

Chairperson Romanchuk, Vice Chair Wilson, Ranking Member Ingram, thank you for the opportunity to testify on H.B. 33. My name is Noel Dickenson. I am a registered nurse, a Medicaid provider, a lifelong patient of chronic illness, and a constituent of Senate district 14. Since 2019 I have worked as an RN case manager in home care for patients with Medicaid waiver services. It is a privilege to help people maintain their independence and autonomy while navigating complicated medical issues. In addition to being objectively the right thing to do, home health care reduces overall health spending through enhanced care coordination, improved medication compliance, and reducing unnecessary ER visits or hospitalizations.

The CDC reports that non-adherence to medication is responsible for 30-50% of failures in treating chronic disease, 10% of hospitalizations, an estimated 125,000 deaths annually, and a financial burden of up to \$300 billion per year in just the United States. Although the factors that influence medication compliance are multiple and include cost, side effects, and lack of transportation, a lack of understanding surrounding the purpose, appropriate use, and how to minimize side effects is among the most easily modifiable. A systematic review by the Annals of Internal Medicine found that nurse case management and face to face education were among the most effective interventions in improving medication adherence. A review by Health Affairs of multiple models of home based programs which include care coordination, patient education and assessment, and environmental modification showed a significant reduction in hospitalizations and overall cost savings, while improving physician communication, patient confidence in self-management and health behaviors.

The value of the work we do is undeniable. The pay does not reflect that. There isn't a professional service you can get in your home for less than \$100. Medicaid waiver pays \$47.40 for an agency registered nurse to come to your home for an hour. \$47.40 which covers the cost of my salary, my mileage, and the overhead of my supervising agency. I am, to be frank, both a kept woman, and the beneficiary of generational wealth. I am incredibly fortunate to be married to someone who subsidizes my bleeding heart. Were I not, I could not afford to provide nursing services through Medicaid. The fact is that people in my situation are becoming fewer and further between. People in my generation can't afford to take jobs just because it makes them feel good, and the situation is only becoming more dire.

Where I live in Clermont County, senior services has stopped providing the service of finding home health aides for those who need them, because the aides simply don't exist. Patients who are blind, who have cancer, who have extremely limited mobility or even paralysis are fending for themselves because of Medicaid's failure to provide a living wage. For an unlicensed aide, Medicaid compensates an agency just \$23.57 per hour, with most aides receiving only about half of that. If someone asked you to give their grandma a bath for \$12, would you do it? If you would, please let me know, I can get you a job *yesterday*. For those of you who would suggest these people would be better served in a nursing home: consider how many people are choosing to stay at home with no help rather than move to a nursing home. Nursing homes who accept Medicaid can't find staff either, so if you're going to be neglected, it might as well be in the comfort of your living room.

As a society we have a duty to ensure the basic needs of those who cannot do so for themselves. Food, water, shelter, medicine, hygiene, basic respect and dignity. Until we stop placing this burden directly on individual Medicaid providers, those most in need of care will continue to suffer. If you are an able-bodied person and this feels abstract to you, please consider this piece of advice from every disabled person; ability is a temporary condition.