025

Zach Reat, Senior Director, Strategic Initiatives, Ohio Association of Foodbanks

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and Members of the Ohio Senate Medicaid Committee, thank you for the opportunity to provide testimony today on Senate Concurrent Resolution 5 to urge Presidential support of Medicaid work requirements.

My name is Zach Reat and I serve as senior director of strategic initiatives for the Ohio Association of Foodbanks. Throughout my career I have been involved in efforts to increase access to health coverage and care, improve Medicaid policy, and build economic stability for families. Similarly, at the association, we have long recognized that food security is inextricably linked with household stability, including access to good jobs, affordable housing, quality health care, reliable transportation, education, child care, and more. It is from this perspective that I offer a few high-level remarks on behalf of the Ohio Association of Foodbanks.

We share in a mutual desire, as stated in the Work Requirement Waiver Application recently submitted by the State of Ohio, to:

1. Improve Medicaid enrollee health and well-being;
2. Promote economic stability and financial independence; and
3. Improve health outcomes by encouraging individuals to be engaged with their health and healthcare.

Similarly, we agree with the resolution's sponsor, Senator Koehler, that Ohioans are hardworking people who put in long hours at often very difficult jobs, or even multiple jobs, to put food on the table, a roof over their heads, and to make sure they can afford healthcare for their families.

As a state and/or federal Medicaid work requirement proceeds, we strongly recommend that it be aligned with the existing SNAP work requirement, which permits access to benefits for a time-limited period – up to 3 months in every 36 months. As submitted, Ohio's Work Requirement Waiver Application intends to exempt individuals that are experiencing mental health, substance abuse, or other medical conditions from the work requirement. However, the proposal creates a new pre-enrollment work requirement for eligibility. In the simplest terms, as Ohio's proposed work requirement is currently structured, it would be very difficult for an individual to get a diagnosis of mental health, substance use, or other medical conditions in order to be properly exempted without absorbing significant out of pocket cost; essentially, they would be denied coverage because they didn't have health coverage to prove that they have a health



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condition. For someone experiencing an acute condition, a mental health crisis, or a substance abuse relapse, access to a time-limited window of health coverage would ensure they could attain needed medical attention without preemptively being denied access to that care. Aligning a Medicaid work requirement with the SNAP work requirement would also increase government efficiency by ensuring that County Departments of Job and Family Services are not administering two different work requirement policies across two different programs, SNAP and Medicaid, for often the same individuals experiencing a period of economic hardship.

We know from our years of experience helping people to apply for benefits and find work to comply with the SNAP work requirement that barriers to transportation, stable housing, food, and other resources can be the difference between staying employed and not. To help people who can and want to work overcome these barriers we recommend additional investments in quality training and supportive services. We also recommend that any state or federal Medicaid work requirement take steps to address the social and economic barriers to work. For example, by enabling a change to Ohio's Medicaid Alternative Benefit Plan to include health-related social needs services for Group VIII. Ohio's 1115 work requirement demonstration could be amended to provide housing support services, such as tenancy support services, first month's rent and/or other homelessness prevention services, pantry stocking, produce prescriptions, and/or medically-tailored meals, and care coordination through community-based health worker programs. Other states are leveraging these strategies to advance goals like those proposed in Ohio's Work Requirement waiver, including North Carolina through 1115 waiver authority approved during President Trump's first administration.

We are interested in partnering with the State of Ohio to achieve the stated goals of Medicaid work requirements to improve enrollee health, well-being, and engagement with health care, as we strive to support improved health and well-being for food insecure Ohioans. In closing, Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Ohio Senate Medicaid Committee, I want to thank you for the opportunity to offer testimony. I am happy to answer any questions you have at this time.



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