



Representative C. Allison Russo
The Ohio House of Representatives

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee: thank you for the opportunity to testify today regarding HB 287 with my joint sponsor, Representative Perales.

For the families of active duty military service members, moving from state to state every 2 to 3 years is a regular occurrence. While these frequent moves can be challenging for all military families, these moves are especially difficult for our men and women in uniform who have children or dependents with special needs. While military families are very fortunate to have access to comprehensive healthcare through the military health system and the military's insurance, TRICARE, the special needs of family members with developmental disorders and disabilities are often supplemented by Medicaid coverage. The Department of Defense has attempted to address these gaps in services through the creation of the Extended Care Health Option (ECHO), which provides financial assistance

to beneficiaries with special needs for an integrated set of services and supplies.¹ However, TRICARE and ECHO still have many existing limitations in its coverage of custodial care and respite care, so these military families often apply for Medicaid home and community-based services (HCBS) waiver programs to fulfill these specific service needs.

During critical transition periods between assignments, access to Medicaid waivers can be hindered under Ohio's current enrollment system. Because Medicaid HCBS waiver programs often have long waiting lists, military children and spouses with disabilities face large gaps in service every time they cross state lines, even though they have previously qualified for these waivers in their prior assignment state. Sometimes, family members are forced to wait over two years to receive the Medicaid support to which they are entitled to and have already qualified to receive in another state. By the time these families can finally receive services in Ohio, many of them are preparing to move or have already moved out of the state.

¹ It is important to note that Military Compensation and Retirement Modernization Commission (MCRMC) final report to Congress in 2015 recognized these gaps in services for exceptional family members and recommended that the ECHO program expand benefits for 1) respite care, 2) custodial care, 3) adult diapers, and 4) dietary formula and medically necessary food. Since the MCRMC recommendations in 2015, each year of the National Defense Authorization Act (NDAA), as well as several recent TRICARE rule changes, have moved toward this goal of aligning ECHO benefits with many state Medicaid HCBS waiver benefits.

HB 287 seeks to remedy this problem for Ohio's military families. This bill allows individuals with special needs to receive Medicaid home and community-based services in Ohio if:

- 1) The individual's parent or legal guardian is an active duty service member and
- 2) The individual was eligible for these services in another state at the time of the service member's transfer to Ohio.

This Medicaid waiver reciprocity legislation is **#2** on the **U.S. Department of Defense's Top Ten Key Personnel and Readiness Issues for State Legislatures**, and for good reason. This is not an insignificant problem for Ohio. Ohio is the home of 6,440 active-duty military members, 3,827 active-duty spouses, and 7,095 active-duty children. While family members with special needs account for a small portion of this population, decisions about how to best care for these family members can have a significant impact on troop readiness and retention. When military families are unable to receive the healthcare services they need, they are often forced to make a choice between remaining together or separating to maintain necessary healthcare support. Military members also report foregoing critical support services for their disabled family, or

paying significant amounts of money out-of-pocket to maintain these services.

HB 287 follows the best practices set forth by the Department of Defense. It is modeled after law recently passed in Florida. Thirty-three other states, including Michigan, Illinois, Indiana, and Texas have passed laws similar to our bill, and West Virginia recently introduced one to their legislature. By making Ohio a military family-friendly state, we can improve our competitiveness for Department of Defense investment and grants, while treating military families with the respect that they deserve.

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee, thank you for your time and the opportunity to testify regarding House Bill 287. I'd now like to introduce my fellow joint sponsor, Representative Perales, for his testimony. Thank you.