



Healthcare Crisis in Ohio Continues

Eleanor Pearlman, Health Care Specialist

The position of LWVUS on funding entitlements is that “the federal government has a role in funding and providing for old age, survivors, disability and health insurance. For such insurance programs, participation should be mandatory and coverage should be universal.” Policies should promote access to a basic level of quality care at an affordable cost for all U.S. residents.

Where are we now? LWVO partners with several healthcare coalitions to address these issues at the state level. There are now 1.3 million Ohioans, many of whom are children, who remain uninsured. In the last state budget, about 27,000 Ohioans lost coverage as Medicaid eligibility was cut from 100% of the Federal Poverty Level to 90% of the FPL. Funding for Disability Medical Assistance (DMA) has been severely cut since 2003. These are adults who are medication-dependent who have not met the strict eligibility requirements for Medicaid as disabled. Many await Social Security determination, which now has more than a two-year waiting process. Twenty-one percent of Ohioans do not have prescription drug coverage. There are about 100,000 Ohio Medicare beneficiaries who may qualify for the Low Income subsidy but efforts to reach these people have been difficult. These are people who once qualified for dual Medicaid and Medicare benefits.

The various advocacy coalitions are Ohio Family Coverage Coalition (OFCC), Access to Benefits Coalition (ABC), and Coalition for Affordable Healthcare Ohio (CAHO). Some of the priorities are listed below.

- Restore the Medicaid parents’ coverage to 100% of the FPL.
- Establish the Ohio Healthy Workers Insurance and Premium Assistance Program as a creative private- public solution. This is a work in progress. Discussions are taking place with legislators about creating a program to help low-income employees pay their premium share.
- Restore funding to the full DMA program; this is a state-funded program and receives no matching federal monies. This is a high risk, very vulnerable population.
- Roll back out-of-pocket co-pays for low-income people in public health care programs. Numerous studies show that cost sharing causes a barrier to Medicaid beneficiaries. They go without needed health care.
- Support the funding request of the Ohio Association of Community Health Centers and the Ohio Association of Free Clinics because of the critical role they play in making prescription drugs available to their patients. Federally Qualified Health Centers are authorized to purchase drugs at a price set through the Veterans Healthcare Act of 1992. Drugs are bought in bulk.
- Improve on the different prescription drug programs, which are currently uneven and difficult to negotiate.

Several of our priorities are reflected in the executive budget proposal, but because of an anticipated tight budget it is hard to assess exactly what cuts will be discussed by the finance committees. Although it is proposed that children’s health coverage be increased from 200% of poverty to 300% of poverty, we have noticed in the past that it is more difficult to enroll children

when their parents are not included. When parents are included, a higher percentage of children participate.

Expansion of the PASSPORT program for the elderly and disabled is also proposed. People prefer to remain in their own homes if possible and it is cheaper for the state. We will be following SB5, which will provide homecare and assisted living.

Message

Support the various initiatives that will expand access to affordable health care in our state.