

HB96

Interested party testimony

Maria Sutter

Peer Support and Advocacy Specialist at Linking Employment Abilities and Potential (LEAP)

Chair Stewart, Vice Chair Dovilla, Ranking Member Sweney, and Members of the Finance Committee, thank you for the opportunity to provide interested party testimony regarding HB96. My name is Maria Sutter, and I serve as the Peer Support and Advocacy Specialist at Linking Employment Abilities and Potential (LEAP).

Linking Employment, Abilities and Potential (LEAP) is an agent of positive change, working to advance participation and equality in society for people with disabilities in Northeast Ohio. LEAP's mission is to advance a society of equal opportunity for all persons, regardless of disability.

Medicaid is a vital program for millions of people in the United States. It provides access to healthcare for individuals with socioeconomic hardship, seniors, and individuals with disabilities who would be forced to go without if Medicaid becomes limited or unavailable. Cutting funding for this program would affect individuals who work hard to provide for themselves and their families but are still unable to afford basic healthcare. Moreover, including language in this bill that would cut healthcare for thousands of Ohioans based on funding cuts at the federal level would create untenable situations in many households across the state. Finally, continuing to fund pay rate increases for direct care workers is a vital step to maintaining the health and well-being of Ohioans who depend on in-home care and the essential workforce who fulfills this service.

Medicaid cuts have widespread effects

As a representative for many individuals in the northeast Ohio area, I hear countless stories about families who rely on Group VIII Medicaid. Many of these are families who have a family member with a disability and an additional family member who is caring for them. It is the caregiver who will be hit hardest. These caregivers spend untold paid and unpaid hours caring for their loved ones, but their financial compensation is not enough for them to comfortably afford insurance. Oftentimes, these caregivers are providing personal care services to their loved one because there is no one applying and consistently filling direct care workforce positions. In a perfect world family caregivers would be working in different professions that

would more adequately provide for their family's financial security and allow them to afford health insurance, but the direct care workforce is broken. Family caregivers have no option but to forgo higher paying jobs to ensure their loved one doesn't end up in an institutional care setting where they are vulnerable to abuse and neglect. Thankfully, they are at least able to utilize Medicaid to receive their healthcare under the Group VIII provision.

Remove the “trigger” language to safeguard family caregivers and those they care for

Furthermore, if “trigger” language remains in this bill, many caregivers will lose insurance. If these caregivers are unable to utilize Medicaid, they will be forced to allocate dollars for insurance that they do not have. They may also have to switch to jobs outside the home and no longer be able to care for their family members with disabilities. These family members may be forced to leave the community setting they are accustomed to living in and be relocated to institutional living. In these instances, the state would experience greater financial responsibility to care for individuals in institutions, with an annual national median cost of \$127, 750 in 2024, compared to \$77, 792 annually for full time staffing of in-home care¹.

I ask this committee to remove the “trigger” language entirely to allow individuals relying on Group VIII Medicaid to continue to have services. If this is deemed untenable, softening the language to allow legislature to find alternative funding solutions is paramount for the health and welfare of thousands of Ohioans. An all or nothing methodology is not the only reaction to the harsh federal cuts being proposed.

Continue providing funding for direct care workforce wages

A 2021 AARP survey found that three-quarters of Americans over the age of 50 want to remain in their homes for as long as possible². For these individuals, finding quality in-home care will be essential to achieving that goal. Many individuals will have to rely on Medicaid long-term services and supports to pay direct care workers to meet their in-home care needs. The previous biennium budget funded a rate increase for direct care workers receiving reimbursement from Medicaid. This included provider agencies and independent providers with Medicaid certifications. This rate increase was a much-needed first step to attracting qualified individuals to the direct care workforce by making their wages more closely aligned with many retail and food service positions. If funding is not continued to maintain this rate increase the workforce will continue to dwindle. If there is any hope to sustain the sparse workforce that exists, it is imperative to continue to fund direct care workforce wages at the current rate plus an annual increase for cost of living. If there is any hope to grow the workforce, the Medicaid budget needs increased funding to provide additional wage increases

¹ Genworth Financial, Cost of Care Survey 2024, <https://assets.carescout.com/55da049c1f/282102.pdf>, accessed 03/07/2025.

² Binette, J. 2021 Home and Community Preferences Survey: A National Survey of Adults Age 18-Plus. AARP Research <https://www.aarp.org/pri/topics/livable-communities/housing/2021-home-community-preferences/> accessed 03/07/2025.

as well as benefits for direct care workers. I urge this committee to provide the needed funding to help. Ohioans meet their health and wellness needs by supporting the direct care workforce.

As the Peer Support and Advocacy Specialist at a Center for Independent Living in northeast Ohio, I hear first-hand from my consumers that cuts to Medicaid are a frightening reality for many seniors and individuals with disabilities. They fear being without healthcare services. They fear losing programs that allow them to be active community members. They fear for the future of their families. As a woman with a spinal cord injury who has relied on a Home and Community-Based Service waiver for 20 years, I not only empathize with my consumers' fears, but I share them wholeheartedly. My waiver allows me to work, be an active member of my church, and help care for my nieces and nephew. My health is strong because I can proactively keep up with medications, appointments, and therapies that are supported by my Medicaid insurance. I'm also able to have caregivers help me with activities of daily living that I cannot do on my own. Cutting Medicaid funding will jeopardize my stability by undermining the stability of my support team, several of whom use Medicaid to support their healthy living. My peer support consumers are your constituents. My caregivers are your constituents. As such their fears should be your fears and should be your motivation to continue funding services that will help assuage their concerns and keep Ohioans healthy.

Thank you again for the opportunity to provide written testimony on HB96. Please do not hesitate to reach out with any questions or concerns at msutter@leapinfo.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Sutter".

Maria Sutter

Peer Support and Advocacy Specialist

Linking Employment, Abilities, and Potential (LEAP)