

Ohio's Biennial Budget Bill (HB 153) Helps Children in Need

HB 153 provides accountable care for children. The budget invests \$87 million in start-up funding and encourages children's hospitals and networks of physicians to team up to create pediatric Accountable Care Organizations (ACOs), which will provide additional attention and care to the unique needs of 37,000 disabled children on Medicaid. Pediatric ACOs will hold the hospital and participating physicians responsible for the quality of care delivered to patients and provide a financial incentive back to the providers for delivering high-quality, efficient care.

Nationwide Children's Hospital's Partners for Kids (PFK) network, the nation's largest pediatric ACO, is a successful model that the rest of Ohio may choose to follow. PFK coordinates the care for 290,000 (75,000 rural Appalachia and 215,000 urban) at-risk children across a 37-county coverage area. PFK has increased access to care for rural and urban children, improved quality and safety, implemented a wellness program to ensure that children with special health needs reach their full potential, and reduced preterm births and decreased the length of stay in neonatal intensive care units (NICU).

HB 153 expands Medicaid presumptive eligibility for pregnant women and children. HB 153 provides temporary coverage so that a child or pregnant woman can receive medical care while their Medicaid application is officially processed. It also recognizes new qualified entities that may establish Medicaid eligibility. By simplifying the eligibility and enrollment processes, and including additional points of access for children and pregnant women, medical attention will be provided in the early stages of life when intervention is the most successful. The result will be improved health outcomes for children and pregnant women and reduced Medicaid expenditures.

HB 153 invests in high-quality child care. All children currently enrolled in Ohio's subsidized child care system will stay on the program so that parents can work while children can learn in safe, healthy environments that prepare children for K-12 education. The program will continue to serve current enrollees, about 104,000 children per year, while also maintaining the Step Up To Quality Initiative (SUTQ). SUTQ rewards child care providers in Ohio for meeting quality criteria in their curriculum, facilities and staff (measures include, for example, qualified classroom teachers and materials that promote growth and development). HB 153 also increases the efficiencies in the state child care system by decreasing regulatory burdens for child care providers, addressing the number of providers per family allowed and supporting the implementation of a statewide card-swipe time and attendance system. The result will be improved accountability and increased efficiency within the child care system.

HB 153 expands and continues investment in the state's child welfare system to keep children out of harm and support stable families. This budget lays the groundwork to expand Differential Response statewide. Differential (or Alternative) Response keeps children safe, keeps families together and reduces the number of children in foster care, which saves money. ODJFS is already piloting Differential Response in 33 counties with great success.

This budget provides \$2 million in funding each year for Independent Living services for young adults who have aged out of foster care. Independent Living services such as academic counseling and housing assistance help give former foster children the skills and support necessary to achieve self-sufficiency and lead productive lives.

HB 153 provides GRF funding for pneumococcal vaccines for children. Streptococcus pneumonia is the leading cause of bacterial meningitis among children younger than 5-years-old. The FY13 GRF funding of \$2.5 million allows for continued purchase of PCV-13 vaccine for underinsured children in Ohio who are not eligible for the federal Vaccines for Children program. This GRF funding enables ODH to continue to supply the vaccine to local health district clinics for underinsured children with no ability to pay. At the current cost per dose, the budget will allow for the purchase of approximately 25,700 doses of vaccine that can serve approximately 6,400 children (4 doses per child). Prior to the routine use of vaccine in children, this disease caused 13,000 cases of bacteremia, 700 cases of meningitis, 200 deaths and 5,000,000 cases of acute otitis media (middle ear infections) in children in the U.S. each year.