



A budget for everyone Fiscal Years 2022-23

Make all Ohioans healthier

American philosopher Ralph Waldo Emerson said, “Health is the first wealth.” For many Ohioans, access to health care is fragile, particularly in the pandemic recession, when many have been laid off and lost health insurance coverage. The safety net of Medicaid has never been more important. In this year of pandemic, with rising illness, suffering and death from COVID, lawmakers must protect Medicaid and related health services.

Expand health care for Ohioans

Recommendation: Protect Medicaid expansion from barriers that cause people to lose coverage

Agency: Ohio Department of Medicaid

Medicaid is essential to the health of Ohioans. It is a critical link in the national system of health insurance, providing coverage and access to care to over a quarter of Ohio’s population, more than 3 million people. The program has expanded — as it is designed to — as Ohioans lost jobs and income in the recession. All of us must be able to get tested and vaccinated during the pandemic. In better times, we all need regular check-ups, dependable emergency care, and effective treatment when we get sick. No one should go broke because of medical debt.

Medicaid covers health care for people of very low income. Ohio expanded Medicaid under the provisions of the Affordable Care Act. The Medicaid expansion, which is largely paid for by the federal government, provides health insurance to 700,000 low-wage workers, disabled people and caregivers. It is essential to controlling the COVID pandemic and also stemming the drug epidemic.¹ Lawmakers must stop introducing legislation that would eliminate or curtail Medicaid expansion (or any Medicaid eligibility and services) with barriers like increased costs or unrealistic work reporting requirements.²

Ensure treatment for all Ohioans struggling with addiction

Recommendation: Restore state funding for community mental health & addiction services

Agency: Ohio Department of Mental Health and Addiction Services

Line items: 336421 and others

All Ohioans deserve a chance to live a healthy life. Behavioral health problems are rising in the pandemic recession with financial loss, social isolation, and death. The drug crisis, mitigated in Ohio in 2018, is raging again, with overdose deaths rising steeply.³

Behavioral health needs have been rising for years. Lori Criss (now director of the Ohio Department of Mental Health and Addiction Services) wrote in 2018 that Ohio needs a fully-resourced continuum of care that includes prevention, early intervention, treatment, and recovery supports such as peer support, housing, and employment services. “The suicide rate among Ohioans rose 36% between 1999 and 2016,” she wrote. “Adults and kids in mental health crisis spend days in emergency rooms before being sent home because Ohio doesn’t have enough inpatient beds for them.”⁴

The system has been weakened by cuts. Lawmakers cut non-Medicaid funding for community mental health services by 70% between 2002 and 2012. By 2021 funding may regain the 2012 level, but cuts and inflation over time have diminished services. Federal relief funds and grant programs are helping in this time of crisis⁵ but do not solve the long-term erosion of services. State lawmakers must step in with sustained state funding for community mental health services, education and outreach, and in-patient facilities.

Build a health care workforce the community will trust

Recommendation: Create loan forgiveness programs targeted to Black and brown students in health care

Agency: Department of Health

Line items: 440465, 440624, 440628 and 440662

The Minority Health Strike Force recommended that the state support the recruitment and retention of Ohioans of color in health care. The Association of American Medical Colleges reports that in 2018, just 5% of doctors were Black, far less than the share of Black people in the national population.⁶ Expanded representation in the workforce could build trust in the health care system — a trust broken by a history of abuse and bias.⁷ It could help with Black infant mortality, one of Ohio’s worst health problems: Research finds that when Black babies are delivered by Black doctors, the Black infant mortality rate drops dramatically.⁸ The governor could expand the Department of Health’s loan forgiveness programs⁹ to include programs for Black and brown medical students in primary care, nursing, psychology, psychiatry and other specialty areas. Existing programs are funded collectively at \$1 million through modest fees on physician and dentist licenses. Additional funding through these or similar fees or assessments on insurers, providers and hospitals could boost the pipeline of Black and brown medical students, who could build trust in health care within communities of color.

Expand health programs in Ohio’s Black, brown and Indigenous communities

Recommendation: Direct \$7.8 million to create a state “Points of Access” grant program

Agency: Ohio Department of Health

Line item: 440431

The Minority Health Strike Force recommended the state lead the development of sustainable funding sources to support trusted health initiatives well positioned to expand services in communities of color. One way lawmakers could do this is by creating a state-level “Points of Access” program, based on the highly competitive federal program by the same name administered by the Health Resources and Service Administration (HRSA), an agency of the U.S. Department of Health and Human Services. Ohio lawmakers expressed their intent to expand funding for health centers;¹⁰ this proposed program would address that legislative intent and position Ohio for federal awards that provide ongoing support. We propose a state-level program that would make four awards of \$650,000 each to programs offering culturally appropriate health care services in historically underserved communities of color. State awards would be replenished annually for three years, allowing new local health centers to establish roots and develop a client base. The program could be supported with an appropriation of \$2.6 million in 2022 and \$5.2 million in 2023.

Ensure all babies survive and thrive

Recommendation: Fund Ohio Commission on Minority Health Infant Mortality Health Grants at \$6 million a year; restore funding cut from Help Me Grow and Early Intervention

Agency: Ohio Commission on Minority Health, Department of Health, Department of Developmental Disabilities

Line items: 149503, 440459 (DOH’s Help Me Grow program) and 322421 (DDD’s Early Intervention Part C)

Ohio’s rate of infant mortality among Black infants rose to 14.3 deaths per 1,000 births in 2019, as the white infant mortality rate fell to 5.1.¹¹ The state’s overall infant mortality rate of 6.9% is high compared to those of other states, but that is driven by the unconscionably high rate of deaths of Black infants. This is caused by many factors, known broadly as social determinants of health — including but not limited to lack of health care, lack of access to nutritious and healthy food, insufficient safe and decent housing, lack of job opportunities and sub-standard schools. The infant mortality rate is an indicator of quality of life of a people or a region; the rising rate for Black babies, almost three times the rate of white, is a grim reminder of long-term racial inequity.

Governor DeWine recognized the crisis of infant mortality in his gubernatorial campaign and promised to increase funding. He delivered on his promise in the current budget. However, he cut the budget by \$776 million in May 2020. Programs to reduce infant mortality were not spared.¹² In the coming budget lawmakers must restore those cuts and boost funding for the Ohio Commission on Minority Health's infant mortality grant program to \$6 million a year. This would increase support for existing programs so they can intensify their efforts and allow a planned (but defunded) expansion into southeastern Ohio. Altogether, this investment could support 12 of the successful Commission on Minority Health "HUB" models to reduce infant mortality at \$500,000 a year, allowing deep and focused efforts to save lives. Lawmakers should also restore the cuts to the Department of Health's Help Me Grow program by fully funding it at the 2021 appropriated level of \$39 million in each year of the 2022-23 budget and provide \$23.2 million each year for the Department of Developmental Disabilities' Early Intervention Part C.

High infant mortality drives high health care costs. In 2013 (the last time such data was made available) two-thirds of the Medicaid cost for prenatal and delivery care was related to preterm births, a leading factor in infant mortality among Black babies.¹³ Ohio lawmakers can start to control these costs with better funding for factors that bear on the social determinants of health: safe, decent and affordable housing; the abatement of lead poisoning; better schools in every ZIP code; increased access to preventative health care and other factors that affect daily life and opportunity.

Notes

1 Greg Moody, Executive in Residence at the John Glenn College of Public Policy at the Ohio State University and former chief of the Office of Health Transformation under Governor Kasich, says the Medicaid expansion increased Ohio's behavioral health system capacity 60 percent over five years. "Ohio's Opioid Crisis and Response," Power Point presentation, October 10, 2019 at <https://bit.ly/2KjYPwk>.

2 Patton, Wendy, "Nothing Healthy About It: Proposal Would Limit Ohioans' Access to Medicaid," Policy Matters Ohio, June 16, 2019 at <https://bit.ly/34ytWv6>. State Representative Jim Butler repeatedly introduced legislation that would increase the cost of Medicaid services for the Ohioans in or near poverty who are enrolled in the program. The Ohio legislature passed, and the Ohio Department of Medicaid is implementing, a program of reporting requirements for the two-thirds of Medicaid recipients who work (the balance are primarily disabled or caregivers). The reporting requirements mandate 20 hours per week of work, which is not reliably offered in low-wage jobs. In other states that have tried this, it has caused thousands to be disenrolled; once dropped from the program, many do not make it back in. See Wagner, Jennifer and Schubel, Jessica, "States' Experiences Confirm Harmful Effects of Medicaid Work Requirements," Center on Budget and Policy Priorities, November 18, 2020 at <https://bit.ly/38Y8O35>.

3 Narcisco, Dean, "Ohio on pace to set record for drug deaths in 2020," Columbus Dispatch, December 17, 2020 at <https://bit.ly/3mKDHN8>; see also Kamp, Jon and Campo-Flores, Arian, "The opioid crisis, already serious, has intensified during coronavirus pandemic," The Wall Street Journal, September 8, 2020, <https://on.wsj.com/37Yp9E6>; they report that in Franklin County, overdose deaths reached 580 by the end of August, which was nearly the entire number reported in 2019.

4 Criss, Lori, "Policy Solutions for Ohio's Addiction & Mental Health Crisis," Ohio Council of Behavioral health

and Family Service Providers, July 2018 at <https://bit.ly/3nTwJgk>. Criss cites Michael Oliver's research to document that Ohio had 9.7 public in-patient psych beds per 100,000 population; the standard is 40 public in-patient beds per 100,000. Olove, Michael, "Amid shortage of psychiatric beds, mentally ill face long waits for treatment," Stateline (Pew Charitable Trust), August 2, 2020 at <https://bit.ly/3riNei3>.

5 "Supporting Behavioral Health During the Pandemic," November 2020, Ohio Department of Mental Health & Addiction Services, <https://bit.ly/3nf6g6s>.

6 "Diversity in Medicine, Facts and Figures 2019," Table 18, Percentage of all active physicians by race/ethnicity, 2018 Association of American Medical Colleges at <https://bit.ly/34Ac7Md>. See also Huerto, Ryan and Lindo, Edwin, "Minority patients benefit from having minority doctors, but that's a hard match to make," The Conversation, February 13, 2020 at <https://bit.ly/38qzhpz>

7 Byrd, W. M., & Clayton, L. A. "Race, medicine, and health care in the United States: a historical survey." Journal of the National Medical Association, 2001 at <https://bit.ly/34F3CzI>; "U.S. Public Health Service Syphilis Study at Tuskegee," Centers for Disease Control and Prevention, at <https://www.cdc.gov/tuskegee/timeline.htm>; Obermeyer Ziad, Brian Powers, Christine Vogeli, Sendhil Mullainathan, "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations." American Association for the Advancement of Science, Science Magazine, October 25, 2019 at <https://bit.ly/3nOPD1K>; Hoffman, Kelly M., Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver, "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites," Proceedings of the National Academy of Sciences of the United States of America, April 4, 2016 at <https://bit.ly/2JfHQLt>

8 Greenwooda, Brad N., Rachel R. Hardemanb, Laura Huangc,1and Aaron Sojournerd, "Physician-patient racial concordance and disparities in birthing mortality for newborns," Proceedings of the National Academy of Science of the United States," August 17, 2020 at <https://www.pnas.org/content/117/35/21194>; cited in Russell, Tanya, "Mortality rate for Black babies is cut dramatically when they're delivered by Black doctors, researchers say,"

The Washington Post, January 9, 2021 at <https://wapo.st/3ozOSKo>

9 (the Ohio Physician Loan Repayment (440628), the Ohio Dentist Loan Repayment (440624) and the Dental Hygienist Loan Repayment (440662) programs.)

10 Section 3701.047 of the Ohio Revised Code

11 The national rate of infant mortality in 2019 was 5.6% (Statistica, <https://bit.ly/34rtxL3>). In Ohio, the Hispanic infant mortality rate dropped to 5.8%; Asia/Pacific Islander infant mortality rate rose to 4.4% and Black infant mortality rate, to 14.3%. See Ohio Department of Health 2019 Infant Mortality Report at <https://bit.ly/2WqbgJR>

12 "Early Intervention - Part C," 322421; "Help Me Grow," 440459 and Infant Mortality Grants, 149503. Patton, Wendy, "Costs, cuts and CARES Act funds," Policy Matters Ohio, August 26, 2020 at <https://bit.ly/3qS6Qta>.

13 Ohio Commission on Minority Health, Certified Pathways Community HUB Model, Presentation to the Governor's Home Visiting Advisory Group, Columbus, Ohio February 13, 2019.