

Ohio House Health Committee
Chair Jean Schmidt
HB 96 Testimony
March 6, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, members of the House Health Committee thank you for the opportunity to provide testimony on HB96 today.

My name is Janemarie Sowers, my daughter, Kendra is an adult with severe disabilities and relies on others for all her care and activities of daily living. At 18 months of age Kendra suffered a cardiac arrest and as a result has a hypoxic brain injury (HIE); is trach/vent dependent; has seizures with a vns implant, cerebral palsy, autonomic instability, osteopenia, neurogenic bladder, many more medical conditions, and if fed and receives medication through a feeding tube.

I oppose a rate increase for Direct Care Workers as well as a ventilator add on for providers on the DODD administered waivers. Here is the link (<https://dodd.ohio.gov/providers/billing/rate-increase>) to the chart that shows which cost of doing business each county is in and with the base rate for that category. The listed rate is a per 15-minute rate and is multiplied by 4 to get an hourly rate. The lowest base rate with no add-on is \$28.60 and the highest is \$30.60. Now come the add-on rates:

Behavior - \$3.28

Complex Care - \$3.28

Medical Assist - \$0.68

Staff Competency and Longevity - \$2.16

Lowest Base Rate $\$28.60 + \$3.28 + \$3.28 + \$0.68 + \$2.16 = \38

Highest Base Rate $\$30.60 + \$3.28 + \$3.28 + \$0.68 + \$2.16 = \40

They are already making more than nurses on the medicaid side, especially agency nurses and they are making almost double what aides make on the medicaid side. IP aides on the medicaid side are only reimbursed \$22.32 (<https://codes.ohio.gov/ohio-administrative-code/rule-5160-46-06>), and medicaid requires them to “obtain a certificate of completion within the last twenty-four months for either a competency evaluation program or training and competency evaluation program approved or conducted by the Ohio dept of health in accordance with section 3721.31 or the Revised Code; or the medicare competency evaluation program for home health aides as specified in 42 C. F. R. 484.80 (as in effect on October 1, 2023); or other equivalent training program”. This is the STNA program which

consist of 75 hours. DODD direct care workers do NOT have ANY hands-on patient care training and are not licensed! This is EXACTLY why individuals like my daughter with complex medical needs cannot get their authorized nursing hours staffed. How do you justify paying an untrained, unlicensed, DSP's almost double what trained and licensed individuals providing the same service are doing? How do you justify paying untrained, unlicensed individuals more than nurses and within \$6 of an IP RN? I personally know a registered nurse who has more than 20 years' experience taking care of trach and vent patients in the hospital who also works home health care for Maxim Healthcare. Maxim pays her \$18 an hour. DODD direct care workers are NOT even required to have a high school diploma anymore! The only providers who should be exempt from training and licensing requirements are family caregivers! Disabled individuals need competent, trained individuals providing their care. Not some Joe Schmo off the street that doesn't have a lick of hands-on patient care training; can't follow instructions; can't read, write, and barely speaks English! That is exactly why DODD has on average, 19,000 MUI's a year. The medicaid side doesn't have that. There is NO accountability. There is NO oversight. Medication errors are NOT reported to the county board of dds, DODD, or the Ohio Board of Nursing who authorized 13 nursing task (including medication administration) to be performed by unlicensed DSP's on the DODD side only.

On the DODD side I could be my daughter's paid caregiver. On the ODM side I cannot. Even if I was a trained and or licensed STNA I would not be allowed to provide paid care to my daughter on the ODM side because g-tube medication and feed administration, monitoring vitals, monitoring the ventilator and trach, tracheal suctioning, trach replacement, g-tube replacement, performing urinary caths, patient assessments are all outside of the scope of practice of a PCA on the ODM side.

DODD provider requirements need overhauled and there needs to be oversight by the OBN. DODD DSP's do not need a raise and they do not need an add-on for vents.

Janemarie Sowers

Parent/Guardian of a disabled adult