

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Ohio Chapter



Testimony of James Duffee, MD, MPH, FAAP

House Bill 49—State Operating Budget for FY 18/19

Proposed Changes to Bureau of Children with Medical Handicaps (BCMh)

House Finance Subcommittee on Health and Human Services

Chairman Romanchuk, Ranking Member Sykes, and members of the House Finance Health and Human Services Subcommittee, thank you for the opportunity to offer testimony today on House Bill 49, specifically the proposed changes to the Bureau of Children with Medical Handicaps (BCMh). My name is Jim Duffee and I am here today on behalf of the 2,900 members of the Ohio Chapter of the American Academy of Pediatrics.

Because of the likelihood of harm to Ohio's children with special needs, the Ohio AAP cannot support the proposed structural changes to the program, the transition of children with medical complexity to managed care, or the future limitations in eligibility that are included in proposed operating budget.

HB 49 proposes to transfer the program from the Ohio Department of Health to the Ohio Department of Medicaid on the basis, outlined in the whitepaper from the Office of Health Transformation, that the activities of the two departments are duplicative. This fundamental premise is incorrect in several ways.

BCMh, through the Medical Advisory Council, screens and approves providers, thereby assuring a broad network of specialists that are experienced and available to accept new patients on short notice. Medicaid managed care plans do not have a similar provider network and cannot guarantee continuous care by qualified specialists.

BCMh supports dedicated and experienced public health nurses and hospital based service coordinators that develop relationships with the families they serve and understand how to link families to local community resources. The complex needs of families enrolled in BCMh presents unique challenges—medical, economic, social, emotional— that are characteristic of children with special needs are often beyond the expertise of managed care case managers.

As payer of last resort, BCMH is perfectly positioned to step in to fill a gap when confused and anguished parents become aware that their child has a developmental disorder. The cumbersome preauthorization process of Medicaid managed care often serves to delay or even deny timely, appropriate evaluation or treatment.

BCMH program eligibility is also modified in the bill, eliminating eligibility for about 20% of those currently served. Though a grandfather clause is included for existing program enrollees, any change in family income status could lead to a loss of coverage. Families of medically fragile children who seek coverage after July 1, 2017, eligible under the current BCMH program, may not be eligible because of changes in income limits. Hit hardest will be working families just over the 225% FPL proposed cut-off.

Under HB 49, families currently in BCMH but who are eligible through a spend down could lose coverage on January 1, 2018 even though their income status is unchanged. The need for the support provided by BCMH continues to increase with many applicants each week. The enrollment growth observed over the past few years is likely related to macroeconomic influences following the 2007 recession as well as to improved survival rates of children with life-threatening conditions because of advances in pediatric intensive and habilitative care.

Care of children with medical complexity is best designed and administered by public health practitioners with an understanding of how policies affect the health status and outcomes of special populations. Community based care coordination, enhanced medical homes, public health nursing and attention to social determinants of health help reduce hospitalizations, improve family financial stability and support provider satisfaction.

Recently, a family member poignantly stated that “children are not a payer problem.” We agree. The Ohio Chapter of the American Academy of Pediatrics stands with the families of children with complex medical conditions and shares their almost universal concerns over the potential negative impact HB 49, in its present form, will have on their children. Thank you for your time and I would be happy to answer any questions that you may have.