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Testimony of Disability Rights Ohio
on the Graham-Cassidy-Heller-Johnson Health Care Proposal
United States Senate Committee on Finance
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Chairman Hatch, Ranking Member Wyden, and members of the United States Senate Committee on Finance, thank you for the opportunity to provide written testimony in opposition to the Graham-Cassidy-Heller-Johnson (“GCHJ”) health care proposal. Disability Rights Ohio (“DRO”) urges the members of the committee **NOT** to support this bill. If enacted, this legislation would be devastating to the over 3 million people in Ohio served by Medicaid including people with disabilities. Medicaid provides these individuals the opportunity to live and work in their communities; any cuts, like those proposed in GCHJ, have the potential to force people with disabilities back into institutionalized settings. Moreover, expansion of Medicaid has allowed approximately 700,000 Ohioans, many of them with disabilities, to receive health care. This has allowed Ohio to provide treatment for individuals caught in the opioid epidemic, who frequently experience co-morbidity with mental and physical illness, and who were not receiving medical care prior to the expansion.

BACKGROUND

Disability Rights Ohio is a non-profit corporation registered in the state of Ohio. It is designated by Ohio’s Governor under the Developmental Disabilities Act and other federal laws as the system to protect and advocate for the rights of people with disabilities in Ohio. DRO’s mission is to advocate for the human, civil, and legal rights of people with disabilities in Ohio. We have broad experience providing legal and policy advocacy for our clients and their families, and as a result DRO has a unique perspective on the importance of adequate health care and in particular, Medicaid for Ohioans with disabilities.

This is true in the general sense, as our clients often rely on Medicaid for health insurance. But this also can assist the individual to become more independent and a productive member of society through programs like Medicaid Buy-in, which allows people with disabilities to gain employment without losing necessary health care that may not be provided by an employer. The health care exchanges have also provided a meaningful opportunity for people with disabilities to gain health insurance without regard to pre-existing conditions (i.e. their disability).

In addition, the large majority of long term services and supports (LTSS) for elders and people with disabilities in Ohio are paid for through Medicaid. While the state has a way to go, Ohio has been making progress in rebalancing its LTSS away from institutions and into home and community based services. The Americans with Disabilities Act of 1990 (“ADA”) requires equal opportunity and access for people with disabilities, and undue segregation in an institutional placement is discrimination under the ADA. The state’s programs must be designed to promote integration into the community. HCBS Waivers are the main driver of this change, and in Ohio

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cuts to Medicaid will, with certainty, limit progress in this area and reduce the effectiveness of Ohio's efforts, and force people with disabilities back into institutionalized settings.

This testimony will be divided into two sections. First, it will demonstrate the importance of Medicaid in the lives of people with disabilities in Ohio by sharing two reports DRO published showing how Medicaid helps individuals become fully integrated into their communities. Second it will focus on the major concerns with the GCHJ proposal and the devastating impact it would have on people with disabilities.

MEDICAID MATTERS

Medicaid is intrinsically important for the over 38,000 people with disabilities in Ohio who are served through Medicaid waivers. These waivers allow people with disabilities the ability to live and work in their communities. Because of this, DRO published two (2) reports that detail how Medicaid helps people with disabilities in Ohio: *Medicaid Matters*¹ and *Medicaid Myths*².

DRO's *Medicaid Myths* publication shows the various ways that Medicaid provides services to people with disabilities and allows them the opportunity to live and work in their communities. One way is through HCBS waivers that provide service and supports to people with disabilities in their home. This essential service allows for individuals to remain in their homes and be fully integrated into their communities, while diverting them from being placed unnecessarily in institutional settings. Another way is through essential in-school services to children with disabilities. These services help children to learn alongside their peers in traditional school environments, supporting the requirement in federal law of full inclusion of children with disabilities in their schools.

DRO's *Medicaid Matters* details the incredible story of Justin Martin. He attends Kenyon College with plans to become an inspiring teacher. Justin's HCBS waiver allows him the ability to go to college alongside his peers and receive the necessary supports he needs to be successful. This would not be attainable without Medicaid. With the waiver, Justin will graduate and obtain a job in the community and contribute like any other adult his age. Cuts to Medicaid would stop countless other people with disabilities like Justin from obtaining this same kind of success.

To retain the success of Medicaid in helping people with disabilities live and work in their communities, as shared in the DRO publications, members of the United States Senate Committee on Finance should **NOT** support the GCHJ proposal, which would weaken the Medicaid program and prevent people with disabilities from being fully integrated in their communities.

NEGATIVE IMPLICAITONS

The GCHJ proposal has multiple provisions that would drastically impact the lives of people with disabilities. Ohio has an obligation under *Olmstead* to provide services to people with disabilities in community-based settings. GCHJ makes drastic cuts and changes to the Medicaid program that would create devastating impacts on the lives of people with disabilities who live

¹ The full publication can be viewed on our website at:
http://www.disabilityrightsohio.org/assets/documents/dro_justin_martin_medicaid_booklet.pdf

² The full publication can be viewed on our website at:
http://www.disabilityrightsohio.org/assets/documents/dro_medicaidmyths_2017.pdf

and work in their communities. The following is a list of provisions in the GCHJ proposal that are concerning and problematic for people with disabilities in Ohio.

Implementing per capita caps. Per capita caps would inhibit Ohio's ability to pay for rising costs in services like accommodations to help individuals in and out of the shower in the home, wheelchair ramps, and personal care aides, all of which are needed to allow for individuals to live at home and work in their communities. HCBS waivers are not required services and per capita caps will force Ohio to make drastic cuts, preventing people with disabilities to live and work in their communities. Cuts to essential in-home care services puts individuals who need LTSS at risk of institutionalization.

Ohio already has as many as 40,000 individuals on waitlists for home and community-based services. Even those who meet the requirements to receive a waiver can be put on a waitlist if there is not an open "slot." Cuts to Medicaid ensure that more people will be waiting for essential benefits that are necessary for them live and work in their communities.

Eliminating coverage for those with mental illness. GCHJ eliminates Medicaid expansion in 2020 and with it ends coverage for the over 700,000 people who are served in Ohio through the program, including those who have mental illness and are receiving services in home and community-based settings. Currently, Ohio receives a 90% matching rate for Medicaid expansion enrollees, the GCHJ proposal would end this matching rate in 2020 and states would be required to pay for 100% of these services. With an already limited state budget, Ohio would be forced to make severe cuts to this program, if not eliminate it.

The GCHJ threatens the ability of people with disabilities to receive basic health care, including mental health and addiction services; sustain employment; and to live in their communities. Progress has been made to fully integrated people with disabilities and states are obligated to continue this work. Cuts to Medicaid will severely hamper further progress.

CONCLUSION

DRO understands the current health care system can be improved, but block grants and cuts are not the answer. There is already a bipartisan effort being made in the Senate to address the real concerns with our healthcare system. By focusing efforts on this process and away from undue and unnecessary cuts to Medicaid, effective reforms can be made.

DRO hopes the stories we have shared provide insight as to how important Medicaid is to the lives of people with disabilities. GCHJ would be extremely detrimental to the lives of people with disabilities in Ohio. We urge members of the committee to **oppose** GCHJ.

Thank you for allowing DRO the opportunity to provide testimony on the GCHJ proposal. If you have any questions or want to discuss this matter further, please contact me at your convenience.