



Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and Members of the House Health Committee – thank you for the opportunity to provide proponent testimony on House Bill 141 to establish prescribed pediatric extended care centers (PPECs) in Ohio.

My name is Dr. Breann Butts and I am a board-certified general pediatrician at Cincinnati Children's Hospital Medical Center. I work in our Complex Care Center, which provides primary care to over 700 regional children with special healthcare needs and medical complexity. To qualify for our clinic, patients must be followed by 3 or more medical specialties and have medical technology (e.g., tracheostomy/ventilator for respiratory support, gastrostomy tube for nutrition, ventriculoperitoneal shunt for hydrocephalus). Our multidisciplinary team (physicians, nurse practitioners, nurses, social workers, a pharmacist, care managers, dieticians, and administration staff) provides outpatient primary and acute/illness care for our patients, engages in care coordination with patients' care teams, provides recommendations on medical equipment, supports families in engaging with community resources, and guides families in identifying goals of care which sometimes includes involvement of Palliative/Hospice care. Our team is dedicated to providing high-quality care to some of the most medically complex patients. Further, as child health advocates we work to provide support to our patients' families, including addressing various barriers to health and understanding the context of our patients' care outside of our clinic site.

Recent estimates from the 2020-2021 National Survey of Children's Health reports that 537,387 children in Ohio (20.95%) have special health care needs, and many of these children have limited options for childcare outside of their immediate family circles related to their medical needs.<sup>1</sup> While many of our patients may qualify for home nursing related to their medical complexity, we know there is a national shortage of licensed nurses to fill these hours. The financial implications of the lack of home nursing or alternative childcare arrangements are significant, and often involves extended hospitalizations and high health care costs. In 2022 at our hospital alone, children with medical complexity had 3,952 avoidable inpatient hospitalization days due to a lack of access to home and community nursing services. The inpatient care for these Cincinnati Children's patients cost Ohio Medicaid and private insurers an estimated \$22.5 million. The serious financial and psychosocial costs patients and families experience due to extended hospital stays are immeasurable. We know some families who have had to make the heartbreaking decision to place their child in a long-term care facility because they are unable to secure the necessary nursing support to safely care for their child at home.

These children's limited access to standard childcare and early learning programs in Ohio extends far beyond the walls of our hospitals. The negative impact of this is experienced by children themselves in the form of exclusion from early learning and social opportunities with their peers. Families often experience increased financial and psychosocial stressors related to

reduced employment.<sup>2,3</sup> This impact also extends to employers, as up to 50% of caregivers have work disruptions due to lack of childcare.<sup>4</sup>

PPECs, therefore, present the opportunity for children with medical complexity to receive daytime care within licensed childcare centers with trained medical personnel who can administer prescribed cares and therapies. Importantly, PPECs allow these young people the opportunity to interact, socialize, and develop alongside other children with and without medical complexity. PPECs currently exist in over one dozen states across the country (Delaware, Florida, Kentucky, California, Colorado, Louisiana, Maryland, Minnesota, Mississippi, Nevada, New Jersey, New York, Pennsylvania, Texas, and South Carolina; Virginia in process), and serve as a feasible model for a physician-prescribed, inclusive, and cost-effective solution to the current childcare challenges faced by medically complex children and their families in Ohio.

I am testifying today in support of HB 141 because as a front-line healthcare provider and child health expert, I see the ramifications of limited childcare options for our children with medical complexity and their families each and every day in my clinic. Further, as a parent with two young children who attend a daycare center, I personally know how important it is to ensure that my children are in the hands of caring, qualified childcare personnel. This desire is only amplified for families of children with medical complexity, whose children often require prescribed nuanced medical cares and therapies, along with the essential need for caregivers to be trained to respond to medical emergency situations such as tracheostomy tube dislodgement or seizure rescue plans.

I believe that all children deserve the opportunity to participate in positive learning and social environments that support their development. For children with special healthcare needs in Ohio, though, the opportunities to do this are currently very limited. HB 141 would establish prescribed pediatric extended care centers (PPECs), which would have positive impacts on children with medical complexity, their parents, parents' employers, and the tax-paying citizens of Ohio. As a pediatrician and a mom, I ask you to vote yes on HB 141. Thank you for allowing me to provide testimony and I'm happy to take any questions.

Sincerely,

Dr. Breann Butts  
Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, OH 45229  
Phone: 513-636-3000

## References

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