Congress of the United States
Washington, DC 20515

August 2, 2016

The Honorable Sylvia Mathews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell:

We write to provide formal comment regarding Ohio's pending Section 1115 Demonstration Waiver application. As elected federal representatives from Ohio, we have a vested interest in protecting the health and wellbeing of all Ohioans, and that is why we are concerned that the health and wellbeing of our constituents is currently threatened by the state's proposal to revise its Medicaid expansion program. We strongly oppose the "Healthy Ohio Program," which seeks to make needless, injurious changes to Ohio's existing, successful Medicaid expansion program, and urge you to reject the state's proposal in its entirety.

Ohio's 2016-2017 State operating budget – as passed by the Ohio General Assembly and signed into law by Governor Kasich – requires the Ohio Department of Medicaid (ODM) to apply to the federal government for permission to change, or "waive," the way Ohio's effective and popular Medicaid program is currently run. ODM's application – referred to as the "Healthy Ohio Program" – was written in accordance with state law to require all non-disabled adults on Medicaid who currently qualify for the program to pay premiums to maintain coverage, and prohibit individuals from receiving coverage until they contributed their first premium payment. The "Healthy Ohio Program" would also limit coverage by creating a cap on yearly and lifetime expenses, impose additional co-payments and cost-sharing requirements, and prohibit retroactive eligibility for this population.

According to the Centers for Medicare and Medicaid Services (CMS) website, the Secretary of Health and Human Services (HHS) has the authority to approve demonstration projects that "promote the objectives of the Medicaid and CHIP programs." The website goes on to say that:

> there are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will: 1) increase and strengthen overall coverage of low-income individuals in the state; 2) increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state; 3) improve health outcomes for Medicaid and other low-income populations in the state; or 4) increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

The "Healthy Ohio Program" as submitted to CMS would meet none of these general criteria; therefore, we urge you to reject the state's proposal.

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In fact, it would be more accurate to call the State's proposal the "UNhealthy Ohio Program." The changes advanced in the state's waiver application would disrupt coverage and increase costs for the more than one million adult Ohioans who are currently enrolled through the program – going beyond the state's expansion population and affecting other vulnerable individuals who rely on Medicaid, including foster youth, low-income 19- and 20-year-olds, low-income parents and caretaker relatives, and individuals eligible for the Breast and Cervical Cancer project. As ODM acknowledges in its application, these proposed changes would cause at least 9 percent of Ohio's current Medicaid population to lose coverage, hurting beneficiaries, hospitals, and communities. The results are stark. Uncompensated care will increase, resources for drug treatment will decrease, and there will be no more retroactive coverage for beneficiaries who fail to pay their premiums. If these changes are approved, Ohio will fall backwards in the number of individuals insured, with the most disproportionate impact falling on minority populations. This is unacceptable.

Medicaid expansion in Ohio is working. Thanks to expansion, more than 670,000 Ohioans now have access to comprehensive, affordable health coverage – many for the first time in their lives. This coverage has meant increased care coordination, decreased uncompensated care, and an increase of mental health and addiction services. Approving the "Healthy Ohio Program's" proposed, detrimental changes to the current, successful program will not increase coverage, stabilize providers, improve health outcomes, or increase efficiency. Rather, the approval of the "Healthy Ohio Program" waiver would only cause Ohioans to lose access to the coverage and treatment they are getting today.

At a time when we are making unprecedented gains in health care coverage across the United States, we cannot afford to go backward by approving a policy change that will cause hundreds of thousands of Ohioans to lose coverage. The spirit of Medicaid Expansion under the Affordable Care Act was to give states the opportunity to expand coverage for more individuals, not expand coverage only to subsequently walk it back for populations who need it most. Doing so would set a dangerous precedent. We urge you to categorically reject the state of Ohio's 1115 "Healthy Ohio Program" waiver application and ensure continued coverage for the Ohioans insured by Medicaid today.

Thank you for your time and consideration of this important matter. We look forward to working with you to ensure Ohioans who rely on Medicaid maintain access to their affordable, high-quality, comprehensive health care.

Sincerely,

Sherrod Brown
United States Senator

Marcy Kaptur
United States Representative

Tim Ryan
United States Representative

Marcia L. Fudge
United States Representative

Joyce Beatty
United States Representative

CC: Andy Slavitt, Acting Administrator of Centers for Medicare and Medicaid Services