

FOR IMMEDIATE RELEASE

contact: Rebecca Wilson, 330-524-2067, rebeccaswilson@sbcglobal.net

OHIO POISED TO SECURE \$38 MILLION IN FEDERAL FUNDS

*Children's Child Health Coverage Can Turn
\$14 Million into \$52 Million for Ohio's Children*

COLUMBUS, May 19, 2009—In early February, President Obama and Congress reauthorized the Children's Health Insurance Program (CHIP), clearing the way for Ohio to keep promise it made to cover approximately 18,000 uninsured children living in families with incomes between 200% and 300% of the federal poverty level (between about \$44,000 and \$66,000 a year for a family of four).

The federal CHIP program will cover nearly three-quarters of the cost of coverage for these uninsured children, helping our state to bring federal tax dollars back to Ohio and meet a critical need that continues to grow as the recession deepens. In addition, parents will pay a premium of \$40 per child per month (22.2% of the coverage cost), meaning that the Ohio state budget will pay for only 18.3% of the cost of covering each newly-eligible uninsured child.

"Investing in children's coverage is smart for Ohio's children and for Ohio's budget," said Amy N. Swanson, executive director of Voices for Ohio's Children. "By investing in covering uninsured children in working families, we can secure federal funding not just for this budget but for years to come."

Under the new CHIP Act, federal funds will be allocated differently than in the past. States like Ohio have the opportunity to lock in future CHIP funds by investing the federal funds available to cover uninsured children this year. On the other hand, states that do not invest their current allotments in covering uninsured kids risk seeing them reallocated in the future to states that have prioritized covering uninsured children. Beginning in federal fiscal year 2011, a state's actual use of CHIP funds will serve as the basis for its new allotment.

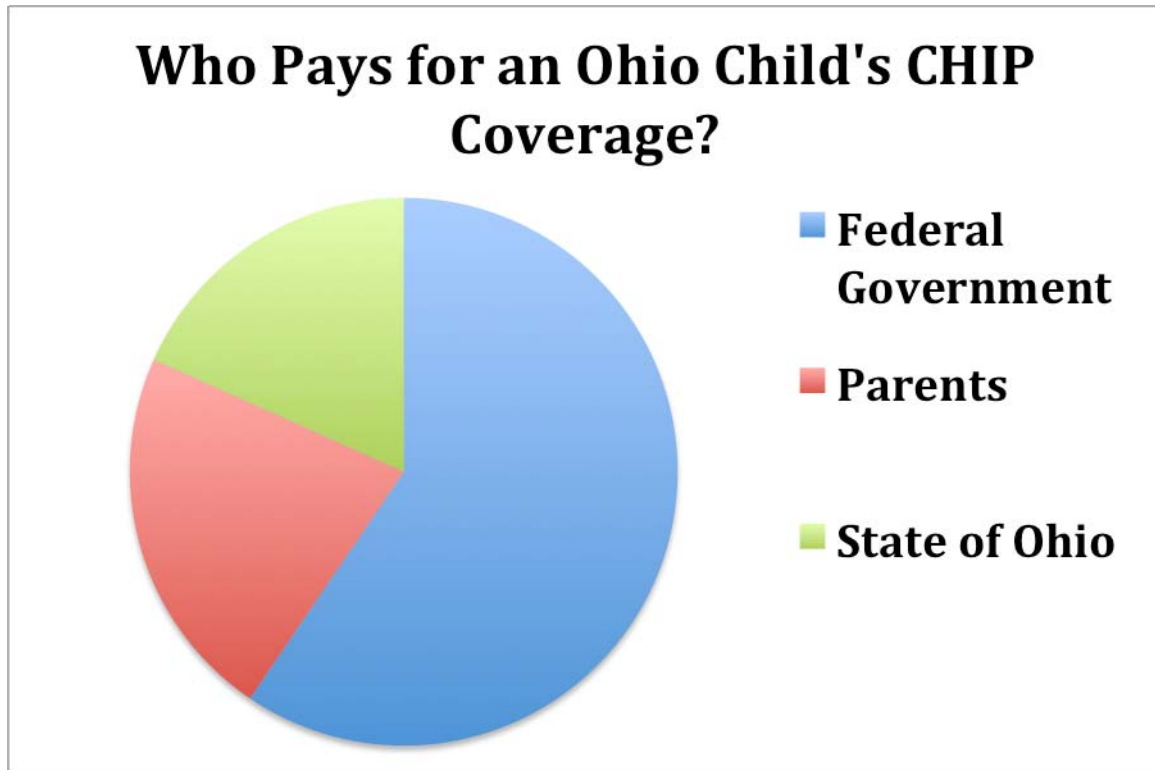
"This is the time for Ohio to keep the legislature's bipartisan promise to cover uninsured kids. We'll get nearly \$4 in funding for every \$1 we invest, but only if we act now," said Swanson.

Voices for Ohio's Children is a non-partisan voice of Ohio's nearly 3 million children. With more than 100 collaborative partners, we advance changes in public policy that improve the health, safety, education, family stability and childcare of all Ohio children and their families. To learn more about Voices for Ohio's Children, please visit www.vfc-oh.org.

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Editor's note: A chart illustrating the payment sources for a child covered by CHIP is below. Also below are three stories of Ohio families with uninsured children living

in families with incomes between 200%-300% of the federal poverty level who will benefit from the CHIP coverage discussed in this release.



Ohio Children Waiting for Health Coverage

Editors: To reach these families, please contact Mary Wachtel, mwachtel@vfc-oh.org or 614-648-1450; or Sandy Erb-Wilson at 614-477-7223, serb@vfc-oh.org.

The Demko Family from Albany (Athens County)

Margaret Demko is mother to Emily, a four-year old with Down Syndrome. She is a very active parent and is president of the local ARC chapter and a member of the local Board of MRDD.

When Emily was born, Margaret was working full time and had healthcare coverage. After Emily's diagnosis the family decided that Margaret would stay home and her husband would continue his work as a self-employed contractor. They were suddenly without healthcare coverage. No private insurer would cover Emily. When they qualified for Medicaid Emily began physical, occupational and speech therapies immediately. The effects of these professional services were outstanding.

Emily lost health coverage at the age of two when the Demkos learned that their income was \$135.00 per month too much to allow Emily to qualify for Medicaid. That same month, they had medical bills in excess of \$3,500. Decisions about therapies had to be made to drop the bills to a little over \$450.00 per month – not enough to help her skills grow and become a full participating member of society.

Emily is 4 years old now and has been uninsured for close to two years—half of her young life. She receives some, but not all, of the recommended therapies and services she needs. For example, Emily has recently developed issues with her feet and ankles requiring orthotic inserts for her shoes and physical therapy. She needs hearing tests, corrective treatment for an eye condition, blood tests, and an x ray to determine if she has a spine malformation. The Demkos pay for what they can but cannot afford all of these medical expenses while paying mortgage and car payments.

As a family in the income range of 200-300% FPL, the Demkos are counting on Ohio's CHIP expansion to help them provide what Emily needs.

The Morris Family from Quaker City (Guernsey County)

Michelle is a divorced mother with a 14-year old son, Ryan. Ryan's father is legally responsible for providing medical insurance for her son. Unfortunately his sporadic employment has meant inconsistent health care coverage.

Michelle works full time as a mental health clinician in a community mental health agency averaging \$33,000 per year. Her employer does provide health care coverage for her, but adding Ryan would cost \$729.31 per month or more than 25% of her annual salary.

Ryan has a congenital heart disease and asthma. When Michelle was in school, they qualified for Medicaid and therefore Ryan received quality medical care. Now she only takes Ryan to the doctor "as needed". She recently discovered that Ryan has a lump in his neck that is being treated with a generic antibiotic. Until medical coverage is available, they are left to "wait and see" what that turns out to be.

Faced with these tough choices, Michelle is contemplating reducing her work hours in order to qualify for Medicaid. She says "I have worked hard to receive a higher education and to secure full time employment so that I could provide for my family. I feel like the lack of access to affordable medical care is a disincentive to bettering your life."

The Prindle Family from Zanesville (Muskingum County)

Ronda Prindle is a widow diagnosed with Lupus, the mother of a 5-year old son, Marcus. Ronda's husband and Marcus's father passed away in January of 2007. While her husband was alive, the family received primary health coverage through his work and qualified for Medicaid wrap-around because they earned below 150% of the federal poverty level.

The family income today consists of disability for Ronda and death benefits. Their combined family income totals \$2593 per month. Ronda has health coverage through disability Medicare/Medicaid, which requires a \$600 spend-down per month. From 2007 until 2009 Marcus received health insurance through Medicaid.

However, in January, 2009 the family received an inflationary increase in benefits that put them \$164 per month over Medicaid eligibility. Now Marcus is no longer insured.

Ronda has recently filed for bankruptcy after her husband's passing and is working hard to live within their means. However, today without access to affordable health care, she worries that Marcus' health is suffering. Ronda pays out of pocket for Marcus' allergy shots, totaling \$88 per vial. She administers the medication without medical supervision as she cannot afford the expense of the doctor's visits.

Marcus has apraxia – a speech disorder. He receives speech therapy through his preschool program; however when the family received Medicaid coverage, Marcus received speech therapy multiple times a week and he was making great progress. Ronda believes his speech has regressed since losing their Medicaid coverage in January. In order to pay for additional speech services, Ronda would have to pay \$55 per session; she cannot afford to do so.

Ronda has learned that purchasing health insurance on the open market for Marcus would cost \$150 per month plus co-pays and deductibles. She cannot afford this expense on her fixed income and is counting on Ohio's CHIP expansion for her son.