

**Written Testimony of Stacie Williamson
Franklin County Public Health Nurse
Opposed to HB49 as Introduced by the Governor
House Finance - Health and Human Services Subcommittee
March 23, 2017**

Chairman Romanchuk and members of the HHS Subcommittee, thank you for the opportunity to provide testimony on the CMH - Children with Medical Handicaps, also known as the "BCMHS" program.

My name is Stacie Williamson, BS, RN and I live in Grove City, Ohio. I am a public health nurse and nursing supervisor of the CMH program in Franklin County, Ohio. The Franklin County CMH program is the largest in the state of Ohio and serves between 3,100-3,500 children on any given day. This number varies based on the number of children receiving diagnostic testing.

I am here today to ask that you Save the CMH Program by protecting it from proposed changes in the Governor's budget. Please allow the program to continue to provide an important safety-net for the chronically ill children that I serve. The proposed changes dramatically reduce services and eligibility for this critical program.

Although the proposed language seems to "grandfather" the families who are currently active into the CMH Health program, I'm concerned about future generations and future eligibility of these families when their incomes change. Many families are cost-share families and the proposed change to move the program into Medicaid will mean that they will no longer meet the financial eligibility guidelines. The cost-share families are denied services for a period of time until they meet their cost share amounts. This would eliminate them from the program. For CMH, income is calculated by deducting child care costs, health insurance premiums, 401K/retirement contributions, and service level credits. Medicaid does not take these factors into account. I am also concerned with the many errors that occur with document submission, which would make the child medically and/or financially ineligible and eliminated from the program. Finally, the families who are ineligible for Medicaid after 06/30/2017 will have no services. This is very alarming, because many children will go without a diagnosis. In Franklin County, children must wait over 10 years to become eligible for a Medicaid waiver. Many parents will be forced to quit their jobs, because they will not be able to afford their annual deductibles, their child's medical expenses, or their child's care. With a reduced income, they would qualify for Medicaid.

Many families cannot afford their annual insurance deductibles, so they are unable to take their child to a specialist for diagnostic testing. Thus, the child remains without a diagnosis and treatment is delayed. I cannot tell you the number of times that I have gone to a home to visit a child and noticed a sibling or other child who had gone undiagnosed. Luckily, the diagnostic program allows for public health nurses to make needed referrals and the testing can be covered. My daughter was on the diagnostic program in 2005 when she was referred to a neurologist.

BCMNH helps families with private insurance in many other ways:

- Pays towards these deductibles, so that private insurance will pay (many families only use BCMNH at the beginning of every year)
- Pays for needed medical services that private insurance denies, such as special formulas, thickeners, bath chairs, wheelchair repairs, hearing aid batteries, hearing aid replacements, insulin pumps and supplies, etc.
- Pays toward high cost items, such as wheelchairs that private insurers do not cover in full
- Grants additional medical services, such as therapy visits
 - For example, most private insurers give 20 therapy visits per year. A lot of children with special health care needs use these in 10 weeks or less. Rigid constraint therapy uses 22 therapy visits in 4 weeks alone!
- Has contracts with medical providers where BCMNH may pay nothing, but the family cannot be billed for any remainder
 - For example, a private insurer paid on a medical stander/walker and the provider billed BCMNH. Since the private insurer paid more than the allotted amount, BCMNH paid nothing. However, the provider was forced to accept payment and was unable to bill the family. This was a cost savings to the family of over \$3700!

BCMNH also helps families with Medicaid:

- These families have always had care coordination through BCMNH. The managed care plans very rarely reach out to these families, if at all. Some of the managed care plans have care coordinators at local hospitals, specifically Nationwide Children's Hospital.
 - The families have complained that the care coordinators work more for the hospital or managed care plan than for them.
 - The public health nurses have cared for these same children for years (can be on the program from birth-21 years old) and know them best.
 - The managed care plans are discontinuing needed medical services, such as home health care for children with special health care needs without ever seeing the child.
- Some medically necessary items, such as hearing aid batteries, replacement hearing aids, wheelchair repairs, medical car seats, and bath chairs are deemed convenience items and not covered by these managed care plans. These children will go without these services, because the families cannot afford to buy them.
 - We have a copy of a denial for wheelchair wheels!

In 1974, the program was switched from the Ohio's Welfare Department to the Ohio Department of Health for several reasons:

- Endangered the quality of care provided to these children
- About half of these clients did not qualify for welfare
- These children and families present primarily with medical and health problems not social welfare needs

In 2017, these facts still remain true, along with many others mentioned above. Why would we transfer CMH back to the Ohio Department of Medicaid? **Cutting this program will NOT be a cost savings to the State of Ohio. Thousands of children will go without needed medical services.**

In closing, Mr. Chairman, thank you for protecting Ohio's children by allowing the CMH program to continue providing services to middle- and low-income families. Thank you for the opportunity to share the stories of many of the families I serve and I would be happy to answer any questions.