

Health Care Budget Priorities 2009

Problem:

- ❑ Access to health care is a basic need that Ohioans deserve to have met. Loss of jobs, increased co-pays and employee contributions, and more stringent eligibility requirements made in recent years combined with the rising costs of healthcare have created a situation in which many Ohioans are left without any healthcare.
- ❑ Medicaid eligibility for families was reduced from 100% to 90% of the Federal Poverty Level (FPL), which removed 25,000 parents from the Medicaid program. Eligibility for a family of three is now \$20,601 annual income.
- ❑ Closing the enrollment of Disability Medical Assistance and drastically reducing funding has left medication dependent individuals without a safety net and unable to receive necessary medication.
- ❑ In fiscal year 2008, Medicaid paid for 40 percent of newborn births in Ohio and 65 percent of all nursing home care.

What We Want: In order for Ohioans to have access to health care services, Ohio must have affordable, quality healthcare for all. ABLE's position is to:

- ❑ Expand access to medical coverage for struggling Ohioans by increasing family coverage eligibility for Medicaid from 90% to 200% of the FPL.
- ❑ Restore full funding for Medicaid Services categorized as optional, including dental, vision, podiatry and psychological.
- ❑ Eliminate prescription co-pays.
- ❑ Provide medical benefits for adults without dependents, with eligibility up to 200% of the FPL.

Background Information:

- ❑ Medicaid provides healthcare coverage for low-income children, pregnant mothers, working families, seniors, and people with disabilities. Covered Families with Children (CFCs) includes approximately 1.2 million low-income children and 458,000 low-income parents. Aged, Blind & Disabled folks include approximately 51,000 children, 175,000 elders, and 310,000 non-elderly adults with disabilities. A total of **2,194,000** people or about **19% of Ohio's population** rely on Medicaid benefits. **Low income adults without dependents do not qualify for Medicaid under current eligibility categories.** In 1998, the General Assembly enacted parent coverage expansion as part of welfare reform to stabilize low-income families in the workforce. Eligibility for parents fell from 100% to 90% of the FPL. As a result, more than 25,000 parents lost Medicaid coverage to save the State 37 million dollars over the 2006-2007 periods. (Source: Ohio Hospital Association).
- ❑ In 1995 the General Assembly eliminated General Assistance Medical altogether and capped enrollment for Disability Medical Assistance. Enrollment for Disability Medical Assistance was frozen in July 2003. The Disability Medical Assistance program is designed to provide medical assistance to Ohioans who are medication dependent and not on Medicaid with incomes under \$115 per month. Medical services covered by DMA include outpatient services, medical supplies, lab and x-rays, services, and dental extractions, and dental x-rays. Currently enrollment for Disability Medical Assistance is closed. Regulations have made it extremely difficult for existing DMA recipients to keep their eligibility - if a redetermination appointment is missed, that's it, no more eligibility and since eligibility is frozen, there is no chance of that person getting reinstated.

Impact:

- ❑ Without individual and family coverage, many Ohioans will be at risk for long term, life threatening illnesses that may be preventable. Requiring co-pays makes it difficult for families to obtain prescription drugs.
- ❑ Without funding for DMA, individuals needing necessary medications may not survive their long term health care needs.