



Ohio Chapter

Testimony of James Duffee, MD

House Bill 49—State Operating Budget

May 17th, 2017

Chairman Hackett, Vice Chair Tavares, and members of the Senate Finance and Medicaid Subcommittee, thank you for the opportunity to provide testimony today. 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. I am here to briefly discuss three items of interest to Ohio's pediatricians related to HB 49—changes to the Bureau of Children with Medical Handicaps, Tobacco Cessation funding, and Immunization policy.

Bureau of Children with Medical Handicaps

HB 49, *as introduced*, included language merging the Bureau of Children with Medical Handicaps into the Ohio Department of Medicaid. We believed that this proposal could have a negative impact to children with special needs and that any changes to BCMH merited full debate outside of the budget process. We are pleased that the House did remove this language and that a standalone bill will be introduced soon to continue this important discussion.

We felt the proposal to move BCMH children into Medicaid managed care and to place new limits on future enrollment would have a negative impact on children with complex medical needs. 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.

Further, 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. We believe that any future changes to BCMH should ensure that the program provides a similar service to children and families in need.

Tobacco Cessation Funding

Ohio's tobacco cessation efforts are primarily funded through two line items—440473 (tobacco use, prevention, and cessation) and 440656 (tobacco use prevention. In State Fiscal Year 2017, these line items contributed \$11.6 million to tobacco cessation programming in Ohio. Governor Kasich's Budget proposal provided combined funding at \$11.1 million in each fiscal year. The source for ALI 440473 is GRF while ALI 440656 is funded by master tobacco settlement funds.

The HB 49 substitute bill reduces tobacco cessation funding by nearly \$6 million in each fiscal year, or \$11 million over the biennium. Specifically, ALI 440473 was reduced from \$4 million in each fiscal year to \$1 million in each fiscal year while ALI 440656 was reduced from \$7.1 million to \$4.5 million in each fiscal year.

According to the US Surgeon General's 2014 report, *The Health Consequences of Smoking – 50 Years of Progress*, more than one in five Ohio high school students smoke cigarettes and more than one in ten use smokeless tobacco or vapor products. These statistics are staggering and clearly show the need for tobacco prevention funding within the Ohio Department of Health (ODH).

In addition to prevention, ODH's cessation programming is vital to protecting children from secondhand smoke and reducing maternal smoking, which is a leading factor in Ohio's infant mortality rate. 10% of Ohio children reside in a home with at least one regular tobacco user; this rate ranks Ohio 49th in the nation.

Simply put, these funds are vital to the health and safety of Ohio's children. I understand the budgetary challenges facing the General Assembly, but I would like to point out that preventing or curbing smoking will have a direct financial impact on Ohio's Medicaid spending. We strongly encourage the Senate to restore cessation funding levels and continue investing in tobacco cessation programming.

Immunization Policy

I believe you already heard from Dr. Sean Gallagher on an amendment OhioAAP has been working on to address Ohio's poor immunization rates. This amendment would standardize the forms used by school districts to ensure every parent has a conversation with a healthcare provider prior to the form being submitted to their child's school. Further, the amendment would strengthen reporting of immunization data to ensure the state can effectively respond to a disease outbreak.

We believe this amendment strengthens the process and policy behind Ohio's school entry requirements while preserving the ability of parents to make decisions related to their child's health. This is a common sense amendment and I hope the subcommittee will lend its support to this important effort. Thank you for your time and I would be happy to answer any questions on these issues.