

HB 33 Interested Party Testimony
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Senate Medicaid Committee
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Chairman Romanchuk, Vice Chairman Wilson, Ranging Member Ingram and members of the Senate Medicaid Committee, thank you for the opportunity to provide interested testimony on House Bill 33. My name is Lisa Von Lehmden Zidek. I am the current board chair of the Ohio Council for Home Care & Hospice.

I am here today to talk about chronic care management (CCM), and remote patient monitoring (RPM). Two earlier testimonies from my colleagues discussed increased appropriations to the Medicaid 525 line item hopefully assuring Medicaid sets higher reimbursement rates compared to those currently and consideration of codify HCBS re-basing language to prevent future unpredictability in HCBS rate setting. Although both items are of high importance, making additional modifications to HB 33 regarding RPM and CCM will allow for more efficient time management of a shrinking workforce while ensuring a high standard of care for the patient. Many providers within our association believe that these changes to CCM and RPM will enhance our providers' abilities to engage the patient at the most appropriate time rather than traditional visits as established under a patient's care plan, thereby enabling the provider to more effectively care for patients.

By utilizing technology more constructively, we aim to ensure smooth and shared communication updates through the patient's care team by leveraging artificial intelligence to manage daily vitals and reminders for our patients. This will empower patients to continue to manage the way they receive care in the community post discharge from an acute episode of care or alongside of the custodial care that happens daily. By allowing home care agencies to bill for RPM, and CCM, we will redefine healthcare in the home.

Baby boomers in need of care will far outnumber the able-bodied workers providing care as we get closer to 2030. We are already seeing staffing shortages causing indigent, elderly and developmentally disabled Ohioans to go without care and support under the state Medicaid programs. As this incredibly concerning reality perpetuates, it is creating an enormous issue as our society continues to age out the largest generation of workers. I think we all can agree that a client should have a right to how they would like to receive care: our patients often remind us of their desire to be cared for in the privacy of their home.

By allowing us to place patient monitors in the home, we can help prevent our patients from going into emergency departments, utilize alternative care settings when appropriate, and help them convalesce in their homes. Amending HB 33 will focus on creating a holistic healthcare ecosystem reimagining patient-first care delivery solutions with built-in capabilities for predictive outcomes, utilizing conversational AI and remote patient monitoring. Together with home care clinicians and aides, our agencies can create a senior living environment that would be cost-effective, successful, and fulfilling for all involved. We could access technology that allows our aging patients to get help in an emergency or track their health virtually, and, most importantly, deliver care when it is needed, and not one of the scheduled.

Chairman Romanchuk and members of the Senate Medicaid committee, thank you for allowing me to testify today and allowing me to share OCHCH's thoughts concerning extensions of chronic care management and remote patient monitoring. I would be happy to answer any questions you may have.