

The MHAC Remains Committed to Medicaid Expansion

- The House Finance Committee's decision to reject health care coverage for low-income, working Ohioans will reduce overall spending by \$577 per year on services that people with a mental illness or substance abuse disorder need to recover. *Cite: OHT*
<http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=YJgwSPttfV4%3d&tabid=136>
- The House's budget provides NO SUPPORT for the physical health care needs for individuals with a mental illness or an addiction disorder who would have been covered by the Governor's budget. These individuals commonly experience physical health issues related to their illness that can impede recovery and lead to high-cost chronic conditions. *Cite: OHT*
<http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=YJgwSPttfV4%3d&tabid=136>
- The House's proposal does not allow for holistic, comprehensive care. We need to treat the mind and the body, but the House proposal only allows for treatment of the mind. This does not address the problem that individuals with a mental illness die an average of 25 years earlier than individuals without a mental illness. Medicaid expansion provides coverage for an individual's physical health care needs as well as their behavioral health care needs.
- The House's substitute budget bill uses state money only to invest in mental health and addiction services. It is short-sided to disregard the 100% federal funding that accompanies Medicaid expansion.
- The \$50 million per year investment in behavioral health is not guaranteed after two years. This is likely a one-time investment.
- Individuals with a primary addiction disorder typically do not meet the definition of disabled and therefore are unable to obtain coverage under Medicaid. These individuals would likely be covered under the Medicaid expansion and therefore would be able to receive behavioral and physical health care services.
- If Ohio extended Medicaid benefits, an estimated \$70 million per year of state and local levy dollars would be freed up and redirected to non-Medicaid supportive services. The \$50 million dollars is not enough to cover both treatment and supportive services.
- Without Medicaid expansion, hospitals will have to make decisions on how to deal with the loss of the Disproportionate Share Hospital (DSH) payments. Rural hospitals may close their doors and larger hospitals will shut down their most costly departments. For many hospitals, psychiatric units are often the first to be cut as they often serve the uninsured. If closed, the state will be responsible for providing additional psychiatric beds as required by law. This will be extremely costly to the state. One state hospital bed costs ODMH \$215,350 per year.
- Currently, the majority of addiction services funding comes from the federal Substance Abuse Prevention and Treatment block grants. These block grants are in jeopardy of being cut or redirected away from treatment services because Medicaid expansion is expected to fill the gap. Without Medicaid expansion, uninsured individuals will lose access to addiction services.