

**I would like to state my position on HB 465 which has recently been introduced - and thank you Representative Carruthers for letting this issue finally see the light of day.**

While the Bill addresses cameras in ICF's, the camera issue must go further than just an ICF setting.

The Developmentally Disabled community is different than the nursing home community. Per Federal Law, a person with a disability's goal is to be integrated in his community.

I am a Registered Nurse of almost 40 years. I am also the parent of a young adult son with a severe developmental disability who was the victim of extremely poor care in a respite home - to the point where we needed to remove him immediately on Christmas Eve of 2022 as he was left shaking uncontrollably without adequate clothing in a home with inadequate heat in Northeast Ohio during cold snap in middle winter - temperatures in the single digits. My husband walked in to the respite home to visit our son to find him shaking uncontrollably. This was not an ICF or a nursing home - which are the only placements this current Bill addresses. He has severe challenges and cannot communicate if/when there is an issue, you would only know through his behavior. The question then would be, is the behavior HIS issue, or was it in response to mistreatment. Cameras need to be allowable in all areas that this vulnerable population utilize - be it group homes, Day Programs, out in the community - what have you. Cameras are the very means that justice has been brought about in many cases of recent abuses - otherwise it is one word against another - and in this case one of those words is silenced by disability.

As much as no one likes to admit it - Abuse and Neglect are very real in the DD community. The very nature of a developmental disability makes the population ripe for abuse. The Abuser Registry adds names continuously - they show up in my email inbox regularly. These are just the names of persons that are caught - imagine how blatant the offense must have been as the victims may be cognitively and communicatively challenged. Must we wait for the next slit throat in a group home or a day program to prove there is an issue?

How is it that I am allowed to be on video walking in to a store, or a fast food place, or anywhere for that matter - my very license plate is photographed - but protecting by video our most vulnerable who cannot communicate during their day is suddenly an issue? Who are we protecting by NOT allowing cameras???

Esther's Law has been in place several years now - allowing cameras in nursing home rooms. It is a godsend as, to the best of my knowledge, her family could not understand what was happening with her until they placed a camera and were able to witness what was happening. If a caregiver is doing their job (and I would know, I worked in a hospital setting approximately 30 years) who would care if there is a camera. You are doing your job. If you are NOT doing your job - then you may have an issue. If your loved one is ringing the bell and sitting in a dirty bed and no one is attending them - then there would be an issue - and there should be.

Which also leads to my concern about DODD Rule 5123-2-02 which comes up for Review this July. This Rule has tiers of allowable criminal offenses that can be in a persons background but still allows said person to work with the most vulnerable in our society. I respectfully ask the Representatives to please see that Rule (a Rule that gets little publicity) which is another layer of concern for the health and safety of our most vulnerable in the DD community. Second chances are wonderful - but possibly not the best fit to match with persons who are isolated and unable to communicate. Perhaps reviewing these issues - cameras, current rules which allow a myriad of criminal offenses in a background as long as a certain amount of time has elapsed - will reduce the number of horrific incidents, substandard care and names on the Abuser Registry.

Thank you.  
Marianne Bregar