

HB96

Interested party testimony

Maria Sutter

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

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and Members of the Senate Medicaid 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 serve 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. In these scenarios, it is the caregiver who will be hit hardest. These caregivers spend 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. If the direct care workforce was robust, 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. 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, many can utilize Medicaid to receive their healthcare under the Group VIII provision.

Furthermore, as a woman with a spinal cord injury who has relied on a Home and Community-Based Service (HCBS) waiver for 20 years, I am anxious about the personal threat Medicaid cuts pose. 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 require the limited Medicaid funds to be allocated to mandatory benefits, such as nursing facility services before funding optional benefits, like my HCBS waiver. This is a worrisome reality for Ohioans with disabilities and Ohio seniors who might lose the programs they depend on, face delayed access to care, or find themselves on waitlists¹ for years.

Safeguard family caregivers and those they care for

If the "trigger" provision in HB96 that automatically ends Medicaid expansion if the federal match is reduced remains in the bill, many caregivers will lose insurance. If this takes effect, caregivers 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 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, incurring an annual national median cost of \$127, 750 in 2024, compared to \$77, 792 annually for full time staffing of in-home care² for each Medicaid resident.

I ask this committee to **change the "trigger" language from "shall" to "may"** to allow individuals relying on Group VIII Medicaid to continue to have services. Softening the language allows the legislature the opportunity to consider available options, find alternative funding solutions, and make changes gradually that are 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.

¹ Alice Burns et al., [A Look at Waiting Lists for Medicaid Home- and Community-Based Services from 2016 to 2024](#), (Kaiser Fam. Found. 2024), accessed on 05/02/2025.

² Genworth Financial, Cost of Care Survey 2024, <https://assets.carescout.com/55da049c1f/282102.pdf>, accessed 03/07/2025.

Continue funding 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 possible³. For these individuals, finding quality in-home care will be essential to achieving that goal and many will have to rely on Medicaid HCBS 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. 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 as well as benefits for direct care workers. If Medicaid funding is cut, reimbursement rates are at risk of being reduced, which will be catastrophic for the workforce. I urge this committee to provide the needed funding to help Ohioans meet their health and wellness needs by supporting the direct care workforce.

In conclusion, as the Peer Support and Advocacy Specialist at LEAP, I hear first-hand from northeast Ohioans that cuts to Medicaid are a frightening reality for many seniors and individuals with disabilities. They fear being without healthcare services, losing programs that allow them to be active community members, and for the future of their families. My peer support consumers and my caregivers are your constituents. As such their fears should be your motivation to continue funding services that will assuage 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,



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Linking Employment, Abilities, and Potential (LEAP)

³ 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.