

Dear Chair Carruthers, Ranking Member Liston, and members of the House Finance Subcommittee on Health and Human Services,

I am writing today as a Social Worker at Cincinnati Children's Hospital on the Cystic Fibrosis care team and as a resident of Ohio- 453 Riddle Rd, 45231. I urge the state to continue to fund the Children with Medical Handicaps (CMH) Program at current levels because I have seen firsthand how patients and families living with chronic illness benefit from the funding provided. Cystic Fibrosis, or CF, is an inherited lifelong disease that causes the production of thick sticky mucus in all systems of the body, most significantly the respiratory and gastrointestinal systems. Patients with CF are required to adhere to a daily care regimen of multiple oral and nebulized medications, airway clearance, and often enhanced nutritional supplements in order to maintain their health and nutritional status. These medications are quite costly, and some CF patients experience hospital admissions during their childhood which typically last from 10-14 days.

In our clinic, some patients and families qualify for state Medicaid, which oftentimes affords them with the reassurance that their care will be covered at 100%. Many more patients and families rely on employer or exchange based private insurance plans and are thus facing the stress and worry of how they will be paying for huge medical bills and affording essential prescription medications because of high deductibles, copays, and maximum out of pocket amounts. For some of these families who meet the income requirements for the program, CMH has become a lifesaver. The program helps these families by picking up the out-of-pocket costs related to Cystic Fibrosis care that are not covered by their primary insurance and would otherwise fall to them at an enormous and oftentimes insurmountable burden. Below are some specific examples of ways that the CMH program has assisted the patients and families that I work with:

- A single parent who found work after years of relying on Medicaid for insurance coverage was extremely concerned about how they would pay the out-of-pocket costs associated with clinic visits, admissions, and prescriptions. Their income would increase but not to a level that would make affording these copays possible. The CMH program helped this family by picking up those out of pocket costs so that the parent could pursue a career and no longer rely on Medicaid coverage for themselves and their child.
- A family with multiple children, both parents working whose income was just above the line to qualify for benefits like supplemental nutrition assistance and secondary Medicaid for the children. One parent was able to carry insurance for the family, but the out-of-pocket costs associated with CF care would have meant choosing between having enough food to feed the family and paying medical bills. The CMH program also helped this family by picking up those costs.

These are just a few of the many instances where the CMH program has been an essential benefit to families of children with chronic illness. Please continue this program.

Sincerely,

Jamie Miller, Social Worker

Pulmonary Social Worker