

Chairman Romanchuck, Ranking Member Sykes, and members of the Finance Subcommittee on Health and Human Services. My name is Kristina Handshy.

Like most parents, we brought our son home from the hospital with the assumption that he was perfectly healthy. That all changed when we got the phone call at 2 weeks of age that he had the life-shortening genetic disease, Cystic Fibrosis. We were devastated, but totally devoted to keeping him as healthy as possible no matter what.

At 3 weeks of age, he had his first CF clinic appointment. When you're holding your newborn baby and the doctor is saying that you will most likely outlive him, the last thing you want to think about is how you are going to pay for the expensive medical care that he is going to need to stay alive. It was the furthest thing from my mind at that moment, but as soon as we left that appointment, it all hit me like a ton of bricks. Our insurance was "okay" at best, but even as mostly healthy adults, my husband and I had already run into issues with our insurance covering certain medications and doctor's appointments.

At our follow up appointment, the social worker brought us a BCMH application to fill out. She said that it would help us cover whatever our insurance wouldn't pay for if we were approved. A month later, we got our acceptance letter. It felt like the world was lifted off of our shoulders. Someone, somewhere, cared about us and keeping our child alive and healthy and they came in like a knight and shining armor. We were beyond grateful and relieved.

Being approved for BCMH was the one part of our son's diagnosis that was easy. He is going to be two next week and last year he was admitted to the hospital for 2, 14 day long admissions to help combat dangerous lung infections that drastically reduced his lung function. This is a common occurrence for people living with CF. Instead of deciding between making our house payment or paying our medical bills, we were able to focus on getting him better so he could come home. Hospital admissions aren't the only expensive part about his care. On a normal day, he takes over 10 medications some of which are extremely expensive. He also needs very expensive medical equipment for home that we would end up paying a lot out of pocket for. He also needs nutritional drinks to gain weight that our primary insurance won't pay a dime for. For those alone, we would pay \$180 a month on top of the hundreds of dollars that our primary insurance doesn't cover for his medications and appointments. BCMH has also been there when our insurance flat out denied a treatment or test that was necessary for his health. The cost of which would have come straight out of our pockets.

We are a normal middle class family. We don't qualify for Medicaid and under the new guidelines; we would not qualify for BCMH either. This would leave us without a necessary safety net to help us keep our son alive and keep a roof over our heads. Even if we are grandfathered into the new program, that still leaves a ton of families whose children have not yet been diagnosed without any help whatsoever. I also worry that if we would ever be denied coverage from BCMH and were to reapply in the future, we would not be eligible under the new guidelines. I can't imagine going through all of this without the help of BCMH. These changes WILL be detrimental to our family and many other families in Ohio who are just trying to take care of their very sick children.

Thank you so much for your time.

