



May 4, 2020

Representative Timothy Ginter, Chair  
House Aging and Long Term Care Committee  
13<sup>th</sup> Floor  
77 South High Street  
Columbus, Ohio 43215

Dear Chairman Ginter:

The Ohio Aging Advocacy Coalition, (OAAC), is a group of over 600 seniors and their caregivers who have come together via social media to make certain that the voice of Ohio's seniors is heard as public policy affecting them is considered. Our primary goal is to enable Ohio's older adults to age well in the place they choose to call home. I, Barbara Riley, serve as the Coalition Chair, and am a former Director of both the Ohio Departments of Aging and Job and Family Services. OAAC is supported by a wide array of aging services organizations and associations that believe it is critical for seniors ourselves to be represented as you consider policies that affect aging Ohioans.

Given the disproportionately high incidence, even in Ohio, of serious illness and even death among older Ohioans due to Covid-19, we wish to submit the following recommendations for consideration by the House Aging and Long Term Care Committee.

**We are asking that long term service and support providers be considered equivalent to hospital health care providers in relation to the availability of testing.** Nursing facilities, Assisted Living facilities and in-home long term care serve the most vulnerable of our older Ohioans, those who already have compounding conditions and frailties. **It is crucial that direct caregivers be tested early to be certain that they are not carriers.** Other states have experienced even more deadly outcomes as a result of not focusing testing on these settings. **Priority testing also needs to be made available to unpaid caregivers, family and friends, who supply the majority of in home services and supports.**

**In addition, the workforce in NFs, ALs and in-home services must have sufficient PPE or they endanger both themselves and the patients they serve.** As older adults and their caregivers, we are frightened to know that those serving us and our loved ones may have been exposed to the virus and in turn are exposing us, or that we may be infecting them and then sending them on to their next patient. Again, PPE should also be made available to unpaid caregivers.

Also in relation to the workforce, we see first-hand the loss and turnover of staff providing these services, whether due to their own personal demands at home, illness or an unwillingness to work in settings without testing and without adequate PPE. **Given current Medicaid reimbursement, providers are unable to attract, train and keep qualified staff in these demanding roles. Providers also are unable to afford, to say nothing of the challenges of finding, either the Covid 19 tests or the necessary PPE. A pandemic rate Medicaid add-on should be considered for the length of time that COVID-19 or any future outbreaks reach pandemic status.**

The hospital/nursing facility/local health department regional Collaboratives that have been formed offer an excellent outline for how these three entities can work together and address the issues they are jointly encountering. It is my understanding that the hospitals are the lead agencies in each zone or area, but there have been instances where the plans are very well drawn, but the implementation is lacking. **As older adults we would like to request that your committee consider a mechanism to provide consultation and oversight or perhaps an Ombudsman function to assure that they work together as designed.**

**We ask that NFs, ALs and hospices be required to provide the ability for all their residents to have virtual contact with their families and friends.** Imagine being confined due to health and disability reasons and denied any contact with those you love. Due to the fact that physical visiting would be foolhardy for all concerned, we believe virtual visits must be available and that staff must assist residents with the technology. We acknowledge that these requests add to the costs of care, and recommend that rates reflect that.

Lastly, as older Ohioans we are very concerned about the potential health care age discrimination that we hear discussed. It is unlawful to ration care based on age or disability, and the abhorrent thought that an older adult's life is somehow less valuable based solely on age is absolutely unacceptable. **We ask that your committee provide positive messaging in relation to the needs and well-being of older Ohioans and that you focus on our value as well as our needs in your deliberations.**

Progress is being made on many fronts and we are learning as we go, but the foregoing recommendations remain crucial as we face the potential of another peak, as congregate care remains a focal point of the virus, and as older Ohioans continue to be the most adversely affected group. We thank you for your consideration of the above and would be willing to discuss any of these requests at any time.

Sincerely,

Barbara Riley, Chair  
Ohio Aging Advocacy Coalition