

Emily Lambrecht-Stock, LISW-S, OSW-C  
Senate Medicaid Committee  
Interested Party Testimony, House Bill 33  
May 5, 2023

Chairperson Romanchuk, Ranking Member Ingram, and members of the Senate Medicaid Committee, thank you for the opportunity to provide testimony on House Bill 33.

I work at a central Ohio hospital as an outpatient social worker/case manager. The population I work with tends to have very high medical needs which often translates to more hospital stays, more days in a skilled nursing facility, or very burnt-out care partners in the home. This can cause the care partners own health to deteriorate. My patients are currently unable to find aide workers through home health, the waiver programs, and senior programming. I believe the lack of wages are directly impacting this concern.

My co-workers have also found that the aide shortage in Ohio is creating issues in care. One patient care resource manager said that she will rarely even request aides when she is making a home health referral because the referral will get denied since companies don't have aides available. Another social worker said that a patient who was eligible for Passport and approved for 30 hours of aides, couldn't get any aide service in their area. He ended up in the hospital multiple times due to lack of care. This is one example of how this lack of care is costing taxpayers ultimately more money. As a hospital stay or skilled nursing facility is more expensive than paying for aide workers in the home. Another case manager stated that in general getting home health services for specific Medicaid insurances (in this case UHC Medicaid) is very difficult due to their reimbursement rates. Since the rates are so low, no companies are willing to provide the services for the amount they are getting.

The systems that have been set up to help people in the home such as the Medicaid waiver have been failing people. I had a patient who was total care at home, had little support other than his wife who was also working and taking care of young children, and he was on the Medicaid home care waiver program. There were no aides in his area and because of this he ended up in a skilled nursing facility, then a hospital, and then a skilled nursing facility again where he passed with hospice services. As a case manager, my co-workers and I know that we cannot save the lives of all the patients we have due to their diagnosis. However, what keeps us going is we can make their quality of lives better with the time they have. It is heart breaking and discouraging to think you have the tools to do this for a person and it ends up the opposite because of systemic issues.

I am not sure how much you know about caregiver fatigue and the issues that arise out of that. Briefly, caregiving is a public health issue. Caregivers can experience a multitude of negative effects. Researchers have found that demanding caregiver roles, which would qualify as providing assistance with basic life skills (ADLS) for 20 hours or more per week, resulted in increased depression and psychological distress, impaired self-care, and poorer self-reported health (Burton, 2003 and Hirst, 2005). Caregiving, without proper support, results in chronic stress which impacts both physical and psychological health (Schulz & Sherwood, 2008). It is estimated that there are approximately 53 million caregivers in the United States, or one in five are providing unpaid care to an adult with health or functional needs (Jr., 2020). This means that this problem is only going to get worse if it is not addressed. In central Ohio, we have senior caregiving programs that offers aide and respite assistance. Currently there are no new referrals because the waitlist is 50 cases long. While you may

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not have an impact on this specific programming, you do have the ability to raise the reimbursement for the aides through Medicaid. I believe that if this is done, other insurances and programs will need to compete and increase wages. You can give these patients and caregivers the support that they need by increasing the Medicaid reimbursement rates, especially for aide and nursing services. I am requesting that you raise the rate to \$20 an hour for direct care wages. I request that you give this considerable thought.

Thank you,

Emily Lambrecht-Stock, LISW-S, OSW-C

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