

As Introduced

**126th General Assembly
Regular Session
2005-2006**

H. C. R. No. 13

**Representatives Hoops, Calvert, C. Evans, D. Evans, Flowers, Kearns,
McGregor, Seaver, Widener, Distel, Hartnett, Beatty**

CONCURRENT RESOLUTION

To memorialize the Congress of the United States and 1
the United States Secretary of Health and Human 2
Services to reform the Medicaid program to ensure 3
the program's solvency for future generations. 4

**BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE
OF OHIO (THE SENATE CONCURRING):**

WHEREAS, The Ohio Medicaid program plays a vital role in 5
preserving the health and safety of disabled and working 6
low-income Ohioans, providing essential health care services for 7
nearly one in every six Ohioans, including one of every three Ohio 8
births, and funds 70 per cent of all nursing home care provided in 9
Ohio; and 10

WHEREAS, Ohio's Medicaid program is growing at a rate of 11
almost twice that of state revenues despite efforts to contain 12
escalating program costs: since 2001, the program's caseload has 13
increased 34 per cent; and 14

WHEREAS, Currently, Ohio Medicaid program expenditures 15
represent 38 per cent of expenditures from the state's General 16
Revenue Fund; and 17

WHEREAS, Remarkably, 72 per cent of Ohio's Medicaid spending 18
is directed toward the provision of long-term care for elderly and 19

disabled Ohioans - who comprise only 25 per cent of the program's caseload of over 1.7 million Ohioans; and

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WHEREAS, To increase the efficiency of the Medicaid program, Ohio has instituted care management programs for certain populations, including those with chronic disease, and has implemented long-term care reform measures; and

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WHEREAS, The Ohio Medicaid program provides invaluable assistance to the mentally retarded and developmentally disabled (MR/DD) community. In an effort to maintain this support, the program is seeking to develop strategies that allow the state to continue to use local funds to finance MR/DD services; and

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WHEREAS, The overall strength of Ohio's Medicaid program is predicated on the existing financial partnership between the state and federal government; however, should caps on reimbursement rates or cuts in federal funding be imposed, the partnership may be negatively impacted; and

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WHEREAS, The federal government and state Medicaid programs must increase collaboration to manage health care benefits and their costs; in Ohio, services for "dually eligible" Medicaid recipients - those who are eligible to receive benefits from both Medicaid and Medicare - constitute approximately 44 per cent of Ohio's total Medicaid costs, while the dually eligible population comprises a mere 10 per cent of Ohio's Medicaid recipients; and

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WHEREAS, The federal government could provide the Ohio Medicaid program with access to its Medicare payment information, which would help Ohio increase the effectiveness of its Enhanced Care Management project and provide more effective care to Ohio's aged, blind, and disabled Medicaid recipients; and

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WHEREAS, Medicaid recipients have benefited greatly from Ohio's commitment to expand significantly its capacity to provide Medicaid services by providing care through home and

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community-based services waiver programs; and 51

WHEREAS, Despite Medicaid recipients' preference for home and 52
community-based care and the cost-effectiveness of home and 53
community-based services, federal regulations require the 54
provision of services in an institutional setting, while home and 55
community-based services may be provided only under restricted 56
waiver programs; and 57

WHEREAS, If the federal government eliminated the 58
institutional bias in long-term care system design and allowed 59
states to detach Medicaid waivers from the nursing home level of 60
care, all Medicaid recipients nationwide would benefit from the 61
ability to choose their care setting; and 62

WHEREAS, Private financing for both institutional and 63
community-based long-term care services should be encouraged to 64
mitigate the Ohio Medicaid program's existing role as a purchaser 65
of long-term care services; and 66

WHEREAS, If reinstated by the United States Congress, the 67
Long Term Care Insurance Partnership would also greatly reduce the 68
American public's reliance on publicly funded long-term care 69
services and support; and 70

WHEREAS, With regard to nursing home care, Ohio is pursuing 71
regulatory reform initiatives and recently applied to the Centers 72
for Medicare and Medicaid Services (CMS) for consideration of a 73
nursing facility survey pilot program to allow the Ohio Department 74
of Health to focus on facilities that provide substandard care, 75
thereby improving facility residents' health and the overall 76
quality of care delivered in Ohio; and 77

WHEREAS, Partnership with CMS in the Medicare/Medicaid data 78
matching project empowered Ohio to more aggressively pursue fraud 79
and abuse among providers that charge both programs for services; 80
and 81

WHEREAS, The Ohio Medicaid program would benefit greatly from federal Medicaid policies that honor any approved state Medicaid plan amendments (rather than requiring the interpretation of policy on a case-by-case basis); and

WHEREAS, Federal regulations governing findings for recovery adversely impact the Ohio Medicaid program: the regulations require the state to reimburse the federal government for the service in question within 60 days - regardless of whether the program has recovered the costs itself - posing the potential for significant cash flow disruptions within the program; and

WHEREAS, The State of Ohio believes that under the Medicare Modernization Act, the United States Secretary of Health and Human Services has sufficient flexibility to work with states to implement the changes made by the Act and that there exists the need to exercise that authority to mitigate the fiscal impact of Medicare Part D in Ohio, as the implementation of Medicare Part D under the Act will likely have a negative fiscal impact on Ohio's Medicaid program, requiring the program to increase spending for its pharmacy program; and

WHEREAS, The Ohio Medicaid program has enacted measures to more efficiently manage pharmacy benefit costs, but if the program were authorized to determine which drugs are included in the program formulary in a manner similar to that provided under Medicare Part D, the program could manage costs even more effectively; and

WHEREAS, Ohio encourages continued federal support and investment in new technologies that improve the state's ability to manage the Medicaid program and control program costs; and

WHEREAS, In an ongoing effort to encourage behavior changes in Medicaid recipients and to prompt recipients to manage their own benefits, the Ohio Medicaid program seeks authority, on behalf

of all state Medicaid programs, to charge Medicaid recipients 113
enforceable copayments for services; now therefore be it 114

RESOLVED, That we, the members of the 126th General Assembly 115
of the State of Ohio, acting on behalf of the citizens of Ohio, 116
strongly urge the Congress of the United States and the United 117
States Secretary of Health and Human Services to respond to the 118
specific concerns delineated in this resolution by enacting 119
reforms to the Medicaid program to increase Ohio's authority to 120
design Medicaid coverage and services and ensure the program's 121
solvency for future generations; and be it further 122

RESOLVED, That the Clerk of the House of Representatives 123
transmit duly authenticated copies of this resolution to the 124
President of the United States, to the Speaker and the Clerk of 125
the United States House of Representatives, to the President Pro 126
Tempore and the Secretary of the United States Senate, to the 127
members of the Ohio Congressional delegation, to the United States 128
Secretary of Health and Human Services, and to the news media of 129
Ohio. 130

