

August 4, 2016

Sylvia Matthews Burwell, Secretary
Health and Human Services
200 Independence Avenue. S. W.
Washington, D.C. 20201

Submitted online at Medicaid.gov

Re: Healthy Ohio Program 1115 Demonstration Waiver Request

Dear Secretary Matthews,

The Benjamin Rose Institute on Aging (BRIA) is submitting these comments in opposition to consideration and pending approval of the Healthy Ohio 1115 Demonstration Program Waiver request submitted by the State of Ohio. We believe that the proposed Healthy Ohio waiver will disrupt coverage for many of those most in need, and will ultimately lead to the kinds of uncoordinated care that Ohio has attempted to avoid with its expansion of Medicaid.

The Health Policy Institute of Ohio (HPIO) reveals in its July 2016 review that since January 2014, Medicaid expansion has brought 954,887 new enrollees onto the Medicaid program.¹ A Harvard School of Public Health study reveals that that Medicaid expansions are associated with a significant reduction in mortality and increased rates of self-reported positive health status, in addition to improved coverage and access to care.²

In addition, HPIO reports that, “both hospitals and community health centers report a reduction in the number of patients who are categorized as self-pay/uninsured and a corresponding increase in the number of patients with Medicaid”.³ The working paper from the National Bureau of Economic Research estimates that medical debt held by people newly covered by Medicaid since 2014 has been reduced by about \$600 to \$1,000 each year.⁴

By extending Medicaid benefits, Ohio provides opportunities to improve the health and safety of participants. The expansion benefits Ohio’s health care economy, reduces the cost of uncompensated care, continues comprehensive reforms to Ohio Medicaid programs, and keeps Ohio tax dollars in Ohio.

We agree with our human services partners that the implementation of a Healthy Ohio premium will force many individuals with low incomes to lose healthcare coverage. We understand that because BRIA provides services primarily to older adults many of our clients will not be affected by Healthy Ohio. However, several of our younger consumers age 55 to 64 and family members that care for our clients, are living with incomes below 100% FPL. We appreciate the principle of financial responsibility, but recognize that

there are some members of our community who are just not able to meet premium requirements set forth in the Healthy Ohio Demonstration Waiver.

In Northeast Ohio BRIA is unique because its mental health program specializes in treatment and case management services for adults age 55 and older. Many of our consumers age 55-64 have long histories of a mental illness diagnosis and have multiple chronic conditions. The HPIO July 22, 2016 review reports that, “just over 50% of Medicaid expansion enrollees were treated for mental health and drug addiction problems, and about 100,000 or more than 1 in 10, were diagnosed with severe mental illness, including psychosis, schizophrenia and bipolar disorders”⁵.

In 2014, 27% of adults were uninsured. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. Research also has suggested that insurance can decrease likelihood of depression and stress.⁶

Prior to the expansion of Medicaid, these individuals lacked comprehensive health insurance and were more likely to enter Medicare with severe and persistent mental health and physical health problems. Unfortunately, they become part the Medicare and Medicaid older adult population group which accounts for a higher percentage of program cost. “By reducing the out-of-pocket costs for medical care including that which would be otherwise unaffordable, Medicare, for the previously uninsured, increases medical service use”.⁷

For many of our mental health clients, managing even routine matters like premiums is often beyond their capacity. Their options for care would default back to uncompensated and high cost treatment in the emergency room, or even worse, in a nursing home standing in the role of a mental health facility.

The Healthy Ohio premium mandate will place an added and unfair burden on lower income and vulnerable populations. The Benjamin Rose Institute on Aging urges HHS to not undercut the success of expanding Medicaid in Ohio by approving premium assistance.

Sincerely,

Richard Browdie
President and CEO

1. Health Policy Review. Mental health; 500k Ohioans gain mental health, drug treatment coverage through Medicaid expansion, official say... 7/22/16. http://www.healthpolicyreview.org/daily_review/mental-health/

2. T.H. Chan. Harvard School of Public Health. Expanding Medicaid to low-income adults leads to improved health, fewer deaths. July 2012. <https://www.hsph.harvard.edu/news/press-releases/medicaid-expansion-lower-mortality/>

3. Health Policy Brief. Medicaid Enrollment Trends and Impact Analysis. Amy Rohling McGee, Stephanie Gilligan, Janet Goldberg, Todd, Ives, OSU – William Hayes. December 2014.

4. National Bureau of Economic Research. Working Paper 22170. The Effect of the Patient Protection and Affordable Care Act: Medicaid Expansions on Financial Well-Being. Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, and Ashley Wong. © 2016.

5. Op.Cit. Health Policy Review 7/22/16.

5. Kaiser Family Foundation. Key Facts about the Uninsured Population. Oct.05 2015. <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

7. McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. N Engl J Med. 2007 Jul 12; 357(2):143-53.