## Ohio Association of Health Plans

May 31, 2023

Chairman Terry Johnson Senate Community Revitalization Committee 1 Capital Square Columbus, Ohio 43215

Dear Chairman Johnson,

On behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to offer written opponent testimony to Senate Bill 105, legislation that would unnecessarily and dangerously expand the scope of who has access to sensitive Medicaid member level data. It would also create wasteful and redundant health care oversight at the taxpayer's expense.

OAHP is the state's leading trade association representing the health insurance industry. Our member plans provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid, and the Federal Insurance Marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

SB 105 contains many provisions that are not a concern to OAHP. However, OAHP has serious concerns with the provision that requires OhioMHAS and the Ohio Department of Medicaid to exchange individual Medicaid recipient information with the ADAMH boards. This individual Medicaid recipient information includes highly sensitive and private personal information like diagnoses and prescription drug data. There are expansive federal and state laws that protect the privacy of an individual's health information. Those laws require detailed and robust privacy and security practices to ensure that the individual's health information remains protected. Ohio Medicaid, OhioMHAS and Ohio's managed care plans have these strict data privacy protections in place to protect this data in compliance with federal and state law. The language in SB 105 would thwart that important privacy protection by allowing the data to be shared with the boards, which are entities that do not have these privacy protections in place. Simply amending Ohio law to allow for ADAMH boards to access this highly sensitive and private data without compliance with those privacy and security laws is unlawful and dangerous.

Further, SB 105 provides that the individual member level information shall be exchanged for the following purposes: to coordinate public benefits; to improve the management and administration of Medicaid and other publicly funded programs offering addiction or mental health services; and to ensure that the essential elements of a board's continuum of care are available, as appropriate, to persons seeking or receiving addiction or mental health services. *This is a tremendous and unwarranted expansion of the ADAMH boards authority.* Care coordination is already a benefit paid for by the state and provided by managed care organizations (MCO). Therefore, allowing ADAMHS boards to provide this service is redundant, wasteful use of taxpayer dollars and will likely cause confusion between the Medicaid recipient, MCO, providers, and ADAMHS boards. In addition, ADAMH boards already have access to reams of aggregated Medicaid data that allows them to "ensure that the essential elements of the board's continuum of care are available." There is

simply no need for the boards to access the member level data; any suggestion that they lack sufficient data today to carry out their statutory duties is false.

OAHP continues to try to understand the ADAMHS boards' desire to have member level Medicaid recipient data, considering they already receive aggregated member data. Member level data is only given to a few named entities today because of its sensitive nature. Expanding who has access to this information is not something that should be taken lightly. Finally, why do the ADAMHs boards want to offer care coordination services when those services are already offered?

Thank you for the opportunity to offer opponent testimony to SB 105.

Sincerely,

Gretchen Blazer Thompson

**Director of Government Affairs** 

Getty b. Tarupu