

*Community*

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**Written Testimony in Opposition to SB17  
Senate Government Oversight and Reform Committee  
February 24, 2020  
Marie B. Curry**

Chairwoman Roegner, Vice Chair McColley, Ranking Member Craig and Members of the Senate Government Oversight and Reform Committee,

My name is Marie Curry and I am an attorney with Community Legal Aid Services, a non-profit law firm serving low-income Ohioans in eight counties in central Northeastern Ohio. Thank you for the opportunity to submit written testimony in opposition to SB17. This testimony will focus on Community Legal Aid's opposition to SB17 provisions related to Medicaid and SNAP benefits.

Community Legal Aid is opposed to SB17 because it turns upside-down two of Ohio's most important programs for helping Ohioans experiencing hard times stave off hunger and illness. Rather than codifying policies that will strengthen families, SB17 undermines family stability. Rather than providing Ohio families with a hand up in these unprecedented times of disruption and job loss, SB17 punishes families whose jobs have disappeared, whose health is at risk, and whose children are struggling with a "new normal" while attending school by video conference.

In this testimony, Community Legal Aid focuses on its opposition to two specific proposed provisions of SB17.

1. Shifting to change reporting for SNAP benefits is overly burdensome, unnecessary to circumvent fraud, and punitive in its impact on families.
2. Requiring Ohio Department of Medicaid to seek a waiver so that Ohio can require semi-annual (rather than annual) Medicaid certification, eliminate opportunities for presumptive eligibility, and reject time-saving administrative practices when determining eligibility and renewal will result in delays in application processing and denials of treatment for eligible Ohioans.

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**Change reporting is overly burdensome to families and county DJFS offices.**

Currently, most families receiving SNAP benefits must report fluctuations in income every six months, or if their income rises to a level that renders them ineligible for SNAP benefits. Under SB17, families receiving SNAP benefits would be required to report fluctuations in their income that are small and irrelevant to their SNAP eligibility. Requiring people who rely on SNAP to shift from simplified reporting to change reporting is excessively burdensome. Some families may devote the time and energy to this unnecessary level of reporting, therefore maintaining their SNAP benefits and keeping food on the table, but at a cost to those families. Demanding unnecessary bureaucratic actions adds strain and stress to family dynamics and robs families of what little time they have to manage the important details of their lives.

For families who are unable to meet this unnecessary burden, the result will be breaks in SNAP benefits while they scramble to keep their county departments of job and family services apprised of, essentially, the amount of each paycheck. Keeping in mind that most low-income workers are paid by the hour, and their schedules fluctuate week-to-week, their income changes will require almost constant reporting. Instituting change reporting adds just one more way that low-income people are one overwhelming week away from crisis. Moreover, when we structure SNAP in a way that makes life harder for people already struggling, we also unnecessarily expand the workload, and opportunities for error, on county DJFS agencies.

In the counties Community Legal Aid serves, low-income clients often seek help to reinstate SNAP benefits when they “fell off” because they were not able to get the documentation to the local DJFS office. Sometimes they struggle to meet this requirement because they are juggling long work hours, substantial commutes, and family obligations. Finding time to go to the library, make copies of documents, and figure out how to send them in a way that provides proof of the transmission, is no simple feat. This circumstance already occurs too often now, when reporting is required every six months. Under SB17, these same individuals will have a near-constant reporting obligation, compounding the risk that they will churn off and on SNAP, and their families will suffer from hunger as a result.

**Waiving existing Medicaid provisions that help Ohioans more efficiently prove their eligibility and more quickly obtain health insurance will result in unnecessary delays in needed medical care.**

Under current law, people who rely on Medicaid for their health insurance must undergo a redetermination process to confirm their continued eligibility every year. As part of the redetermination process, recipients may receive a renewal form with

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some information already provided. In addition, Medicaid can use information it already has to aid in determining that someone continues to be eligible for Medicaid.

Under SB17, the Ohio Department of Medicaid would be required to seek a waiver that would undermine each of these time-saving efficiency-based practices. If such a waiver were approved, eligibility redetermination would be required every six months, rather than annually. The Ohio Department of Medicaid would not be permitted to provide redetermination forms with any pre-populated information. Nor could it use the information it already has, rather than requiring an individual to provide redundant documentation, to assess someone's continued eligibility.

These provisions of SB17 are designed to make it harder for people who are eligible for Medicaid to maintain uninterrupted health insurance coverage. They require the shuffling of additional paper and investment of extra time to work through a redetermination, without any evident refinement or increased accuracy of the information upon which that redetermination is based. It is demeaning to demand that Ohioans who rely on Medicaid jump through compliance hoops just for the sake of jumping. These provisions tell vulnerable Ohioans that only through repetitive superfluous actions do they continue to be worthy of health insurance.

Community Legal Aid sees through our clients how breaks in health insurance coverage can be devastating to families. At the moment, our clients are protected from churning off Medicaid due to documentation deficiencies, thanks to the federal response to the COVID-19 public health emergency. However, once the public health emergency subsides, the unwarranted provisions of SB17, if they become law, will operate to lengthen and complicate the redetermination process, undoubtedly pushing patients off health insurance. Pre-natal care, preventive screening appointments, treatment for chronic illness and more may be delayed due to an intermittent loss of Medicaid. Failure to receive these and other treatment at the right time will leave patients exposed to more serious health problems and less able to remain healthy.

In addition, SB17 would require the Ohio Department of Medicaid to seek a waiver to eliminate the ability of hospitals to assess a patient's Medicaid eligibility and determine them "presumptively eligible" for Medicaid. Allowing hospitals to make this assessment means that hospitals can provide care to a presumptively eligible patient knowing that the medical treatment will be covered by health insurance. This process is efficient, as it provides a "real time" Medicaid assessment. In order to maintain Medicaid coverage following the period of presumptive eligibility, the patient must complete the application process in a short period of time.

If SB17 is passed, and the waiver approved, hospitals would no longer be able to determine if a patient has presumptive Medicaid eligibility, losing the efficiency of that process. For patients who present at a hospital without insurance, their care may be delayed while the full Medicaid application is completed. For those whose care cannot be delayed, either hospital or patient, or both, may face heavy financial consequences of having provided and received treatment without the benefit of insurance. Like the other changes proposed in SB17 and described in this testimony, the change does not enhance the eligibility determinations nor improve the Medicaid program. Instead, it increases burden, delay, and inefficiency.

**Conclusion**

Community Legal Aid opposes SB 17 as unnecessary, ill-advised, and punitive. We urge you to oppose SB17 as well. In addition, we encourage you to focus attention on the many ways you can decrease the burdens carried by Ohioans struggling with financial, food, and medical insecurity.