Chair Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health committee, thank you for the opportunity to testify today regarding House Bill 287 alongside my joint sponsor, Representative Russo.

I echo all of my joint sponsor’s comments, and share in her passion on this critical subject concerning our military families. For those of you who have had the honor of wearing our nation’s uniform, you know first hand how the service affects our families. The Department of Defense does a tremendous job of supporting the dependents of service members; however, there remains significant challenges when it comes to transitioning to new duty stations, or when our service members end their military service. This bill would ensure that military families receive the critical supplement support for members with special needs during these transition periods.

I have discussed this bill at length with Colonel Mike Foutch, Commander of the 88th Medical Group at Wright-Patterson Air Force Base. He and his staff report that between 10-15 of the nearly 150 families that PCS to and from Wright Patterson Air Force Base each year would become immediately eligible for
Medicaid support should House Bill 287 pass and become law. One case in particular Colonel Foutch cited comes from an inbound Active Duty member (SrNCO) – coming from Virginia. His dependent child was receiving 86 hours of skilled nursing care, to include time while at school – covered by Medicaid in Virginia (not covered by TRICARE). The medical staff at Wright Patterson believe Ohio Medicaid would cover a similar benefit, but he will have to re-apply for Medicaid support, and enter a wait list period of up to 2-3 years to receive approval for coverage. The Active Duty member is now being forced to decide to either leave his dependents at a previous duty station, come to Ohio with their family and receive reduced benefits (i.e. the child will no longer be able to attend school without support) or look for other options to provide care like paying out of pocket. This simply should not happen, and Ohio should never allow a service member to have to decide between reducing medical services and leaving their loved ones behind. House Bill 287 would positively affect this family and 15 other families each year through bypassing the wait list while not displacing a significant number of Ohio native families.

This bill is a simple addition to our current Medicare waivers to ensure we as a state are taking care of those who have sacrificed for our freedom and protection. The issue is one of the Top 10 Key Issues of the Office of Military Community and Family Policy under the Deputy Assistant Secretary of Defense. I have worked with their liaison to the Midwest, Mr. Jim Rickel, for the last three
general assemblies to bring forward legislation that puts Ohio ahead of competing states. As Representative Russo indicated, this is their second highest priority.

With House Bill 287, Ohio has an opportunity to maintain and enhance its status as a military friendly state and have a leg up over states without Medicaid waivers for military families with special needs dependents. As we determined during the BRAC Task Force findings last year, and as related to me by the then Secretary of the Air Force Heather Wilson, these types of military quality of life issues are becoming more important for basing decisions and mission realignments. We as a legislature should ensure that Ohio leads in every category for potential mission and base expansion opportunities, and prevent the all too common occurrence of families becoming separated due to healthcare constraints.

Chair Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health committee, thank you for the opportunity to testify today regarding House Bill 287. Representative Russo and I look forward to answering your questions.