

It is only at the behest of certain coworkers of whom I regard highly that I am bothering myself at all with this task of submitting these few words of testimony in support of petitioning the state of Ohio to, AT LONG last, pay we nurses what we are worth.

First of all, why should we have to lobby and petition for fair treatment and adequate pay in the first place? It's absurd. It's also absurd that it took a global pandemic to make certain 'officials' sit up straight and concede our worth in this community. OUR community.

In my 20+ years as an Independent Provider home care nurse I've seen it all. We have consistently been passed over for wage increases. In fact, it's more accurate to say not, mostly, not considered much at all for wage increases. Also, the tone of disrespect and disregard toward IP's over the years has only worsened and become more and more palpable from the state. It's disheartening! It used to bother me a great deal until I finally resigned myself to the realization we IP's are highly regarded, respected and appreciated by the community we serve even IF the state chooses not to.

The people who rely on us each and every day for their basic human and medical needs. THEY are the people who matter. The ones who need us! Sadly, they are the population who are feeling the brunt of nurses leaving the field. There's a growing disdain among nurses when the state continues, year after year, to fail us miserably, refusing to pay us sufficiently and treat us as professionals.

Around 2011, Strickland approved a 6% increase with a 3% increase to follow in both 2012 and 2013 just before leaving his term as governor. When Kasich superseded him as governor he promptly rescinded all that taking back the much needed and well deserved 6% we were already receiving and doing away with the other two projected increases as well. I mean, WHO DOES THAT? This was the first pay increase IP's had seen in years and I was actually beginning to feel a little validated as a nurse! Until Kasich snapped me back into the harsh reality that the state cares nada for my workforce who have made it our lives mission to care for everyone else. The ultimate slap in the face came when Kasich, the same man who came into office, guns a'blazin', and cut nurses off at the knees had the humongous audacity to tout the 'importance' of nurses in his presidential bid!!! Such hypocrisy after swiftly killing what small pay increases (after years of nothing) that Strickland had tried to leave us! I'm still shaking my head on that one. This, however, is a personal gripe of mine having nothing to do with the topic at hand so, I digress.

I am an LPN and a few years back, 2015, my (as were all LPN's) salary was significantly cut back without so much as a warning, explanation, nor justification. Nothing! How disrespectful! So now not only was I seeing no annual or even semi-annual increase most people expect BUT I was also suffering a pay cut as well! Again I say, WHO DOES THAT?

I had to pick up overtime hours, not to get ahead but to make ends meet, after that. I always did work myself to death and now I'm working myself to deader!

There's an issue with overtime too. In all my years no one ever cared how many hours I was working over forty until the federal government stepped in and mandated we be paid overtime pay. Why would the federal government have to intervene and force OT pay? Well, because Ohio has never compensated us fairly (and now it seems legally either).

Now that Ohio must pay overtime wages there has been a restriction on the number of allowable hours we can work. Why is that? Was it just because Ohio didn't want to pay us fairly as any other employee is

paid? Nurses far and wide are not expected to work overtime without receiving overtime pay. Why were we? Unjust is what it was. We're not respected nor valued enough to warrant explanations on matters pertaining to our pay, I guess. But we absolutely should be.

The real concern is, with nurses abandoning the field left and right, you tell me how we can NOT work OT just to cover shifts! I should think our dedication and willingness to work long hours amid a nursing crisis should be applauded, appreciated, compensated. But no, we are instead treated as 'non-compliant' employees violating some ridiculous billing restriction when we have no other recourse but to do so. PATIENTS DO NOT TAKE CARE OF THEMSELVES.

I realize my viewpoints are skewed and all over the place, lacking researched references supporting the facts. I'm just not motivated to do that research. I'm a nurse. An exhausted nurse, not a state regulator whose job it is to be aware of these things. Not only aware but working (for the people you are elected to serve) to right the decades of wrongs here. I haven't seen any of that. I can only attest to them and convey how they negatively impact me, personally. You have the authority to change things and I hope you will. It's been a long, long time coming.

What you need to know here is I DO work long hours. I DO work nights, weekends and holidays. And, as I mentioned in the first line of this submission I would not be investing what little time I do have of my own to compose this testimony were it not for the urging of others. See, I do not believe any of these words of mine will matter at all. Past history says my words will only fall on deaf ears, or I guess I should say, blind eyes. No matter. I'll be retiring soon...20+ years.

Do the right thing for the nurses of the future. IP nurses have no sick pay, vacation pay, holiday pay, 401's, pensions nor any other retirement plans or insurance coverage! At the very least the state SHOULD pay a salary conducive with current costs of living increases; in conjunction with what health care PROFESSIONALS deserve. Because that's what we are. Also to be considered in salary should be the unique specific challenges IP home care nursing entails.

There's a lot:

IP's have challenges that go unconsidered that other fields of nursing do not. Unreliable job security as a case can end at any time leaving us without work and headhunting for ourselves. Back years ago when there was an abundance of nurses this was a major fear of mine because I'd known of nurses who were out of work for months before finding any and, even then, the challenge was to get enough hours.

Also, there are safety risks out here too! Would you believe I was actually standing right in the line of fire getting out of my car once and walking to a patient's door! Yeah, some guy was standing on his front porch and as some guy ran right passed me the guy on the porch started popping off rounds! I was terrified. After that, another time, a patient I serviced for eight years said not a word one when she allowed her convict son to move in with her upon his prison release. I found out when I saw bullet holes in the front door one morning! When I asked what happened she confessed she had her son staying there and he owed people drug money. They had come to collect. I did her treatment and returned to my car, got on my phone, and immediately reported this to her case manager. I also informed her I would not be returning on this case. Her reply was that I had to give a 30 day notice or be charged for patient abandonment!! I adamantly refused, tearing up, in fear for my life! She put me on a very long hold and returned to tell me I could drop the case. She wasn't at all happy about it though. My point

being, this job holds certain risks (I could write a novel) that justify hazard pay! No, I'm not kidding! We never know what we're walking into until we're in it. You see confidentiality is a matter of importance when it comes to our patients. As it should be. It must be hard on caseworkers who know (and often they do) a case is not safe to just send us in there. This happens. Maybe a nice addendum to caution nurses what level of risk an environment is without actually divulging too much detail would protect the patient, their HIPAA rights and the nurse as well; allowing enough info to make an informed decision.

Often we are working alone as opposed to having fellow, on hand, staff support that's rendered in the clinical environments. Frequently we must make nursing decisions without benefit of consult. It requires skill and knowledge to work so independently. Thus, justifying adequate pay.

Our overhead to operate as an independent business increases annually aw awll. Wepay for our own billing, work insurance coverage, legal fees (should ever any arise. No one has our back), overhead for operating expenses, all clerical supplies, copies, printer/ink faxes, etc. These small things add up. Additional expenses include costs of keeping current on CEU's, CPR, Licenses, etc. These are but a few exams of what we pay out from an income which seldom increases.

Furthermore, getting time off has always been a challenge and now, in this thread-bare nursing shortage it's only gotten worse! I know of nurses who left the IP program because of this very fact. NOT HELPING!

I want to bring to the forefront that every June, the end of the fiscal year we get notices that we aren't getting paid until the next FY budget begins. Ummm...? I mean sometimes it's a week to wait but sometimes it's a month. Why? Pretty sure it's illegal not to pay for services rendered but every year this is what we see, with no explanation nor apology.

This recent debacle of the past several months beginning January 1 when the Medicaid system changed hands and nurses waited MONTHS to be compensated was a nightmare too. No mention of compensating us for the inconvenience (I know I incurred a few late fees because it). My credit score was impacted when, for two months my mortgage was late. I even applied for the 'emergency bridge loan' the state was offering. They got back with me denying me because I had not met the bar of financial loss yet to qualify. LOL. I mean, my ship is sinking but I haven't downed yet? Let me stop. I borrowed money from friends. So so humiliating and embarrassing for me. Dumb of me to expect any other response from the people who put me in that position in the first place. But, this is how we are treated, and it's wrong! The stress of this! I mean, it's intense.

Finally, why were nurses passed over when retention payments were recently distributed to the aides? Watching aides being passed out bonus money as we nurses, with the greater education and job responsibilities, were, apparently, not even considered is a real hot-shot to our sensibilities, as it would be to anyone's. Aides work hard and are deserving. This is no reflection on them. However, home care nurses lift, tug, pull, transfer, position and reposition patients as well along with performing all the treatments and communications that are above an aides pay grade (which, now, is ebbing dangerously close to an LPN's pay grade). We have the body aches to prove it too.

Just another log on the fire. You see my point?

This health care PROFESSIONAL is retiring at a rate of pay that is only pennies more than when I began some 23 years ago, in 2000! That is a disgrace to this state! It just is. Tell ya one thing though, I know my worth even if the state doesn't. I know how hard I have worked and the personal sacrifices I have made

for my job (think Christmases away from family and no holiday pay to show for it. And that, year after year, after year).

I also know my personal decisions to remain an IP have always been based entirely on (having witnessed first hand), the desperate NEED for nurses in this field. Truly good and deserving patients and families of patients NEED the services we provide! My arm has grown long enough over the years to pat myself on the back with a 'job well done' for having chosen not to leave even if I have so many very valid reasons to leave. I do not blame the nurses who move on. Who can? We all deserve a fair wage and we haven't seen that in years.

Please understand the urgency of this matter. Not every nurse will remain as dedicated as I. We need a system that attracts people into the field. Underpayment and under-appreciating nurses will only backfire. In fact, it already has.

Sincerely,

Jaded and disgruntled nurse,

Carol Wooten, LPN