

Kim Boulter
Testimony on HB 33
Supporting the DD Workforce

my son is 10 years old. Although he has an I/O waiver, and many in-home nursing and home health aide hours authorized by our county board of DD, we have been unable to find staff to utilize those hours for over a year. My husband and I have been managing our son's care almost all on our own, with the occasional help from his grandparents. However, his grandparents are not able to provide the full care my son needs, as they are now in their 70s and have experienced their own health problems lately. Lifting, diapering, showering, and dressing a wiggly child with cerebral palsy is a physically demanding job. It is also a job that has a very high level of responsibility. Our son takes medications multiple times a day to control the symptoms he experiences due to his brain injury. Many of these are controlled substances. Someone who is paid so little cannot be expected to handle controlled substances and administer medications like this. They also can't be expected to take on the risk to their own physical well-being due to the physical nature of the job, and all while not having health insurance if they hurt their own back lifting and transferring someone who is immobile. The current risk/benefit analysis of this job is clear. This is why many DSPs have left the job. As my son gets bigger and heavier, I get older. It is only a matter of time before I could be injured myself. I do not have a consistent provider, but bare minimum I need providers to be available to take care of my son in case I become sick or injured. I have been unable to take a job due to providers being so inconsistent over the years.