



BUILDING FOR OHIO'S
NEXT GENERATION

BUDGET OF THE STATE OF OHIO • FISCAL YEARS 2018-2019

Health Transformation Budget Priorities

Senate Finance Committee Testimony

April 26, 2017

www.HealthTransformation.Ohio.gov



BUILDING FOR OHIO'S NEXT GENERATION

BUDGET OF THE STATE OF OHIO • FISCAL YEARS 2018-2019

Ohio's Health Transformation Team

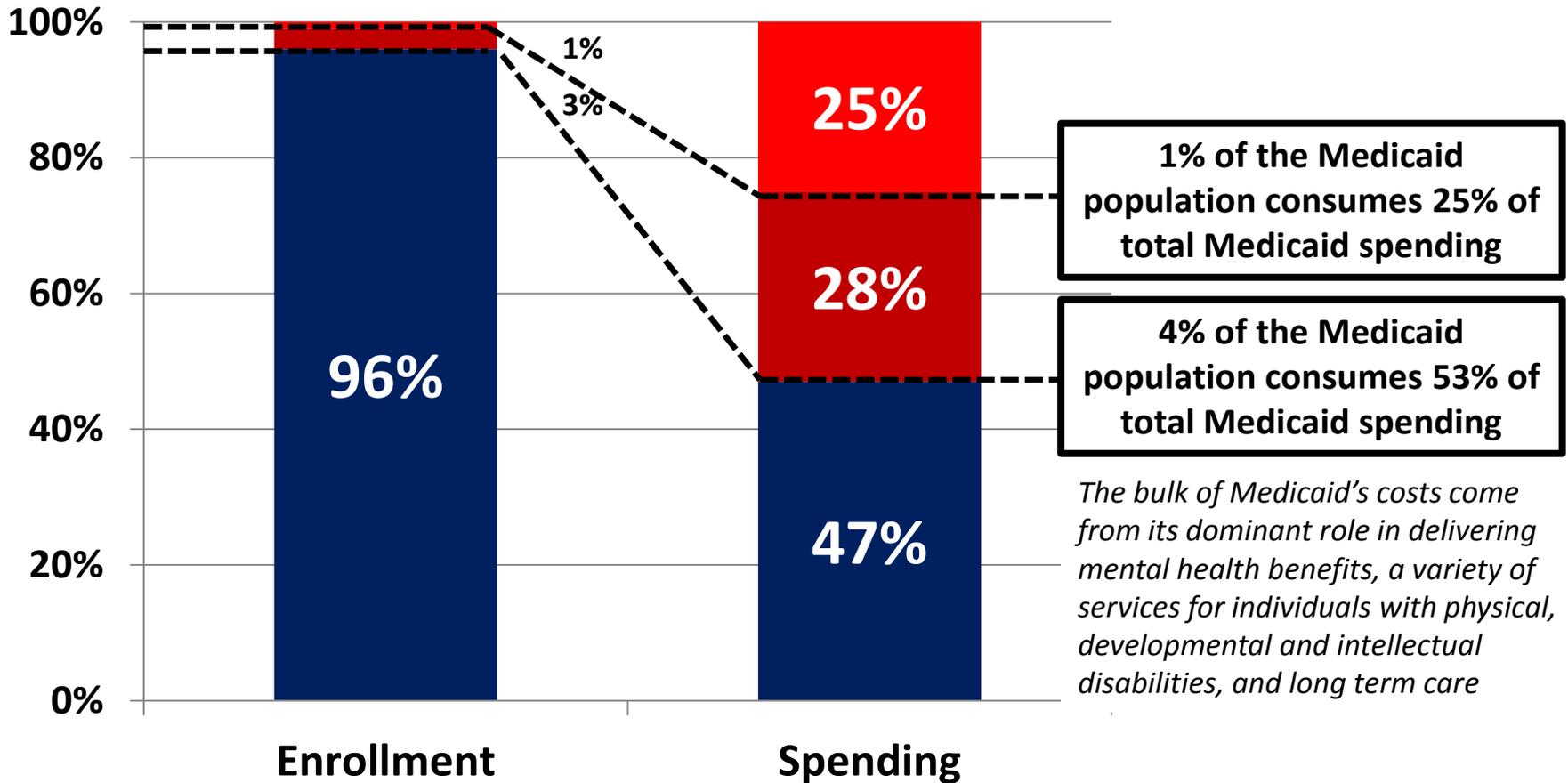
- Greg Moody, Office of Health Transformation
- Stephanie Loucka, Aging
- John Martin, Developmental Disabilities
- Lance Himes, Health
- Cynthia Dungey, Job and Family Services
- Barbara Sears, Medicaid
- Tracy Plouck, Mental Health and Addiction Services
- Kevin Miller, Opportunities for Ohioans with Disabilities

Ohio Medicaid ...

- Provides health care coverage for very low-income children, adults, seniors, and people with disabilities
- Covers 3.0 million Ohioans (1 in 4) including half of all children and more than half of all births
- 89 percent of Ohio's Medicaid enrollees receive coverage through private sector managed care plans
- Spends \$27 billion annually across all agencies and accounts for 6.0 percent of Ohio's total economy
- Funding is federal (62.8 percent) and state (37.2 percent)



A few high-cost cases account for most Medicaid spending



Fragmentation

vs.

Coordination

- Multiple separate providers
- Provider-centered care
- Reimbursement rewards volume
- Lack of comparison data
- Outdated information technology
- No accountability
- Institutional bias
- Separate government systems
- Complicated categorical eligibility
- Rapid cost growth

- Accountable medical home
- Patient-centered care
- Reimbursement rewards value
- Price and quality transparency
- Electronic information exchange
- Performance measures
- Continuum of care
- Aligned priorities
- Streamlined income eligibility
- Sustainable growth over time



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Ohio's Health Transformation Priorities

- **Improve Care Coordination**
- Prioritize Home and Community Based Services
- Rebuild Community Behavioral Health System Capacity
- Reform Provider Payments
- Improve Program Performance
- Overall Medicaid Budget Impact
- Improve Population Health

Improve Care Coordination

Ohio's Health Transformation:

- Ohio Medicaid was growing **8.9 percent** every year (2009-2011)
- Rebid the managed care program in 2013, replacing 34 regional contracts with five statewide health plan contracts
- Enrolled additional populations (89 percent of total enrollment) in private sector Medicaid managed care plans
- Held Medicaid spending growth below **3.3 percent** (2012-2013)
- Extended coverage to 700,000 more very low-income Ohioans, including 540,000 residents with behavioral health needs who previously relied on county-funded services or went untreated

Improve Care Coordination

Ohio Medicaid Expansion (Group VIII) Assessment Findings:

- a large decline in the uninsured rate to the lowest level on record for low-income adults
- most enrollees (89 percent) were uninsured prior to obtaining Medicaid coverage
- improved access to care was associated with a reduction in unmet medical needs
- high-cost emergency department use decreased
- many enrollees (27 percent) detected previously unknown chronic health conditions
- health status improved for most (48 percent) and worsened for very few (4 percent)
- many enrollees (32 percent) screened positive for depression or anxiety disorders
- ***most enrollees reported Medicaid coverage made it easier to continue working (52 percent of those currently employed) or look for work (75 percent of those seeking work)***
- it was easier for enrollees to buy food (59 percent) and pay rent (48 percent)
- the percentage of enrollees with medical debt fell by nearly half (from 56 to 31 percent)

<http://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>



Governor's Office of
Health Transformation

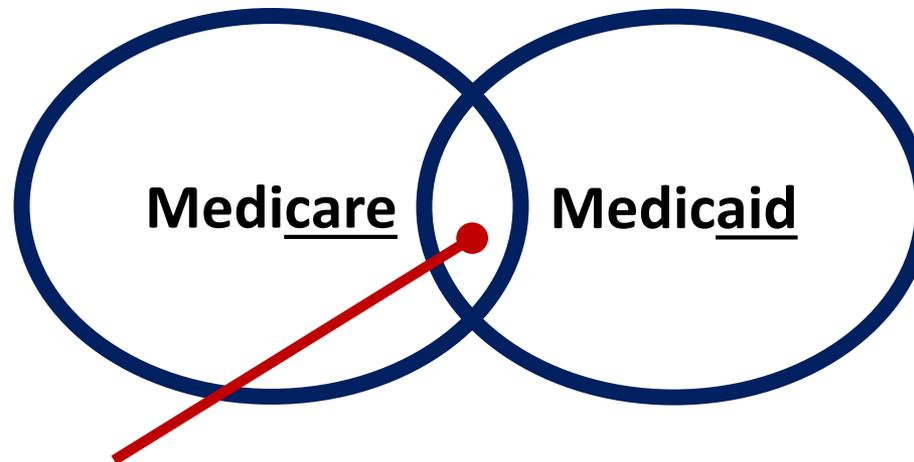
Improve Care Coordination

Governor Kasich's Budget:

- Maintains current Medicaid eligibility levels
- Requires premiums for adults above 100 percent of poverty
- Requires parity in physical and behavioral health services
- Requires all Medicaid populations to be enrolled in a private sector managed care plan (optional for individuals with developmental disabilities)
- Establishes a new Medicaid Managed Long-Term Services and Supports (MLTSS) program (new procurement)

Improve Care Coordination

Medicare-Medicaid Enrollees



248,000 “dual eligibles” account for approximately 7 percent of Medicaid enrollment but 30 percent of Medicaid costs

107,000 dual eligibles (43 percent) are currently enrolled in *MyCare* managed long-term services and supports

Improve Care Coordination

MyCare Ohio Managed Long Term Services and Supports:

- Federal Medicaid-Medicare demonstration project launched in Ohio May 1, 2014 and authorized through December 31, 2019
- 107,000 dual eligibles (43 percent of total) are currently enrolled in a private-sector *MyCare Ohio* plan
- 29 counties, 7 regions, 2-3 plans per region (five plans total)
- Mandatory managed care for Medicaid with Medicare “opt in”
- *MyCare* plans coordinate Medicare and Medicaid services in a single, seamless program that includes physical and behavioral health and long-term services and supports

Improve Care Coordination

MyCare Ohio three-year evaluation:

- *MyCare* plans scored in the 90th percentile on nearly half of the nationally-reported quality measures (HEDIS 2016)
- *MyCare* plans outpace national averages on care plan completion (74% vs. 71%), documented care plan goals (91% vs. 88%), and follow-up care visits (75% vs. 71%)
- Ohio's Medicare "opt in" rate (70%) leads the nation
- *MyCare* plans have been involved in the closure of 7 poor-performing nursing facilities since 2015, assisting to safely move 325 residents
- Ohio's program is nationally recognized for strong transitions of care
- *MyCare* plans reduced nursing facility days by 4% from 2014-2015

<http://www.Medicaid.ohio.gov/MLTSS>

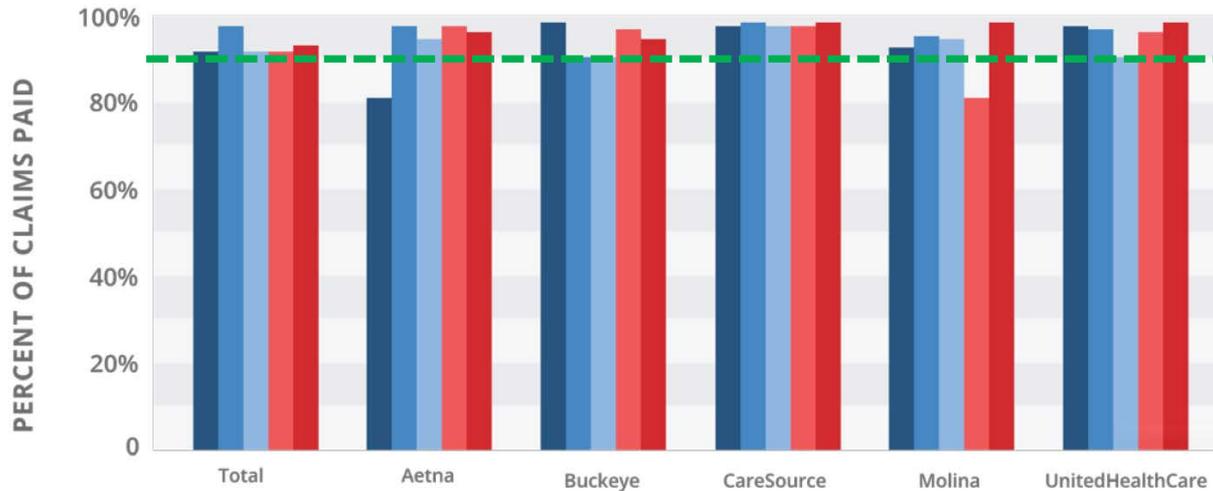
Improve Care Coordination

MyCare Ohio three-year evaluation:

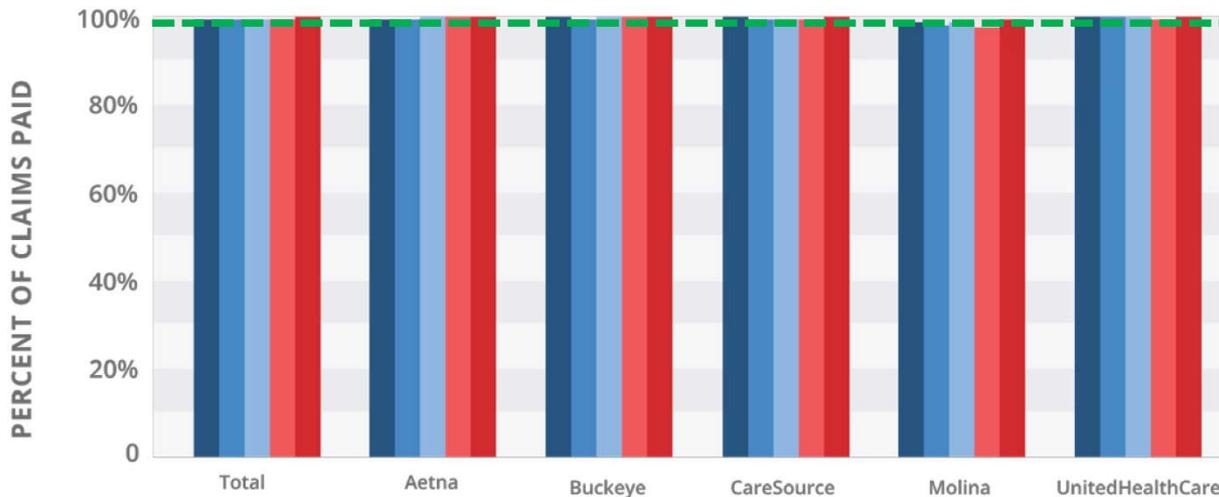
- *MyCare* capitation rates **decreased 6.8%** from Jan. 2015 to Dec. 2016 while fee-for-service spending remained flat over the same period
- ***MyCare plans are saving Ohio Medicaid \$2.4 million per month*** by shifting utilization from nursing facilities to community based services
- *MyCare* plans pay 90% of claims within 30 days and 99% of claims within 90 days (across all plans)
- *MyCare* plans approve more than 90% of prior authorization requests
- *MyCare Ohio* has already demonstrated better care and cost savings through managed long term services and supports

<http://www.Medicaid.ohio.gov/MLTSS>

MyCare Ohio clean claims paid within 30 days



MyCare Ohio clean claims paid within 90 days



■ Nursing Facility
 ■ Behavioral Health
 ■ Home Health
 ■ Waiver
 ■ All Services

Improve Care Coordination

Governor Kasich's Budget:

- Converts the experience and lessons from *MyCare Ohio* into a new Managed Long Term Services and Supports (MLTSS) procurement, with a goal of selecting three plans statewide
- Beginning July 1, 2018, MLTSS will cover individuals receiving community and facility based long term services and supports, and individuals dually eligible for Medicare and Medicaid
- *MyCare* enrollees will transition into MLTSS in January 2020, unless Ohio Medicaid determines there is an advantage for enrollees or taxpayers to extend the *MyCare* program
- The MLTSS proposal is budget neutral (2018-2019) but expected to generate significant savings over time

Improve Care Coordination

Joint Medicaid Oversight Committee (JMOC) Reports:

- Ohio Medicaid spending at the per member per month (PMPM) level has been significantly below JMOC growth limits:
 - **JMOC 2016 PMPM Growth Limit = 2.9% (actual 1.2%)**
 - **JMOC 2017 PMPM Growth Limit = 3.3% (actual < 2.6%)**
- Lower-than-budgeted PMPM produced savings of \$1.6 billion across all funds in fiscal years 2015 and 2016
- JMOC estimates Medicaid growth rates in the Executive Budget as introduced will be significantly below JMOC growth limits:
 - **JMOC 2018 PMPM Growth Limit = 3.3% (projection 1.9%)**
 - **JMOC 2019 PMPM Growth Limit = 3.3% (projection 1.5%)**



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Prioritize Home and Community Based Services

Ohio's Health Transformation:

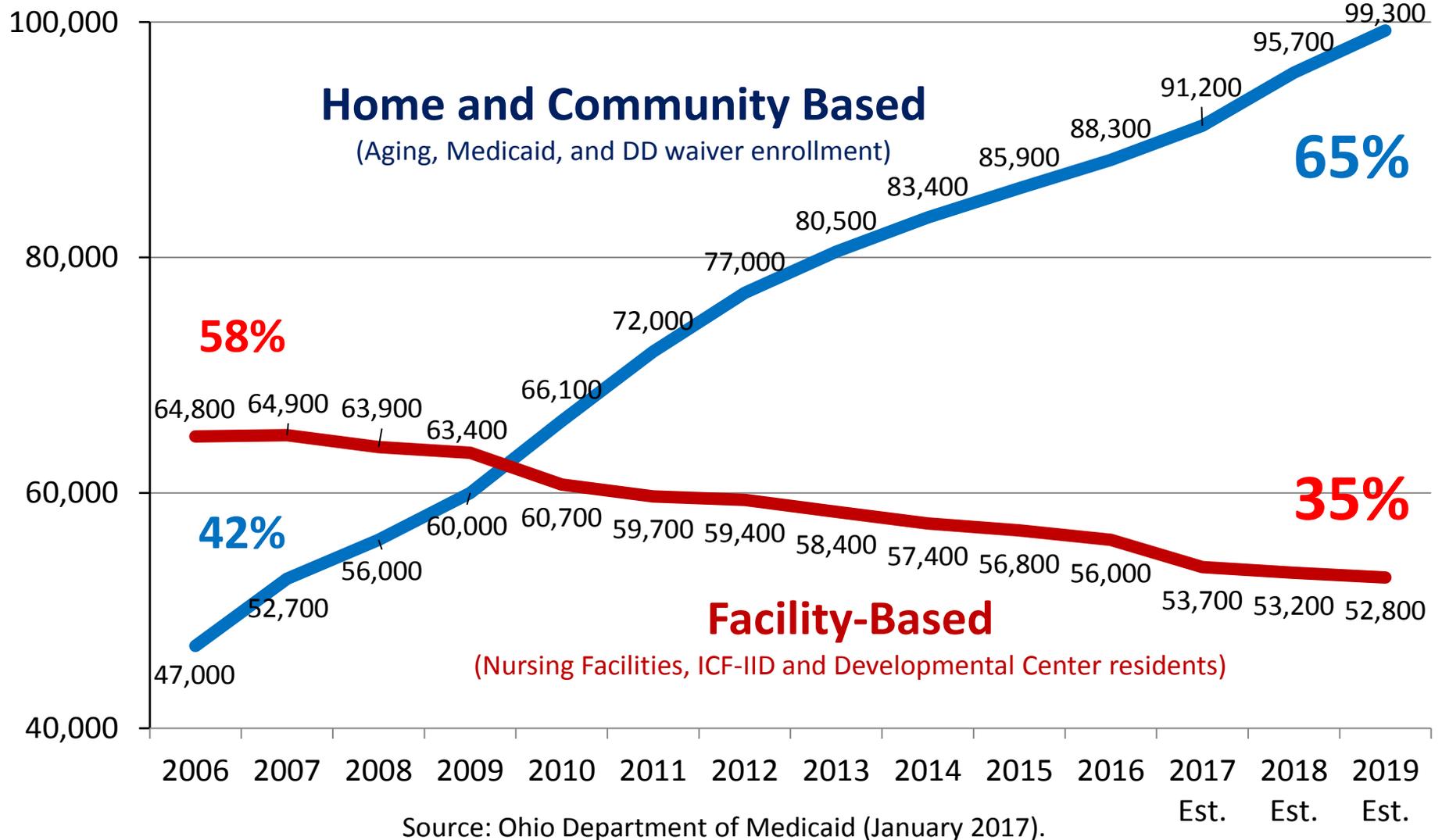
- In 2010, Ohio was spending more of its Medicaid budget on nursing homes and other institutions than all but five states
- Since then, the state has “rebalanced” Medicaid spending toward less expensive home and community based services
- The goal is for seniors and people with disabilities to live with dignity in the setting they prefer
- Ohio now ranks first among states for transitioning individuals out of institutions into home and community alternatives
- The number of Ohioans served in the community has grown 30 percent over the past four years to about 88,000 in 2016

Prioritize Home and Community Based Services

Governor Kasich's Budget:

- Supports additional state-funded IO and SELF waivers for those who prefer a waiver setting, and reduces waiting lists
- Expands shared living to increase use of this cost-saving option
- Increases waiver reimbursement to cover complex needs
- Increases reimbursement rates for direct support staff, assisted living, and other services like adult day and emergency response (contingent on managed long term services and supports)
- Increases use of technology to reduce reliance on direct service staff and increase quality
- Supports individuals who want to self-direct waiver services
- Serves up to 100,000 Ohioans in home and community settings

Ohio Medicaid Residents of Institutions Compared to Recipients of Home and Community Based Services





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Rebuild Community Behavioral Health System Capacity

Ohio's Health Transformation:

- **Elevation.** Shifted Medicaid match responsibility from local mental health and addiction treatment systems to the state
- **Expansion.** Extended Medicaid coverage to 540,000 residents with behavioral health needs who previously relied on county-funded service or went untreated
- **Modernization.** Updated Medicaid behavioral health billing codes to match national insurance standards and expanded services for individuals with the most intense needs
- **Integration.** Moving the Medicaid behavioral health benefit into managed care beginning January 1, 2018

Rebuild Community Behavioral Health System Capacity

The Governor's Budget Modernizes the Medicaid Benefit:

- Recodes services (provider testing begins May 1)
- Expands Medicaid rehabilitation options and supports a new Specialized Recovery Services program (replaces spenddown)
- Moves all Medicaid behavioral health services into managed care January 1, 2018, as required by the last budget
- Requires parity in physical and behavioral health services
- Provides Medicaid reimbursement for freestanding psychiatric hospitals beginning July 1, 2017

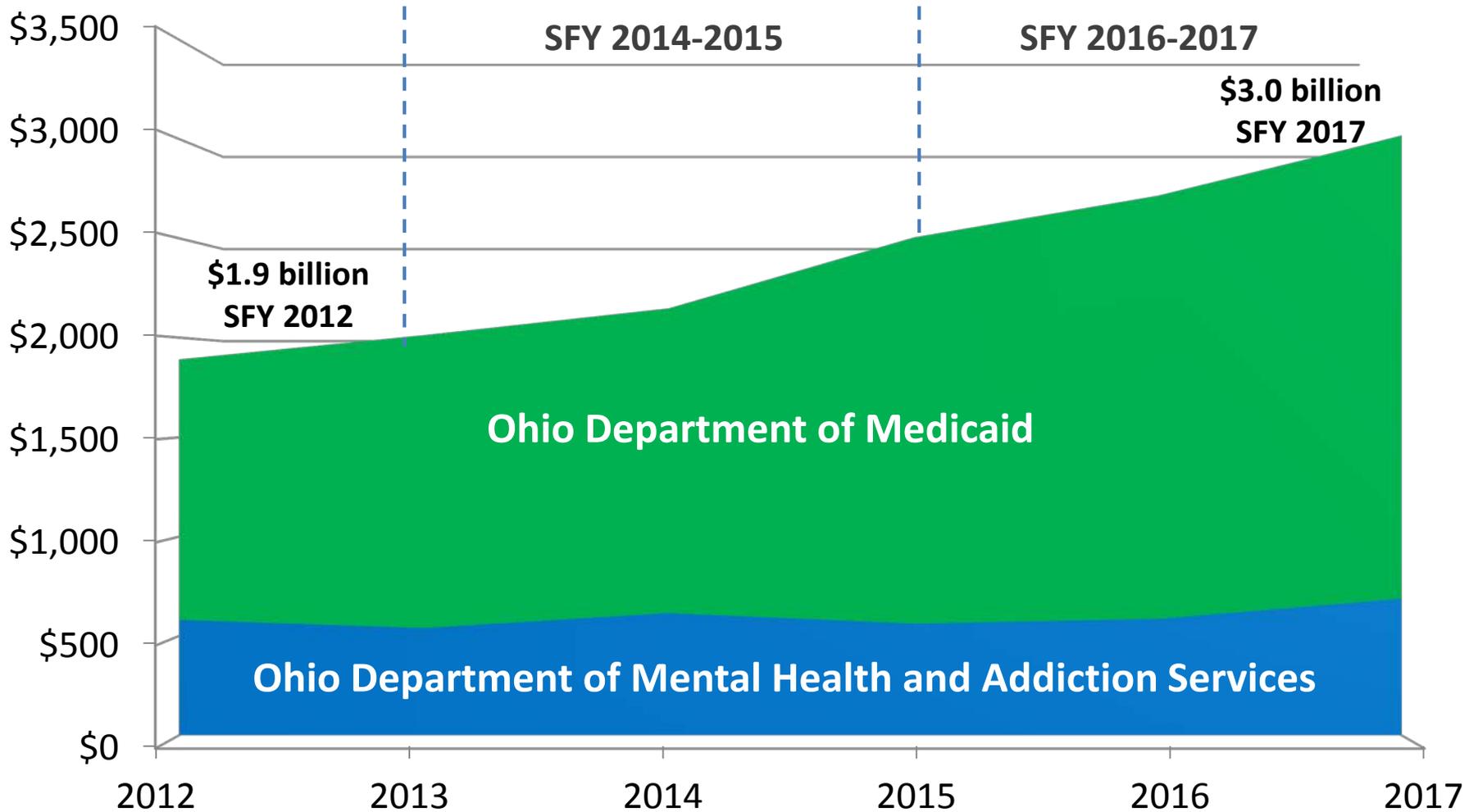
Rebuild Community Behavioral Health System Capacity

The Governor's Budget Strengthens Community Supports:

- Encourages community innovations to avoid incarceration
- Supports addiction treatment for court-involved individuals
- Links offenders transitioning from prison to treatment
- Strengthens community prevention services
- Reduces risk of preschool expulsions by continuing investment in early childhood mental health consultants
- Increases funding for *Strong Families Safe Communities*
- Supports crisis hotlines and adds a text option
- Supports workforce development programs for in-demand behavioral health professionals

Total MHAS and Medicaid Behavioral Health Spending (Federal and State Funds in millions)

Ohio Behavioral Health Spending



Source: Ohio Departments of Medicaid and Mental Health and Addiction Services (January 2017).



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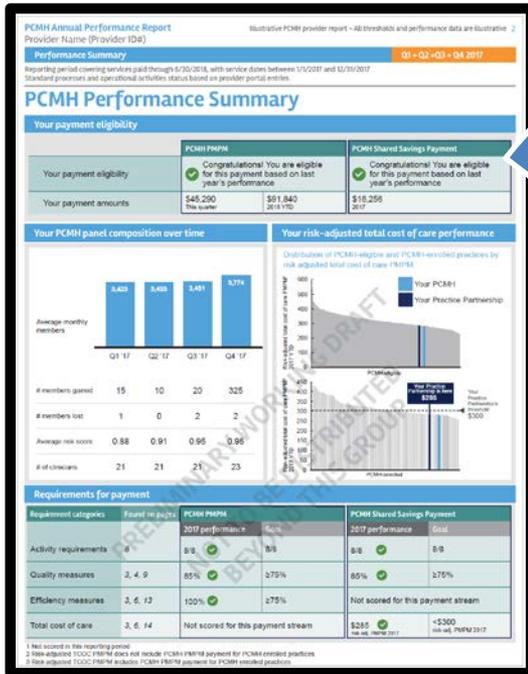
Reform Provider Payments

Governor Kasich's Budget:

- Increases Intermediate Care Facility (ICF) reimbursement
 - Modernizes ICF reimbursement and increases rates
 - Increases ICF reimbursement to cover complex care needs
- Increases physician reimbursement based on value
 - Pays \$4 more per member per month on average for primary care practices that do more to keep patients well
 - Reports performance on 3,000 specialists across 13 episodes of care, with a total of 47 episodes on track for reporting in 2018
 - Makes health care price and quality more transparent

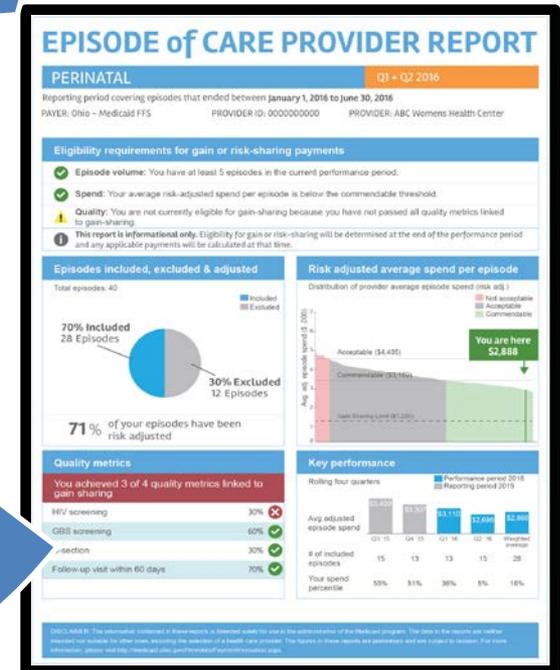
Make Health Care Price and Quality Transparent

Primary Care Performance Report



Referral

Episode Performance Report



Patient Activity Report for Primary Care



Report



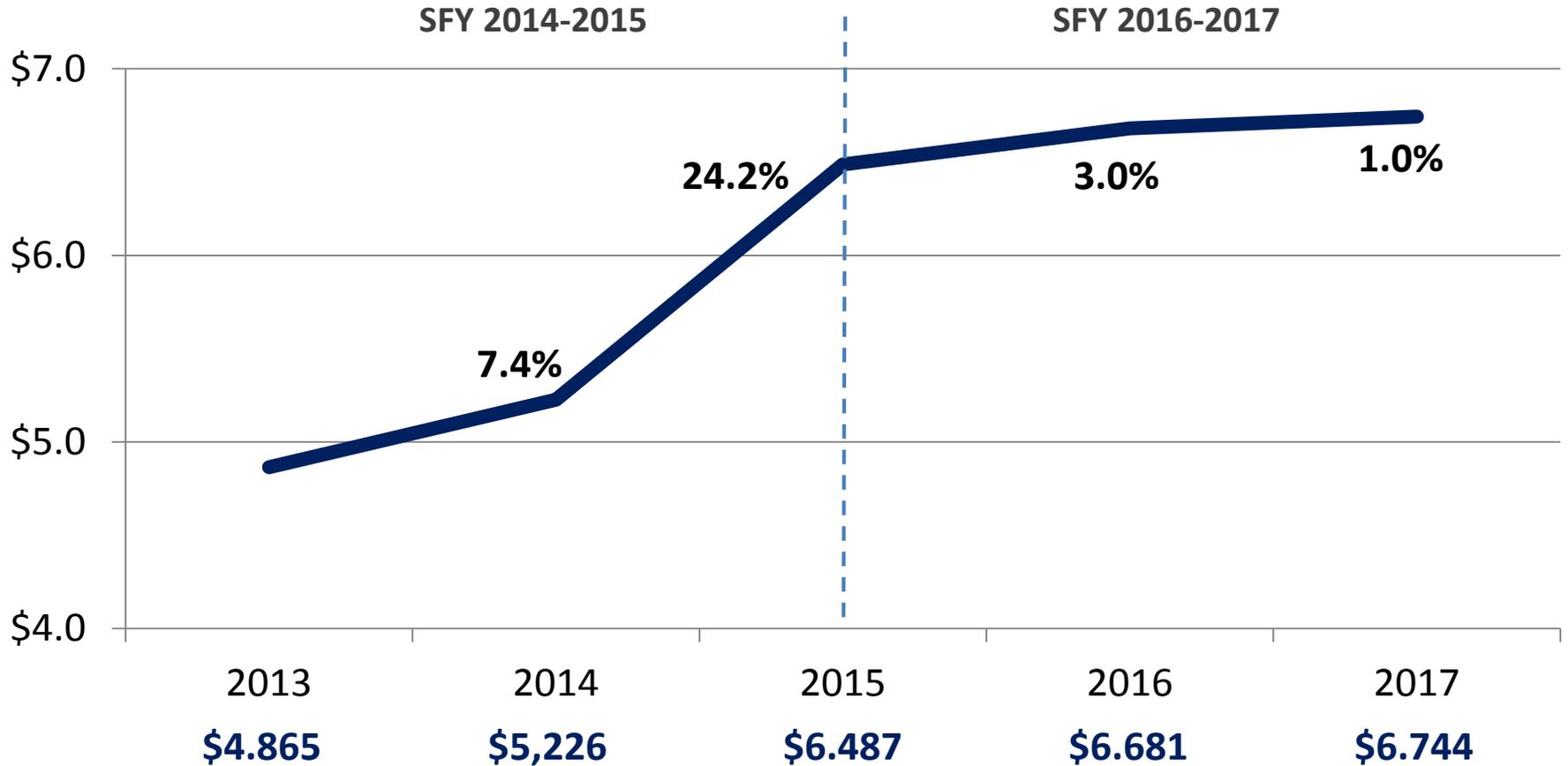
Governor's Office of Health Transformation

Reform Provider Payments

Governor Kasich's Budget:

- Reduces prescription drug costs through a single Medicaid preferred drug list
- Saves \$263 million in nursing facility costs over two years
 - Reverses unintended gains from RUGS conversion
 - Reforms payments for low-acuity residents
 - Includes low-acuity residents in the overall calculation of acuity
 - Provides specialized services in nursing facilities
- Saves \$588 million in hospital reimbursement over two years
 - Eliminates ICD-10 coding inflation
 - Protects high-Medicaid hospitals from rate reductions
 - Defaults to FFS without a managed care contract

Ohio Medicaid Hospital Spending (All Funds in billions)



Source: Ohio Department of Medicaid (January 2017).



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Improve Program Performance

Ohio's Health Transformation:

- Consolidated Medicaid spending across all state agencies into a single, unified budget
- Consolidated all behavioral health services into a single Ohio Department of Mental Health and Addiction Services
- Created a new, stand-alone Ohio Department of Medicaid
- Replaced Ohio's 32-year-old eligibility determination system with a new online system called *Ohio Benefits*
- Replaced Ohio's two disability determination systems with one administered by Opportunities for Ohioans with Disabilities
- As program efficiencies were gained, reduced Department of Medicaid staff from over 900 in 2013 to less than 600 currently

Improve Program Performance

Governor Kasich's Budget Streamlines Eligibility Processes:

- Supports additional income-tested programs on the online *Ohio Benefits* eligibility system – including 1.7 million recipients of Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP)
- Implements a new interactive voice response system to provide case information to Ohioans via phone or text
- Implements a new Enterprise Workflow and Document Management System to provide all 88 counties an efficient means to share documents and caseloads across county lines
- Streamlines the process for disability determination

Improve Program Performance

Governor Kasich's Budget Streamlines Transportation Services:

- Currently each county department of job and family services coordinates non-emergency medical transportation (NEMT), which creates limitations based on geographical borders and inconsistencies in NEMT services across the state
- The budget transitions responsibility for NEMT from a county-based system to a state-led brokerage model in July 2018
- The broker will develop and maintain a provider network, verify Medicaid eligibility, determine and authorize the appropriate mode of transportation, and dispatch an appropriate vehicle

Improve Program Performance

Governor Kasich's Budget Modernizes Medical Boards:

- Based on a Supreme Court ruling, Ohio's medical professional licensing board structure is vulnerable to antitrust challenges
- The budget shields all boards from potential antitrust lawsuits by creating a third-party review of potential antitrust violations
- The budget keeps staffing levels at the medical licensing boards similar to what it is today, but consolidates several boards and reduces the number of appointed board members

Improve Program Performance

Governor Kasich's Budget Supports Multi-System Youth:

- Funds pilot programs for youth with complex needs and collects data to better understand future service needs
- Increases funding for *Strong Families Safe Communities*
- Puts vocational job counselors in schools to engage youth with disabilities at an earlier age about job opportunities
- Covers respite care for children with serious emotional disorders through Medicaid health plans (started January 2017)
- Provides care coordination for foster children in managed care

Improve Program Performance

Governor Kasich's Budget Makes Other Improvements:

- Creates a new lead abatement program
- Moves the administration of services for children with medical handicaps from the Ohio Department of Health to Medicaid, grandfathers everyone currently enrolled, and shifts funding responsibility from counties (inside millage) to Medicaid
- Creates a single enrollment process for all Medicaid providers
- Coordinates programs to fight fraud, waste and abuse across Medicaid fee-for-service and managed care programs



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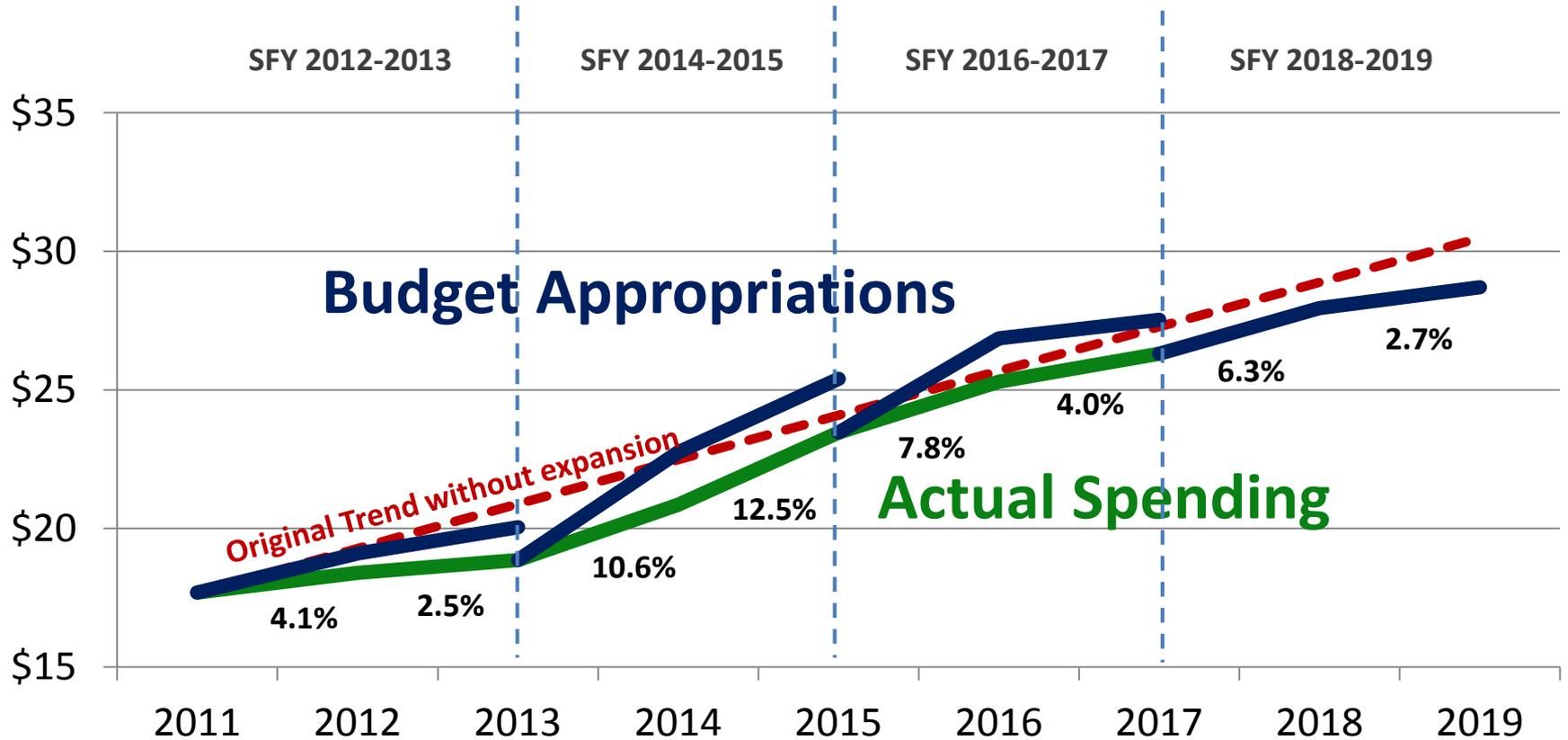
Overall Medicaid Budget Impact

- Baseline projections were expected to increase at higher rates than the recommended appropriations
- Most of the Medicaid baseline growth (62 percent) is related to enrollment growth in the aged, blind and disabled category
- ***The cost containment efforts described earlier reduce total Medicaid spending \$2.2 billion over the biennium***
- As a result, total Medicaid spending is projected to increase 6.3 percent in 2018 and 2.7 percent in 2019
- The state share of Medicaid spending is projected to decrease 8.5 percent in 2018 and then grow 4.3 percent in 2019
- ***State spending on Medicaid in 2019 will be at pre-2014 levels***

Medicaid Managed Care Sales Tax Replacement

- In 2010, Ohio began applying a 5.75 percent sales tax to the capitation amounts paid to Medicaid managed care organizations
- In 2014 the federal government ruled Ohio's Medicaid MCO sales tax is not a permissible source of revenue for Medicaid matching funds
- Ohio Medicaid requested federal permission to replace the current tax program and received approval in December 2016
- The replacement keeps the state budget whole, costs Medicaid health plans nothing (they get reimbursed for the tax), and minimizes the impact on non-Medicaid plans (\$1 to \$2 per member month)
- Because Medicaid MCO capitation amounts come out of the sales tax base, local taxing authorities that “piggy back” on the state sales tax will see a decrease in revenue of approximately \$200 million annually
- The Office of Budget and Management has proposed a revenue replacement amount in 2017 and formula loss assistance beyond 2017

Ohio Medicaid Budget vs. Actual Spending (All Funds in billions)



Source: Ohio Department of Medicaid (January 2017).

Ohio Medicaid Budget vs. Actual Spending

(All Funds in millions)

Year	Budget	Actual	Savings	Percent Change
2011	--	\$17,681	--	--
2012	\$19,097	\$18,401	\$696	4.1
2013	\$20,042	\$18,857	\$1,185	2.5
2014	\$22,749	\$20,859	\$1,890	10.6
2015	\$25,401	\$23,467	\$1,934	12.5
2016	\$26,858	\$25,293	\$1,565	7.8
2017	\$27,525	\$26,305	\$1,220	4.0
2018	\$27,956	--	--	6.3
2019	\$28,707	--	--	2.7



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Improve Population Health

Ohio's Health Transformation:

- Over the past two decades, Ohio's performance on population health outcomes declined relative to other states
- In some cases the system itself is a barrier, when state and local strategies do not align, or local capacity is insufficient to provide public health services at an appropriate scale
- By July 2020, all local health departments are required to be accredited as a condition of receiving state funds (the Ohio Department of Health became accredited in November 2015)
- To support accreditation, the Governor's Office of Health Transformation and Health Policy Institute of Ohio convened an expert panel to set clear priorities for health improvement

Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes

- ↑ Health status
- ↓ Premature death

3 priority topics

Mental health and addiction

Chronic disease

Maternal and infant health

10 priority outcomes

- | | | |
|-------------------------|-----------------|--------------------|
| ↓ Depression | ↓ Heart disease | ↓ Preterm births |
| ↓ Suicide | ↓ Diabetes | ↓ Low birth weight |
| ↓ Drug dependency/abuse | ↓ Asthma | ↓ Infant mortality |
| ↓ Drug overdose deaths | | |

Equity: Priority populations for each outcome

Cross-cutting factors

The SHIP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics

Cross-cutting factors

Examples

Social determinants of health

- 🎓 Student success
- 💰 Economic vitality
- 🏠 Housing affordability and quality
- 💚 Violence-free communities

Public health system, prevention and health behaviors

- 🚭 Tobacco prevention and cessation
- 🚶 Active living
- 🍏 Healthy eating
- 🏥 Population health infrastructure

Healthcare system and access

- 🏥 Access to quality health care
- ⊕ Comprehensive primary care

Equity

- ⚖️ Strategies likely to decrease disparities for priority populations



Governor's Office of Health Transformation

The Executive Budget aligns state funding to support health improvement priorities

- Reduce infant mortality
- Reduce drug abuse and overdose deaths
- Reduce the incidence of depression and suicide
- Reduce the burden of chronic disease

SHIP Priority: Reduce Infant Mortality

Ohio's Health Transformation:

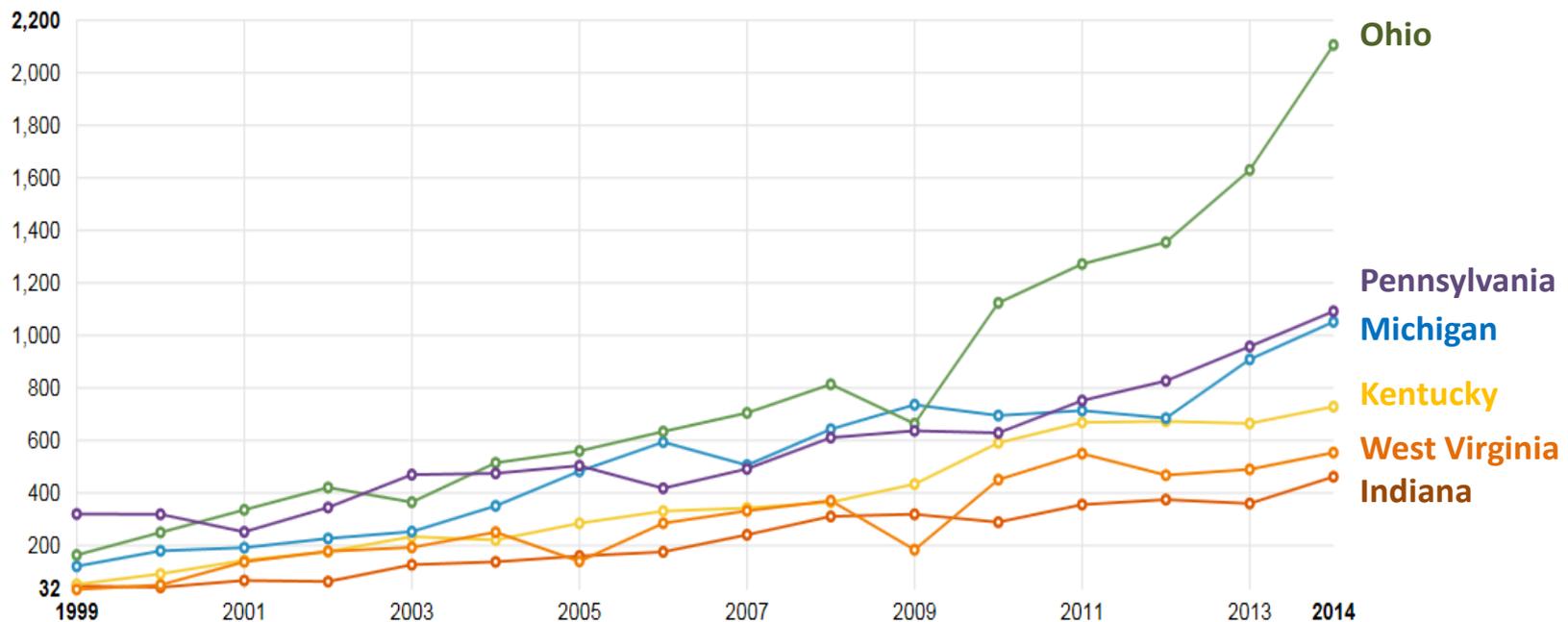
- In 2011, Governor Kasich initiated an unprecedented package of reforms to reduce infant mortality
- Fewer babies died in Ohio in 2014 than in any year since the state began registering deaths in 1939
- However, Ohio's infant mortality rate persists above the national average, and is much higher for black infants

Governor Kasich's Budget:

- Continues to surge resources into the local communities that are most at risk for poor infant health outcomes
- Provides \$41 million over the biennium (\$6 million more than the last budget) to support efforts to reduce infant mortality

SHIP Priority: Reduce Drug Overdose Deaths

Total Opioid Overdose Deaths 1999-2014



SHIP Priority: Reduce Drug Overdose Deaths

Governor Kasich's Budget invests nearly \$1 billion each year across 11 departments to reduce drug abuse and overdose deaths:

Medicaid Drug Addiction/Behavioral Services	\$ 650,200,000
Department of Mental Health and Addiction Services	\$ 88,768,265
Programs in Ohio's Prisons	\$ 31,411,160
Department of Public Safety	\$ 11,069,452
Medical Board	\$ 5,257,526
Pharmacy Board	\$ 4,232,963
Bureau of Workers' Compensation	\$ 2,900,000
Department of Youth Services	\$ 2,827,469
Department of Health	\$ 262,025
Department of Job and Family Services	\$ 138,238,777
Adjutant General	\$ 4,068,190
GRAND TOTAL	\$ 939,235,827

Source: OBM analysis of state fiscal year 2016 expenditures.

Ohio 2017-2019 state health improvement plan (SHIP)

Overall health outcomes

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3 priority topics

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Maternal and infant health

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Governor's Office of Health Transformation

The Executive Budget aligns state funding to support health improvement priorities

- Reduce infant mortality
- Reduce drug abuse and overdose deaths
- Reduce the incidence of depression and suicide
- Reduce the burden of chronic disease

- Access to health care coverage
- Access to comprehensive primary care
- Reduce tobacco use
- Strengthen public health infrastructure
- Improve health through economic vitality

SHIP Priority: Reduce Tobacco Use

- Tobacco use is the single most preventable cause of death and disease – every year smoking kills more than 20,000 Ohioans
- Smoking during pregnancy accounts for 20-30 percent of low birth weight babies, up to 14 percent of preterm deliveries, and about 10 percent of all infant deaths
- Decreasing the prevalence of smoking is critical to preventing and reducing infant mortality and the burden of chronic disease
- The Executive Budget increases the cigarette tax 65 cents from \$1.60 to \$2.25 per pack, and increases the tax rate on other tobacco products a comparable amount

SHIP Priority: Strengthen Public Health

The Governor's Budget Supports Accreditation ...

- Increases the state subsidy for accredited health districts
- Provides technical support for accreditation
- Supports health districts that want to merge

And Aligns Community Health Priorities

- Makes the State Health Assessment (SHA) available online
- Creates a website to post health district, hospital plans
- Supports health districts' shift to a 3-year planning cycle to get on the same assessment and planning schedule as hospitals
- Provides guidance for community-level planning
- Aligns state funding to support SHIP priorities

SHIP Priority: Improve Health Through Economic Vitality

	January 2011	March 2017
Jobs	350,800 private-sector jobs lost over previous four years	459,400 private-sector jobs created since January 2011
Budget	\$8 billion structural budget shortfall	Structurally sound balanced budget without a tax increase
Rainy Day Fund	89 cents	\$2.02 billion
Unemployment Rate	9.1 percent	5.1 percent
Number of Unemployed	527,000	293,600
Taxes	Ohio income tax increased by more than \$800 million in 2010	Over \$5 billion net tax cut, including a new Earned Income Tax Credit for low-income workers
Ohio's Credit Rating Outlook	Negative	Stable





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