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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.

On behalf of the Ohio Olmstead Task Force (OOTF), please accept this testimony on HB33. My name is Brittanie Maddox, and I am Chair of the Legislative Committee for OOTF. OOTF is a grassroots coalition of people with disabilities of all ages, as well as family members, advocates, and organizations advocating together for the right to live, work, and participate in their communities.

As discussed by many organizations, agencies, and individual representatives prior to today, the funding in Ohio's budget for SFY24-25 is essential for people with disabilities to remain independent and connected to their communities. The most pressing concerns for our Committee are parity in funding, the establishment of a Direct Care Workforce Commission in the Governor's Office, and a livable wage for all Direct Care Workers regardless of service system.

As a group, many of our members receive services outside of the Department of Developmental Disabilities (DODD). There is a significant population of people with disabilities who receive home and community-based waiver services directly from the Ohio Department of Medicaid. The funding streams are different for these systems due to the additional funding DODD receives from local county boards that Medicaid does not. As such, historically, the DD waivers have been significantly more funded than Medicaid. Workers in the DODD, Medicaid, and Aging system are all performing relatively similar jobs and tasks with a significant lack of equity in pay. According to a report from PHI, Ohio's Direct Care Workers were paid an average \$12.61 in 2021, with a growth of only \$0.56 or 5% from the years of 2011 to 2021¹. In addition, a National Low Income Housing Coalition report noted that in Ohio, an individual needs to make at least \$17 per hour to afford a modest 2-bedroom home². 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. We are asking that the Ohio legislature ensure there is adequate funding to pay Direct Care Workers a base hourly wage of \$20 per hour.

¹ PHI, Workforce Data Center (2020) available at <https://www.phinational.org/policy-research/workforce-data-center/#var=Wage+Trends&states=39>

² NLIHC, Out of Reach: The High Cost of Housing, p199 (2022) available at <https://nlihc.org/oor>



The Waiver system is extremely complicated and difficult to navigate, not only for the legislature but for the individuals themselves. It is apparent that a commission needs to be created that directly oversees the Direct Care Workforce. It is crucial that this commission include individuals who receive services through waivers from all three systems – Ohio Department of Medicaid, Ohio Department of Aging, and Department of Developmental Disabilities – as consumers are the best experts on what the systems need. Last year, Governor DeWine put together a task force to hold public forums and gather direct input from people with disabilities. 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 continue to fail.

We recognize that increasing wages for workers is not the only solution and will not immediately solve this crisis. However, we cannot deny the data and disregard the economic prison many families are stuck in while trying to provide stability for their families. A working individual, paying taxes, should 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 no longer have options to live in their home, go to their 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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