Janemarie Sowers Senate Medicaid Committee Interested Party Testimony, HB 33 May 04, 2023

Chair Romanchuk, Vice Chair Wilson, Ranking Member Ingram, Members of the Senate Medicaid Committee thank you for the opportunity to provide Interested Party testimony on HB 33.

My name is Janemarie Sowers and is my daughter, Kendra. As you can see, she is on a ventilator and has significant disabilities that limit all aspects of her life. She is dependent on others for all aspects of daily living. Kendra lives at home with me. Living at home, in the community, surrounded by her family and friends is what she deserves as a human being. It is the least restrictive environment and the most cost effective as it is 1/6 the cost of institutionalization.

Kendra is on the Ohio Home Care Waiver Program (OHCW) which is supposed to provide her with medically necessary services and supports including 112 hrs of skilled nursing care per week and \$10,000 a year for home modifications. The Ohio Home Care Waiver Program looks amazing on paper. In reality, it sucks and good luck getting services and supports.

Currently Kendra receives 42.75 hours a week of skilled nursing care from a paid provider. The rest falls on me. Medicaid does not pay me to care for my daughter. We have a Nursing Crisis! Today, there is a fraction of the nurses enrolled as Medicaid Independent Providers as there were in 2007 when my daughter was placed on OHCW Program. One of the main problems for the shortage of nurses in Medicaid programs is the ridiculously low reimbursement rate for Private Duty Nursing (PDN). The charts show Ohio Medicaid's current Private Duty Nursing reimbursement rate, surrounding state's reimbursement rates, and the rate we (Ohio Nursing Crisis Advocacy Committee) are requesting Ohio increase the PDN reimbursement rate too. This increase will allow for retention of current nurses, the recruitment of additional nurses, and the recruitment of ICU level care nurses that my daughter and others like her require.

| STATE | IP RN | IP LPN | AGENCY RN | | AGENCY LPN | |
|----------------|---------|---------|-----------|-----------|------------|-----------|
| OHIO CURRENT | \$7.46 | \$6.24 | \$9.25 | | \$7.82 | |
| MICHIGAN | \$13.18 | \$11.21 | \$14.46 | | \$12.29 | |
| WEST VIRGINIA | * | * | \$11.02 | | \$11.02 | |
| PENNSYLVANIA | ** | ** | \$19.07 | \$24.12 E | \$13.77 | \$17.28 E |
| NORTH CAROLINA | \$11.25 | \$11.25 | \$11.25 | I | \$11.25 | |
| KENTUCKY | \$9.00 | \$9.00 | \$9.00 | | \$ 9.00 | |

TABLE IS STATES THAT REIMBURSE \$/15 MINUTES

* Does not at allow Independent Providers for PDN

**Unknow if allowed

E Enhanced payment

TABLE IS STATES THAT REIMBURSE \$/HOUR

| INDIANA ** | ** | \$48.97 | \$34.78 |
|------------|----|---------|---------|

**Unknown if allowed

| ОНЮ | IP RN | IP LPN | AGENCY RN | AGENCY LPN |
|-----------|---------|---------|-----------|------------|
| REQUESTED | | | | |
| \$/15 MIN | \$11.50 | \$9.63 | \$13.00 | \$11.50 |
| \$/HR | \$46.00 | \$38.52 | \$52.00 | \$46.00 |

As you can see Ohio reimburses substantially less than surrounding states. Director Corcoran said in her testimony that the feedback they (Medicaid) are receiving from all their Stakeholders is a need for a 30% - 50% increase in reimbursement and that she cannot ask you for that. But I can. I'm asking you to increase funding to Medicaid so Medicaid and increase reimbursement rates for Private Duty Nursing (PDN) to the requested amount. Our nurses deserve a significant rate increase! Not the chump change they have had tossed at them over the last 12 years. I've done the math, Senators. For example, PDN IP LPNs received a Base Rate (1st hour) cut of \$10.11 on July 01, 2015 and a Unit Rate (4units = 1 hour) cut of \$0.12. Currently, those providers are NEGATIVE \$6.53 on the Base Rate and positive \$0.55 on the Unit Rate (\$2.20 /hr) since October 1, 2011. 12 years and all these Nurses have received is a \$2.20 increase per hour and a Base Rate cut of \$6.53. That doesn't even keep up with C.O.L.A.!!!

THE MATH: PDN IP LPN

| TIME FRAME | BASE BATE (1 | . ST HOUR) | UNIT RATE (4 UNITS=1 HR) | |
|--------------------------|----------------------------------|-----------------------|--------------------------|--|
| 10-01-2011 to 06-30-2015 | DADE NATE (3 | \$41.76 | \$5.69 | |
| 07-01-2015 to 12-31-2016 | | \$31.65 | \$5.57 | |
| 07-01-2019 (0 12-31-2010 | PAY CUT | • | PAY CUT \$0.12 | |
| | PATCOT | \$10.11 | PAT COT \$0.12 | |
| 07-01-2015 to 12-31-2016 | | \$31.65 | \$5.57 | |
| 01-01-2017 to 10-31-2021 | | \$33.20 | \$5.88 | |
| | Increase | \$ 1.55 | Increase \$0.31 | |
| 01-01-2017 to 10-31-2021 | | 622.20 | ¢r. 00 | |
| | | \$33.20 ¢25.22 | \$5.88 | |
| 11-01-2021 to current | • | \$35.23 | \$6.24 | |
| | Increase | \$2.03 | Increase \$0.36 | |
| Overall | | | | |
| 10-01-2011 to 06-30-2015 | | \$41.76 | \$5.69 | |
| 11-01-2021 to current | | \$35.23 | \$6.24 | |
| | | -\$6.53 | +\$0.55 | |
| | | IATH: PDN IP R | N | |
| TIME FRAME | BASE RATE (1 ST HOUR) | | | |
| 10-01-2011 to 06-30-2015 | 0/02/07/24 | \$41.76 | \$5.69 | |
| 07-01-2015 to 12-31-2016 | | \$38.60 | \$6.96 | |
| 07-01-2013 (0 12 31-2010 | PAY CUT | \$3.16 | Increase \$1.27 | |
| | | J J.TO | | |
| 07-01-2015 to 12-31-2016 | | \$38.60 | \$6.96 | |
| 01-01-2017 to 10-31-2021 | | \$38.95 | \$7.03 | |
| | Increase | \$ 0.35 | Increase \$0.07 | |

| 01-01-2017 to 10-31-2021 11-01-2021 to current | | \$38.95 \$41.33 | | \$7.03 \$7.46 | |
|---|----------|-------------------------------------|----------|------------------|--|
| | Increase | \$3.38 | Increase | \$0.43 | |
| Overall | | | | | |
| 10-01-2011 to 06-30-2015 | | \$41.76 | | \$5.69 | |
| 11-01-2021 to current | | \$41.33 | | \$7.46 | |
| | | -\$0.43 | | +\$1.77 | |
| \$0.43 LESS in 2023 than in October 2011 | | Only \$1.77 increase over 12 years! | | | |

Would you stick around if your job paid you like this?! Huge pay cuts, waiting years for pay increase, then that increase only being pocket change. No, you wouldn't. You'd be walking out the door. That's where we are at. That's what we are hearing from Nursing providers. Nurses are ready to walk if they do not receive a substantial pay rate increase. It's not all about the money. Nurses don't want to leave, but they have bills to pay also. If they can't get paid what they are worth as a Medicaid provider, doing what they love, then they will leave. If that happens, Medicaid will have programs with thousands of enrollees requiring PDN services and NO Nurses.

Not Only does the nursing rate need increased but the Home Modification allotment needs increased also. Currently the dollar amount for Home Modifications is \$10,000 per year per client. This has been the same amount since 1996 or 1997. The cost of home modification items such as ceiling lifts, generators, bathroom modifications, and ramps has increased substantially while the home modification allotment has remained the same. This causes these projects to be spread out over a two-year period delaying access and jeopardizing the safety and welfare of the individual. The DoDD Home Modification Allotment amount is \$20,000 per year. Twice as much as Medicaid's Home Modification Allotment.

I am asking you to show the disabled community that you care about them. Invest in Nurses and services and supports for Medicaid Waiver Programs. Increase funding for HCBS so the Private Duty Nursing Reimbursement Rates can be increased to the requested rate. Increase the Home Modification amount to \$15,000 per year per client.

Thank you for your time and attention, \mathcal{A}

Janemarie Sowe

APPENDIX DOCUEMTS: OAC 51-60-12-06 Appendix A Michigan PDN Pay Rate Document Pennsylvania PDN Rate Document North Carolina PDN Rate Document Kentucky PDN Rate Document West Virginia PDN Rate Document Indiana PDN Rate Document