



MEDICAID
COMMITTEE

Witness Form

Today's Date 5-8-23

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Organization Representing: Parent

Testifying on Bill Number: (House Bill 1133) DSP Wages

Testimony: Verbal Written Both

Testifying As: Proponent Opponent Interested Party

Are you a Registered Lobbyist? Yes No

Special Requests: _____

Written testimony is a public record and may be posted on the Ohio Senate's website

Thank you committee members for giving me the opportunity to speak with you today.

I am a mother to a 30 year old young man with severe autism along with significant behaviors. I am also a Registered Nurse - for approximately 40 years. I have taken care of hundreds of people in my career

I am asking for your support of a wage increase for Direct Support Personnel staff of \$20 an hour. Direct Support Personnel, or DSP's, do not receive benefits. Cedar Point last I heard was offering \$20 an hour - and they are not responsible for lives, or personal care needs, or any of the myriad of services a DSP is expected to provide. DSP's are the backbone of the Medicaid community-based healthcare system which we are here to talk about today.

It is vitally important to attract quality DSP's to this field, not only for the caring side of this issue - the human side - but it also makes financial sense. Let me explain further.

From a caring perspective - it is obvious you want a DSP who cares about their client and the work they do. We all also need to remember that, some day, if we live long enough, we will all need some level of personal assistance. You may not believe that now, but if you have elderly parents you will see that is a truth. It is important to start compensating, and attracting, the quality DSP's out there and treating this work as the vital service it is - versus treating it as a job to take if you can't cut it at McDonald's and would rather not stand all day. This is a truth you will learn if you ever have to seek home care yourself for a family member.

May I give an example of the difference a quality DSP can make in the lives of an individual and their family. I know a DSP in particular, this woman has devoted her life, and it shows, to her client. This is not her son mind you. She has been his provider for years. Treats him like her own son. He is significantly impaired. Yet he is out in the community, clean, well-dressed, participating in his community and clearly loved by his provider. If I could find a provider like her it would be a godsend, because, as I have always said, a quality aide is worth her weight in gold. Here is where the dollars and cents comes in.

As a nurse , I may have several clients on any given shift - same as the State has many consumers. My aide (your DSP) tells me my consumer in bed 1 has an issue brewing. This quality aide who cares about her client sees an issue and knows to report it. She loves her job and feels a valued part of the team, value includes being able to keep the lights on in her own home and feed her family. The quality aide (DSP) brings the issue to my attention (or to your attention if it is one of your

consumers) and it is addressed before it becomes a much bigger issue - requiring more care, and also incurring more cost to the State. It is a 'win' for everyone - the consumer is happier and will be back to their life, healthy and safe and back to their community life - and it also has saved the Medicaid system a significant amount of money by avoiding lengthy hospitalizations and treatments - not to mention the rehab of getting them reintegrated once they are discharged.

This situation actually happened to my son. He had an eye issue. Due to the staffing crisis we could NOT find a DSP to assist us to get him to a doctor appointment to be seen. This doctor appointment with a qualified DSP would have been MUCH more cost-effective, and humane, than what followed. We never could secure a DSP due to this crisis, so we ended up in the ER because by that time his initial issue had become a major issue. Instead of the cost for a DSP, the State now incurred the cost of a lengthy hospitalization stay AND, since by then he was so traumatized, a lengthy respite stay in a place nowhere NEAR the quality of his having been home, which would have been more cost-effective and healthier for him. This lack of an initial DSP to just assist to a doctor appointment now ended up costing weeks, and THOUSANDS more than had a DSP been available just to go to the doctor with us while the issue was manageable. My son still requires extensive supports in the aftermath of this debacle. He was so traumatized and isolated for weeks that the rehab process of getting him back in the community is taking months and is still ongoing.

In closing, the DSP crisis is affecting the DD community now, but it won't be long before everyone starts feeling the effects of not being able to find quality home care providers - because the field is not compensated nor respected. Since it is not adequately compensated the turnover rate is tremendous. We boomers are aging, next it's going to be us! - and without a significant investment in this field, we are in trouble - all of us. It won't just be my son affected, it will be everyone who needs home assistance.

Please, let's help change this trajectory now, for everyone.

Please, I am asking that you consider supporting the \$20 an hour wage increase for DSP's, remembering they receive zero benefits.

Thank you for your time,
Marianne Bregar