

Rick Carfagna, Senior Vice President Ohio Chamber of Commerce *Proponent Testimony – House Bill 97 November 14, 2023*

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the House Provider Services Committee, thank you for the opportunity to provide testimony in support of House Bill 97. My name is Rick Carfagna, and I am Senior Vice President of Government Affairs for the Ohio Chamber of Commerce.

As you may know, the Ohio Chamber has served as the state's leading business advocate, and we represent over 8,000 companies that do business in Ohio. Our mission is to aggressively champion free enterprise, economic competitiveness, and growth for the benefit of all Ohioans. As part of our mission, we seek to make Ohio the best place in the country for business to operate and grow.

One of the most consistent themes we hear from our member companies, across nearly every sector of healthcare, is difficulty finding workforce talent. We want to thank Representative Pavliga for her work on this important issue. As has been highlighted, Ohio is at a critical point. Out of our state's population of 11.8 million people, nearly two million adults in Ohio have a mental health condition – that's more than 4x the population of Cleveland. Undiagnosed mental illness leads to several terrible outcomes, including other chronic health conditions, the abuse of drugs and/or alcohol, and even suicide. Current workforce shortages cannot keep pace with the demand for behavioral health services. Ohio is projected to have only 52% of the psychiatrists it needs by 2023.¹

The Ohio Chamber supports the creation of a new licensed healthcare professional as prescribed in HB 97 – a certified mental health assistant (CMHA). This new CMHA will be a two-year master's level training program and will provide training necessary for identifying and managing mental health and substance use disorders. This ultimately will increase patient access to affordable, high quality behavioral health care.

The Ohio Department of Insurance recently released a report that compares mental health and substance use disorder benefits in the Medicaid and fully insured commercial markets.² One of the most striking differences between the markets was the size of provider network. There are significant

¹ Health Resource and Services Administration (HRSA), "State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030," September 2018. <u>State-Level Projections of Supply and Demand for Behavioral Health</u> Occupations: 2016-2030 (hrsa.gov)

² NovaRest Actuarial Consulting, Ohio Behavioral Health Report to the Ohio Department of Insurance: A Comparison of Mental Health and Substance Use Disorder Benefits in the Medicaid and Fully Insured Commercial Health Insurance Markets

differences in the total number of mental health/substance use disorder (MH/SUD) practitioners. The Medicaid MCO networks include more MH/SUD providers than the fully insured market, with the individual market having the fewest number of providers. A reason for this is that Medicaid allows certain MH/SUD services to be provided by non-licensed MH/SUD paraprofessionals who are supervised by licensed professionals. It was found that 46% of the fully insured market does not cover services nor contract with paraprofessionals, reducing the number of providers in the fully insured market. This new certified mental health assistant can help address this need. Commercial health insurers will be able to utilize CMHAs to make sure Ohioans with private health insurance receive timely mental health care.

Our concerns surrounding behavioral health were also a contributing factor to the Ohio Chamber of Commerce's opposition to Issue 2. According to the National Alliance for the Mentally III (NAMI), people with mental illness report using marijuana at a rate of at least twice that of people without mental illness. Furthermore, the National Institute on Drug Abuse states: "*Research has shown that cannabis use is associated with an increased risk for an earlier onset of psychotic disorders (such as schizophrenia) in people with other risk factors, such as family history. Cannabis intoxication can also induce a temporary psychotic episode in some individuals, especially at high doses. Experiencing such an episode may be linked with a risk for later developing a psychotic disorder. A person's genetics may play a role in this relationship." Finally, the Canadian Government has likewise noted that any cannabis use is associated with a 40% increased risk of psychosis. This context, coupled with Ohio's passage of Issue 2, intensifies the necessity to grow our behavioral health and recovery services workforce.*

In the Chamber's recent publication, <u>Blueprint for Ohio's Economic Future</u>, we highlight the need to increase access to addiction treatment, harm reduction, and mental health services. In partnership with Accenture, our study demonstrates the importance of the business community supporting statewide campaigns to address the stigma of addiction, and evidence-based treatment and recovery services. This requires that all areas of the state have access to quality and effective behavioral health services. Because workforce demand and access to behavioral health treatment is critical to our members, this legislation is one of our top policy priorities for the 135th General Assembly.

Thank you again for the opportunity to provide support for HB 97. Investing in mental health and safety is critical to building solid workplaces, a strong workforce, and strong communities.