

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 Ohio Bleeding Disorders Council, together with Hemophilia Federation of America and the National Hemophilia Foundation, write in opposition to the bill. Collectively, OBDC, HFA, and NHF work to ensure that persons with inherited bleeding disorders such as hemophilia have timely access to quality medical care, therapies, and services, regardless of their financial circumstances or place of residence.

### **Bleeding Disorders and Medicaid**

People affected by bleeding disorders have complex, lifelong medical needs. They depend on prescription medications (clotting factor or other new therapies) to treat or avoid painful bleeding episodes that can lead to advanced medical issues. They also rely on expert care from specialist providers, including those at federally-recognized hemophilia treatment centers (HTCs), eight of which are located in Ohio. Modern medications and care are highly effective and allow affected individuals to lead healthy and productive lives. However, hemophilia treatment is also extremely expensive, costing as much as \$250,000 to \$1 million or more annually, depending on the severity of the disorder and whether complications such as an inhibitor are present.

In a typical year,<sup>1</sup> an estimated 30% of people with a bleeding disorder are enrolled in Medicaid. As a safety net program Medicaid covers some of the most vulnerable members of the bleeding disorders community. Medicaid thus plays a crucial role in the health care of low-income people with bleeding disorders in Ohio, as elsewhere.

### **Work Reporting Requirements**

We oppose SB 17's proposal to make Medicaid coverage contingent on beneficiaries' satisfying work reporting requirements.

For people with serious conditions such as a bleeding disorder, failing to navigate complex administrative requirements could have serious – even life or death – consequences. Denying or suspending coverage for non-compliance would cause extraordinary harm to individuals with a bleeding disorder, as such individuals require uninterrupted care and therefore continuous coverage.

Ultimately, as both researchers and courts have found,<sup>2</sup> the imposition of work reporting requirements does not further the goals of the Medicaid program or help low-income individuals find work. Most people on Medicaid who can work already do so – and, in fact, continuous Medicaid coverage can actually help people find and sustain employment. A 2018 report<sup>3</sup> by the Ohio Department of Medicaid,

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<sup>1</sup> <https://www.hemophilia.org/advocacy/state-priorities/medicaid>

<sup>2</sup> Benjamin D. Sommers et al., Medicaid Work Requirements in Arkansas: Two-Year Impacts on Coverage, Employment, and Affordability of Care, 39 Health Affairs 1522 (2020), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00538>; *Gresham v. Azar* (D.C.Cir 2020), [https://www.cadc.uscourts.gov/internet/opinions.nsf/DDBA611EB31A1A218525850E00580F2D/\\$file/19-5094%20-%201828589.pdf](https://www.cadc.uscourts.gov/internet/opinions.nsf/DDBA611EB31A1A218525850E00580F2D/$file/19-5094%20-%201828589.pdf).

<sup>3</sup> <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Final-Report.pdf>

for example, found that 93.8% of Ohio's continuously enrolled expansion population were: employed; students; caregivers; in mental health or substance use disorder treatment; or living with serious health conditions. As such, these enrollees would already either meet or qualify for exemption from work reporting requirements such as those in SB 17. Imposing work reporting requirements would do little more than create new red tape for them to navigate around in order to keep their coverage.

**Program Lockout**

OBDC, HFA, and NHF oppose the proposal to impose a six-month lockout for adult enrollees who fail to report certain changes in circumstances. Even a temporary suspension of coverage could be devastating for individuals living with an inherited bleeding disorder. Interruptions in coverage and treatment could result in joint- or even life-threatening bleeding episodes, with an intolerably high human toll (as well as higher state spending for care in an ER setting). Battling administrative red tape in order to keep coverage should not take away from patients' or caregivers' focus on maintaining their or their family's health.

**Presumptive Eligibility**

SB 17 would prevent hospitals from making presumptive eligibility determinations. Presumptive eligibility allows hospitals to provide temporary Medicaid coverage to individuals likely to qualify for Medicaid. This is an important entry point for individuals who qualify for Medicaid but are not yet enrolled to receive access to coverage promptly and helps to protect patients from large medical bills. OBDC, HFA and NHF oppose this request.

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Thank you for considering our comments on SB 17. If we can provide any further information, please contact Randi Clites, OBDC State Policy Director, [randi@nohf.org](mailto:randi@nohf.org); Miriam Goldstein, HFA Director of Policy, [m.goldstein@hemophiliafed.org](mailto:m.goldstein@hemophiliafed.org); or Nathan Schaefer, NHF Vice President of Public Policy, [nschaefer@hemophilia.org](mailto:nschaefer@hemophilia.org).