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Legislative Committee Chair for Ohio Olmstead Task Force (OOTF)

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Interested Party Testimony for House Bill 33

Thank you, Chairwoman Carruthers, Ranking Member Liston, and members of the House Health and Human Services Subcommittee, for the opportunity to testify on the importance of investing in the in-home care workforce. My name is Brittanie Maddox, and I am Chair of the Legislative Committee for the Ohio Olmstead Task Force (OOTF). On behalf of OOTF, please accept this testimony on HB33.

As discussed by many organizations, agencies, and individual representatives prior to today, the increased funding in Ohio's budget for FY24-25 is essential for people with disabilities to remain independent and connected to their communities. My most pressing concerns are parity in funding, a livable wage for all Direct Care Workers of at least \$20 per hour, regardless of service system, and the establishment of a Direct Care Workforce Commission in the Governor's Office.

People with disabilities want to live in their communities of choice rather than institutions or facilities. We now have two federal laws that support that choice to remain independent. The Americans with Disabilities Act (ADA) and the Olmstead Supreme Court Decision, state that an individual has the right to live in the most integrated setting appropriate to the needs of the individual. An integrated setting is defined as, "a setting that provides individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities"¹. As such, Ohio has an obligation to ensure that home and community-based services are adequately funded, and individuals have access to receive services and supports in their most integrated setting. This does not mean building additional alternative living arrangements or putting people in nursing homes. Direct Care Workers are vital to this equation and provide the necessary services and supports for people with disabilities.

There needs to be equitable funding for each service system to ensure that Direct Care Workers receive a base hourly wage of \$20 per hour. Others have already discussed the inequities in pay for each service system and the "job hopping" that happens when one system increases their rates over the others. But I want to reiterate that workers in the DODD, Medicaid, and Aging system are all performing relatively similar jobs and tasks. You might be asking, what is it with \$20 per hour and why is it so important? According to a report from PHI, Ohio's Direct Care Workers were paid an average \$12.61 in 2021. That is a growth of only \$0.56 or 5% from the years of 2011 to 2021². In addition, a National Low Income

¹ U.S. Department of Justice, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* (2020) available at https://archive.ada.gov/olmstead/q&a_olmstead.htm#:~:text=A%3A%20The%20E2%80%9Cmost%20integrated%20setting,recieve%20services%20in%20the%20greater

² PHI, Workforce Data Center (2020) available at <https://www.phinational.org/policy-research/workforce-data-center/#var=Wage+Trends&states=39>



Housing Coalition report noted that in Ohio, an individual needs to make at least \$17 per hour to afford a modest 2-bedroom home³. Based on this data alone, it is clear that a Direct Care Worker would be unable to afford housing, food, medical care, etc. leading many to qualify for Medicaid services themselves.

Due to the complexity of the waiver system, it is apparent that a commission needs to be created that directly oversees the Direct Care Workforce. I would like to point out that last year, Governor DeWine put together a task force to discuss the direct care crisis. The taskforce developed a report with 15 considerations for Ohio to alleviate the Direct Care workforce shortage. We commend the Governor for taking this important step. Now it's time to carry out those solutions and continue to work together to monitor the system and address inequities. Without this enforcement of reform, the care system in Ohio will be unable to support the future need.

A working individual, paying taxes, should receive a livable wage and have access to employment benefits, mileage reimbursement, educational assistance opportunities, and career development. The solution to the Direct Care crisis is multi-faceted, but if we do not take significant steps to ensure our long-term supports and services are adequately funded and continue to develop, the significant aging population will also no longer have options to live in their home, go to social gatherings, and be close to their grandchildren. How many aging adults do you know that long to live in a nursing or assisted living facility? The same is true for people with disabilities.

We all want Ohio to be a state that individuals, regardless of disability, see as a place to raise their children, age, and find meaningful employment. Thank you again for the opportunity to testify on HB33, please let me know if you have any additional questions or concerns.

Sincerely,

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³ NLIHC, Out of Reach: The High Cost of Housing, p199 (2022) available at <https://nlihc.org/oor>