

# Jennifer Loving

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## Proponent House Bill 212

*Co Chair for the Children with Medical Handicap Parent Advisory Council, Mom of two daughters (both Type 1 Diabetics) and a son (Severe Hemophilia A, Factor 8 deficient)*

Chairman Manchester, Vice Chair Cutrona, Ranking Member Liston and members of the House Families, Aging, and Human Services Committee, thank you for the opportunity to offer testimony in support of House Bill 212, legislation that would increase the age coverage to 26 for patients under Children with Medical Handicap.

Simply stated the mission of Children with Medical Handicaps program ensures that children with special health care needs and their families obtain comprehensive care and serves as a safety net. I have the honor of being Co-Chair for the Children with Medical Handicaps Parent Advisory Council. Our team provides a strong parent/family representation to advise the CMH program. We do this by meeting with health care providers and facilities to provide input on services. Most volunteers become advocates for the program and today I am testifying as a proponent for House Bill 212.

Our family was introduced to Children with Medical Handicaps program, in 2004, when our then 4-year-old daughter was admitted to Cincinnati Children's Hospital Medical Center with a diagnosis of Type 1 diabetes.

In 2008, our family received a second diagnosis, with the birth of our son. He was born with a severe bleeding disorder. In 2012, our family received its third diagnosis with our eldest daughter, another Type 1 diabetic. All three of our children had received a life altering, chronic illness diagnosis.

The shock of each diagnosis, learning how to keep our daughter alive by counting carbohydrates, injecting insulin, monitoring blood sugars by finger sticks, scheduling doctor appointments, fighting with insurance and trying to keep some

semblance of normalcy for our daughter was and continues to be overwhelming. Additionally, dealing with the care of our son's bleeding disorder offers the same obstacles.

Our family has had private insurance since 1995 and while meeting a deductible is something that may not be the norm for many families, our family meets the deductible the first month of the year every year. Knowing that CMH is a payor of last resort, who covers the co-pays for doctor visits and prescriptions relating to these conditions is a literal life saver for our family.

Our eldest daughter has aged out of the program, and the first year on her own without CMH coverage was extremely hard. She was a college graduate, landed a full time job, carried her own insurance and yet we still had to help her afford her life saving diabetes supplies. Knowing that our middle daughter ages out in 178 days scares me. She is in her second year of nursing school; to earn a degree as a Psychiatric Nurse Practitioner. She has several more years of school ahead of her with mounting college debt. Even with our private insurance coverage to age 26, how is she to afford her diabetes supplies and doctor visits?

This bill would increase the age of care each year for children who are currently receiving CMH coverage up to age 26. This falls in line with children staying on their parent's insurance policies until age 26. Our children deal daily with their chronic illness, providing added coverage will lesson their burden.